United Health Care Community										
TennCare	Last Updated: 12/7/2020									
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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	Yes	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	\$ 22,180.96	\$ 5,517.78	\$ 31,074.55	\$5,517.78	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	460	Spinal fusion except cervical without major comorbid conditions or complications (MCC)	Yes	\$ 89,541.22	\$ 16,237.64	\$ 58,989.92	\$16,237.64	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	470	Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC).	Yes	\$ 26,747.32	\$ 8,070.44	\$ 37,721.88	\$8,070.44	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	473	Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC).	Yes	\$ 37,083.10	\$ 10,123.74	\$ 62,430.00	\$10,300.84	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
										Case Rate-
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										Professional
										Charges which
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Hospital Inpatient Stay	Hospital Inpatient	DRG	480	MAJOR JOINT W MCC	No	\$ 69,180.99	\$ 12,375.85	\$ 48,933.51	\$12,375.85	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	481	MAJOR JOINT W CC	No	\$ 45,651.13	\$ 8.559.98	\$ 38,996.68	\$8,559.98	CPT/HCPCS
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Hospital Inpatient Stay	Hospital Inpatient	DRG	482	MAJOR JOINT W/O CC/MCC	No	\$ 36,964.29	\$ 6,745.73	\$ 37,731.25	\$6,745.73	CPT/HCPCS
										7
										Case Rate-
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										Professional
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		225	400	LOWER EXTREM HUMER PROC			A 0.500.00	4 44	40.455.55	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	493	EXCEPT HIP, FOOT, FEMUR W CC	No	\$ 45,467.21	\$ 9,438.20	\$ 41,283.64	\$9,438.20	CPT/HCPCS

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	<u>Cash Price</u>	Charge	Charge	<u>Charge</u>	Estimate Type
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				LOWER EXTREM HUMER PROC						Charges which
				EXCEPT HIP, FOOT, FEMUR W/O						are paid by
Hespital Investigat Starr	Heavital Innations	DDC	404	CC/MCC	B1-	\$ 34,101.03	\$ 7,426.74	ć 42.0CC 2E	\$7,426.74	CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	494	CC/MCC	No	\$ 34,101.03	\$ 7,426.74	\$ 43,066.25	\$7,426.74	CP1/HCPCS
										Case Rate-
										Excluding
				Uterine and adnexa procedures for						Professional
				non-malignancy without comorbid						Charges which
				conditions (CC) or major comorbid						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	743	conditions or complications (MCC)	Yes	\$ 18,033.90	\$ 3,828.29	\$ 28,968.03	\$4,708.85	CPT/HCPCS
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										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	MCC	No	\$ 16,643.21	\$ 4,255.93	\$ 31,015.82	\$5,495.23	CPT/HCPCS
										Case Rate-
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										Professional
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Hospital Innations Start	Hespital Innations	DDC	043		N1 =	ć 12 044 CC	¢ 2055 40	¢ 26,002,02	¢2 EC0 07	
Hospital Inpatient Stay	Hospital Inpatient	DRG	812	IVICC	No	\$ 12,941.86	\$ 2,955.18	\$ 26,002.03	\$3,569.87	CPT/HCPCS

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	928	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	No	\$ 100,447.05	\$ 21,639.28	\$ 150,000.00	\$25,399.09	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	929	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	No	\$ 53,042.00	\$ 6,540.49	\$ 50,000.00	\$12,060.15	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	935	NON-EXTENSIVE BURNS	No	\$ 21,298.22	\$ 3,301.83	\$ 50,000.00	\$7,922.43	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	956	LIMB REATTACHMENT, HIP FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	No	\$ 105,373.59	\$ 16,085.53	\$ 200,000.00	\$16,085.53	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	No	\$ 139,128.72	\$ 30,888.17	\$ 200,000.00	\$30,888.17	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	No	\$ 73,933.71	\$ 17,182.69	\$ 125,000.00	\$17,182.69	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	964	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	No	\$ 34,761.85	\$ 6,123.35	\$ 50,000.00	\$6,123.35	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	No	\$ 10,335.01	\$ 2,464.00	\$ 27,462.61	\$4,130.75	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Maternity/Delivery	Hospital Inpatient	DRG	783	STERILIZATION W MCC	No	\$ 11,915.22	\$ 3,570,00	\$ 39,605.25	\$8,793.68	CPT/HCPCS
indeniney, belivery	Troopital Impatient	Ditto	700	STERREIE/ATTOTA W INTEC	110	ψ 11,515.EE	7 3,370.00	ψ 33,003.23	40,733.00	Ci i/iici co
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				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	784	STERILIZATION W CC	No	\$ 9,940.40	\$ 3,570,00	\$ 27,865.12	\$4,285.32	CPT/HCPCS
iviate mity/ benvery	nospital inpatient	DING	704	STERREIZATION W CC	140	\$ 3,340.40	ÿ 3,370.00	ÿ 27,003.12	74,203.32	Ci i/iici co
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	785	STERILIZATION W/O CC/MCC	No	\$ 8,988.27	\$ 3,519.44	\$ 25,870.71	\$3,519.44	CPT/HCPCS
Widterliney/ Belivery	nospital inpatient	DING	703	STERREIZATION W/O CC/MCC	140	\$ 0,500.27	7 3,313.44	\$ 23,070.71	73,313.44	Ci i/iici co
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	786	STERILIZATION W MCC	No	\$ 12,696.27	\$ 3570.00	\$ 35,011.06	\$7,029.45	CPT/HCPCS
waterinty/ Delivery	inospital impatient	סאט	700	STEMELEATION W WICC	INO	7 12,030.27	9 3,370.00	7 33,011.00	77,023.43	Ci i/ficres
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										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Innations	DRG	787	STERILIZATION W CC	No	\$ 11 222 50	¢ 2925 00	\$ 27,868.32	\$4,286.55	CPT/HCPCS
iviaternity/ Denvery	Hospital Inpatient	מאמ	161	STERILIZATION W CC	INO	7 11,522.59	2,655.00	21,000.32 ب	74,480.55	ברו/חנרנס

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	788	CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	No	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$3,715.42	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	No	\$ 1,400.10	\$ 626.89	\$ 18,705.56	\$767.93	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	797	VAGINAL DELIVERY W STERILIZATION/D&C W CC	No	\$ 12,785.73	\$ 2,464.00	\$ 25,917.69	\$3,537.48	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	798	VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	No	\$ 10,897.11	\$ 2,464.00	\$ 25,917.69	\$3,537.48	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	805	VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	No	\$ 10,518.03	\$ 2,464.00	\$ 27,817.08	\$4,266.87	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	806	STERILIZATION/D&C W CC	No	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	\$2,907.72	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	807	STERILIZATION/D&C W/O CC/MCC	No	\$ 7,318.91	\$ 2,464.00	\$ 23,397.98	\$2,569.88	CPT/HCPCS
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										Case Rate-
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										Charges which
Inpatient Rehabilitation Hospital										are paid by
Stay	Inpatient Rehabilitation Hospital	DRC	945	REHABILITATION W CC/MCC	No	N/A	\$ 14 EE2 00	\$ 14,553.00	N/A	CPT/HCPCS
Stay	inpatient Kenabilitation Hospital	DKG	945	REHABILITATION W CC/WCC	NO	IV/A	3 14,555.00	3 14,333.00	N/A	CFI/HCFC3
										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital					_		4 40 5			are paid by
Stay	Inpatient Rehabilitation Hospital	DRG	946	REHABILITATION W/O CC/MCC	No	N/A	\$ 10,870.00	\$ 10,870.00	N/A	CPT/HCPCS
						52% Charges				
						Estimated at				
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per				Per Diem Per
Stay	Inpatient Rehabilitation Hospital	HR	118	Room & Board	No	Diem			N/A	Day

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Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	559	AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC	No	N/A	\$ 18,018.00	\$ 18,018.00	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	560	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	No	N/A	\$ 10,435.00	\$ 10,435.00	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	561	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	No	N/A	\$ 7,474.00	\$ 7,474.00	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Long Term Acute Care Inpatient Stay	Inpatient Long-Term Care Hospital	DRG	LTC189	Pulmonary edema respiratory failure	No	N/A	\$ 74,931.49	\$ 74,931.49	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Long Term Acute Care Inpatient Stay	Inpatient Long-Term Care Hospital	DRG	LTC207	Respiratory system diagnosis w ventilator support >96 hours	No	N/A	\$ 37,703.24	\$ 37,703.24	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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<u>Service Category</u>	Service Setting	Туре	coue	Description	Jet vice:	Casii Fiice	Charge	charge	charge	Littiliate Type
						700/ Ch				
						70% Charges				
						(Estimated as			1	
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Long Term Care Intensive Care		\$6,047.26 per	\$1,040 Per	\$1,929 Per	\$1,040 Per	Per Diem Per
Stay	Hospital	UB	200	Room & Board	No	diem)	Diem	Diem	Diem	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &						\$1,109.30 Per				Per Diem Per
Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	Diem	\$ 227.70	\$ 850.00	Non-Par	Day
board	impatient skined ivaising	OB	131	Subacute care Level 1- Skilled care	NO	Dieiii	\$ 227.70	\$ 850.00	Non-rai	Day
						E20/ 61				
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		\$1,109.30 Per				Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	\$ 299.70	\$ 850.00	Non-Par	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 3- Complex		\$1,109.30 Per				Per Diem Per
Board	Inpatient Skilled Nursing	UB	193	Care	No	Diem	\$ 370.00	\$ 850.00	Non-Par	Day
board	impatient skined ivaising	OB	155	Care	140	Dieiii	\$ 370.00	3 830.00	Non-rai	Day
Hospital Outpatient Procedure	Hospital Outpations	CDT	11103	Rioney Tangential Pieney of Chin	NI-	\$ 530.90	\$ 161.58	¢ 1 000 44	\$100.41	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 550.90	3 101.58	\$ 1,803.41	\$100.41	Case Nate
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				B. B. L. B. C. C.				4	4495.55	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$126.27	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$192.49	Case Rate
									1	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$1,513.98	Case Rate

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
						N/A No			N/A No	
				Removal of 1 or more breast		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	10120	growth, open procedure	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Tiospital Outpatient Procedure	nospital outpatient	CFI	19120	growth, open procedure	Tes	Volume	,	7	Volume	case Nate
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Injections	Hospital Outpatient	CPT	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$230.68	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$1,066.35	Case Rate
						N/A No			N/A No	
						Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	29826	Arthroscopic Shoulder Surgery	Yes	Volume	\$ -	\$ -	Volume	Case Rate
						N/A No			N/A No	
				Arthroscopic Knee Surgery		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	29881	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
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Hospital Outpatient Procedure	Hospital Outpatient	CPT	315/5	Laryngoscopy - Diagnostic	No	\$ 449.87	\$ 135.86	\$ 1,978.02	\$237.99	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$693.54	Case Rate
						N/A No			N/A No	
				Tonsillectomy with Adenoidectomy		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	42820	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
				Upper Gastrointestinal Endoscopy -					1	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43235	Diagnostic	Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$317.74	Case Rate
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				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Presedure	Hospital Outpationt	CDT	42220	With Biopsy	Vos	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$405.48	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43239	with biopsy	Yes	y 1,233.34	\$ 372.00	y 2,223.40	3403.40	case nate
				Colonosco Dia di						
				Colonoscopy - Diagnostic						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45378	(outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$396.88	Case Rate
									1	
				Colonoscopy - With Biopsy						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45380	(outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$1,104.88	Case Rate
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Service Category	Service Setting	<u>Type</u>	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	Charge	<u>Charge</u>	Estimate Type
				Colonoscopy - With Polyp Removal						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45385	(outpatient)	Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	\$1,166.26	Case Rate
						N/A No			N/A No	
				Ultrasound examination of lower		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45391	large bowel using an endoscope	Yes	Volume	\$ -	\$ -	Volume	Case Rate
·	· ·									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	47562	Gall Bladder Surgery (outpatient)	Yes	\$ 12,062.52	\$ 504.75	\$ 18,374.88	\$3,695.86	Case Rate
		-	.,,,,,	an area or eargery (corporation)		·/	, ,	+ ==/==	, , , , , , , , , , , , , , , , , , , ,	
Hospital Outpatient Presedure	Hospital Outpationt	СРТ	40440	Place gastrostomy tube pers	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$1,911.81	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43440	Place gastrostomy tube perc	No	3 3,111.00	3 443.12	3 3,100.01	\$1,511.61	Case Nate
				Barrie of annia barrie antique						
				Repair of groin hernia patient age 5					40.000	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	49505	years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$2,671.55	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 97.04	\$ -	\$ 1,579.20	\$60.51	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$645.50	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	\$ 284.76	\$ 2,631.84	\$1,392.38	Case Rate
				Surgical removal of prostate and		N/A No	N/A No	N/A No	N/A No	
				surrounding lymph nodes using an		Service	Service	Service	Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	55866	endoscope	Yes	Volume	Volume	Volume	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58100	Biopsy - Endometrial (Uterus)	No	\$ 375.83	\$ 144.00	\$ 1,697.39	\$294.51	Case Rate
•	· ·			, ,					-	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	\$ 632.24	\$ 48.93	\$ 1,749.37	\$114.86	Case Rate
	from a majoriana					, 332.27	,	, _,,,	T	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58201	Remove intrauterine device	No	\$ 273.85	\$ 32.34	\$ 1,495.58	\$279.90	Case Rate
nospital Outpatient Procedure	Hospital Outpatient	CPT	20201	nemove intrauterine device	140	2/3.85	32.34	1,470.38 ب	7413.3U	Case nate

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	<u> </u>	ash Price		Charge		Charge	<u>Charge</u>	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	59025	Fetal Non-Stress Test	No	\$	260.79	\$	118.53	\$	1,596.22	\$135.37	Case Rate
				Routine obstetric care for vaginal									
Professional Services Associated				delivery, including pre-and post-									
with Inpatient Stay	Professional Services	CPT	59400	delivery care	Yes	\$	4,496.21	\$	242.00	\$	3,278.48	\$2,055.71	Case Rate
Professional Services Associated													
with Inpatient Stay	Professional Services	CPT	59410	Obstetrical care	No	\$	2,230.06	\$	133.91	\$	1,625.81	\$1,029.44	Case Rate
				Routine obstetric care for cesarean									
Professional Services Associated				delivery, including pre-and post-									
with Inpatient Stay	Professional Services	CPT	59510	delivery care	Yes	\$	4,966.56	\$	246.05	\$	3,619.13	\$2,055.71	Case Rate
				Routine obstetric care for vaginal									
				delivery after prior cesarean									
Professional Services Associated				delivery including pre-and post-									
with Inpatient Stay	Professional Services	CPT	59610	delivery care	Yes	\$	4,706.58	\$	305.08	\$	3,429.34	\$2,151.42	Case Rate
				Injection of substance into spinal									
				canal of lower back or sacrum using									
Hospital Outpatient Procedure	Hospital Outpatient	CPT	62322	imaging guidance	Yes	\$	1,055.18	\$	379.33	\$	1,880.39	\$566.09	Case Rate
				Injection of substance into spinal									
				canal of lower back or sacrum using									
Hospital Outpatient Procedure	Hospital Outpatient	CPT	62323	imaging guidance	Yes	\$	1,665.98	\$	305.01	\$	1,988.33	\$655.26	Case Rate
				Injections of anesthetic and/or									
				steroid drug into lower or sacral									
				spine nerve root using imaging									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	64483	guidance	Yes	\$	1,776.21	\$	358.46	\$	1,980.49	\$765.66	Case Rate
							N/A No					N/A No	
				Removal of recurring cataract in			Service					Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66821	lens capsule using laser	Yes	<u> </u>	Volume	\$	-	\$	-	Volume	Case Rate
							N/A No					N/A No	
				Removal of cataract with insertion			Service					Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66984	of lens	Yes	١.	Volume	\$	-	\$	-	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	69210	Remove impacted ear wax	No	\$	168.99	\$	48.93	\$	1,604.78	\$92.86	Case Rate

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cas	sh Price	<u></u>	harge_		Charge	Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	No	\$	901.06	\$	127.22	\$	1,318.18	\$188.35	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	Yes	\$	901.06	\$	127.22	\$	1,318.18	\$188.35	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70482	Ct orbit/ear/fossa w/o&w/dye	No	\$	2,339.66	\$	207.79	\$	2,657.02	\$320.47	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$	1,668.57	\$	127.52	\$	2,259.85	\$204.23	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70496	Ct angiography head	No	\$	1,871.05	\$	223.05	\$	1,996.31	\$339.06	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$	1,632.72	\$	223.05	\$	1,677.63	\$338.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$	1,518.19	\$	252.20	\$	2,270.30	\$335.35	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$	2,314.59	\$	406.50	\$	3,409.54	\$514.48	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$	138.11	\$	19.91	\$	181.37	\$56.13	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$	148.99	\$	31.50	\$	193.55	\$58.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$	205.20	\$	38.07	\$	271.73	\$47.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$	1,024.52	\$	141.11	\$	1,468.48	\$197.38	Per Unit

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Somico Catogony	Sorvice Setting		Codo	Description		Cash Price				Estimato Typo
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	<u>Charge</u>	<u>Charge</u>	Estimate Type
				CT Scan - Chest, with Contrast						
Radiology Services	Hospital Outpatiant	СРТ	71260	(outpatient)	N	\$ 1,448.52	\$ 200.76	\$ 2,034.88	\$273.58	Per Unit
Radiology Services	Hospital Outpatient	CPI	71200	(outpatient)	No	\$ 1,446.52	\$ 200.76	\$ 2,034.00	\$275.56	Per Onit
Padialam, Sanisas	Hospital Outpatiant	СРТ	71275	Ct angingraphy short	No	\$ 1,935.65	\$ 226.19	\$ 2,092.27	\$348.08	Per Unit
Radiology Services	Hospital Outpatient	CPT	/12/5	Ct angiography chest	INO	\$ 1,955.05	\$ 220.19	\$ 2,092.27	\$346.06	Per Onit
Radiology Services	Hospital Outpatient	СРТ	72040	X-Ray - Neck, Cervical Spine	No	\$ 154.65	\$ 37.93	\$ 204.42	\$45.51	Per Unit
naulology Services	Hospital Outpatient	CPT	72040	A-ray - Neck, Cervical Spille	INO	\$ 154.05	37.33	3 204.42	343.31	rei Ollit
Padiology Songices	Hospital Outpationt	CDT	72070	V Pay Middle Back Therasis Spine	No	\$ 251.61	\$ 33.93	\$ 338.99	\$45.10	Per Unit
Radiology Services	Hospital Outpatient	CPT	72070	X-Ray - Middle Back, Thoracic Spine	No	\$ 251.01	33.33	3 336.33	343.10	rei Oilit
Padialam, Sanisas	Hospital Outpationt	СРТ	72100	V Pay Spine (outpotiont)	No	\$ 199.60	\$ 37.93	\$ 265.13	\$45.51	Per Unit
Radiology Services	Hospital Outpatient	CFI	72100	X-Ray - Spine (outpatient)	No	\$ 199.00	37.33	\$ 203.13	343.31	rei Ollit
				X-Ray, lower back, minimum four						
Radiology Services	Hospital Outpatient	СРТ	72110	1	Yes	\$ 213.64	\$ 52.80	\$ 284.93	\$72.06	Per Unit
naulology Services	nospital Outpatient	CFI	72110	VIEWS	163	ÿ 213.04	3 32.80	Ç 204.55	\$72.00	rei Oiiit
Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$ 1,459.37	\$ 136.86	\$ 1,750.92	\$200.05	Per Unit
Radiology Services	Hospital Outpatient	CPT	72123	ct neck spine w/o dye	NO	3 1,433.37	3 130.80	\$ 1,730.32	\$200.03	rei Ollit
Radiology Services	Hospital Outpatient	СРТ	72126	Ct neck spine w/dye	No	\$ 1,293.16	\$ 260.86	\$ 1,821.59	\$272.44	Per Unit
nautology Services	nospital outpatient	CFT	72120	ct neck spine w/ uye	140	7 1,233.10	\$ 200.80	7 1,021.33	3272.44	rei Oiiit
Radiology Services	Hospital Outpatient	СРТ	72127	Ct neck spine w/o & w/dye	No	\$ 1,815.93	\$ 201.73	\$ 2,118.48	\$310.70	Per Unit
	- Cop. Car Outputient		/212/	The state of the s	140	Ţ 1,013.33	Ţ 201.73	÷ 2,110.40	7510.75	
Radiology Services	Hospital Outpatient	СРТ	72129	Ct chest spine w/dye	No	\$ 1,520.66	\$ 199.82	\$ 1,805.90	\$272.44	Per Unit
			,			Ç _,525.00	7 255.52	,000.00	7	
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/dye	No	\$ 1,518.43	\$ 260.86	\$ 1,805.90	\$272.44	Per Unit
						Ç 2,525.43	7 200.00	,000.00	7	
Radiology Services	Hospital Outpatient	СРТ	72133	Ct lumbar spine w/o & w/dye	No	\$ 1,904.42	\$ 201.90	\$ 2,238.70	\$310.70	Per Unit
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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	Charge	Estimate Type
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Radiology Services	Hospital Outpatient	CPT	72141	MRI NECK SPINE W/O DYE	No	\$ 1,441.84	\$ 252.20	\$ 2,177.11	\$335.91	Per Unit
									4	
Radiology Services	Hospital Outpatient	СРТ	72148	MRI - Back (outpatient)	Yes	\$ 1,381.13	\$ 252.20	\$ 2,137.12	\$336.12	Per Unit
Radiology Services	Hospital Outpatient	CPT	72170	X-Ray - Pelvis	No	\$ 249.04	\$ 28.72	\$ 327.10	\$42.83	Per Unit
Radiology Services	Hospital Outpatient	CPT	72190	X-RAY EXAM OF PELVIS	No	\$ 208.53	\$ 39.60	\$ 264.73	\$45.12	Per Unit
Radiology Services	Hospital Outpatient	CPT	72193	CT scan, pelvis, with contrast	Yes	\$ 1,536.96	\$ 197.29	\$ 2,142.05	\$269.37	Per Unit
Radiology Services	Hospital Outpatient	CPT	72197	MRI - Pelvis (outpatient)	No	\$ 2,448.72	\$ 402.71	\$ 3,522.33	\$512.52	Per Unit
Radiology Services	Hospital Outpatient	CPT	73000	X-ray exam of collar bone	No	\$ 147.59	\$ 22.40	\$ 185.92	\$42.03	Per Unit
Radiology Services	Hospital Outpatient	CPT	73010	X-ray exam of shoulder blade	No	\$ 196.93	\$ 26.01	\$ 251.93	\$43.19	Per Unit
Radiology Services	Hospital Outpatient	CPT	73030	X-Ray - Shoulder (outpatient)	No	\$ 149.50	\$ 28.33	\$ 196.92	\$43.58	Per Unit
Radiology Services	Hospital Outpatient	CPT	73060	X-RAY EXAM OF HUMERUS	No	\$ 147.62	\$ 29.40	\$ 195.82	\$42.43	Per Unit
Radiology Services	Hospital Outpatient	CPT	73070	X-ray exam of elbow	No	\$ 146.83	\$ 25.07	\$ 191.42	\$41.63	Per Unit
Radiology Services	Hospital Outpatient	CPT	73080	X-RAY EXAM OF ELBOW	No	\$ 122.83	\$ 26.72	\$ 154.02	\$42.42	Per Unit
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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$ 117.10	\$ 26.40	\$ 151.82	\$42.03	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$ 156.52	\$ 30.72	\$ 196.19	\$42.42	Per Unit
Radiology Services	Hospital Outpatient	CPT	73120	X-RAY EXAM OF HAND	No	\$ 192.03	\$ 24.40	\$ 249.73	\$42.03	Per Unit
Radiology Services	Hospital Outpatient	CPT	73130	X-Ray - Hand	No	\$ 151.54	\$ 32.72	\$ 198.42	\$42.42	Per Unit
Radiology Services	Hospital Outpatient	CPT	73221	MRI - Shoulder, Elbow, or Wrist	No	\$ 1,211.82	\$ 246.65	\$ 1,702.46	\$329.57	Per Unit
Radiology Services	Hospital Outpatient	CPT	73502	X-Ray - Hip	No	\$ 129.58	\$ \$ 37.77	\$ 197.91	\$57.42	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$ 150.5	\$ 29.51	\$ 189.38	\$55.49	Per Unit
								,	,	
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$ 201.92	\$ 32.40	\$ 266.82	\$42.83	Per Unit
						,	· ·	,	Ţ 12100	
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$ 263.50	\$ 36.52	\$ 351.25	\$43.58	Per Unit
	Income or male management			, , , , , , , , , , , , , , , , , , , ,			, 55.32	. 332.23	7 .3.00	
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$ 239.62	\$ 32.40	\$ 321.48	\$42.43	Per Unit
The and the state of the state	Trospital Outputient	CFT	73330	A Tay exam of lower leg	140	233.07	52.40	9 321.40	772.73	. Cr Offic
Padialam Sandas	Hospital Outpations	CDT	72600	V DAV EVAM OF ANIVIE	No	\$ 191.5	¢ 21.00	¢ 270.00	\$42.02	Por Unit
Radiology Services	Hospital Outpatient	СРТ	/3000	X-RAY EXAM OF ANKLE	No	\$ 191.5	\$ 31.98	\$ 278.60	\$42.03	Per Unit
De dielem Comitee	Uit-l O-ttit	CDT	72640	V Day Andria (autorations)		A 222.0			642.42	Day Hait
Radiology Services	Hospital Outpatient	CPT	/3610	X-Ray - Ankle (outpatient)	No	\$ 239.0	\$ 25.72	\$ 311.14	\$42.42	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Ca	ash Price	Cha	rge		<u>Charge</u>	Charge	Estimate Type
Padiatana Cambaa	Hamital Contractions		70000	V DAY EVANA OF FOOT		_	400.34		20.04	_	262.24	ć44 22	Day Heli
Radiology Services	Hospital Outpatient	СРТ	/3620	X-RAY EXAM OF FOOT	No	\$	196.24	\$	29.81	\$	262.21	\$41.32	Per Unit
			70600	V5 5 1/ 1 11 13			246.05		22.05		200.50	442.07	
Radiology Services	Hospital Outpatient	СРТ	/3630	X-Ray - Foot (outpatient)	No	\$	216.05	Ş	33.95	\$	289.60	\$42.07	Per Unit
De dielem Comitee	Hamital Contractions			CT LOWER EXTREMITY M/O DVE		_	4 224 00		24.04	_	4 400 03	Ć407.04	Described.
Radiology Services	Hospital Outpatient	СРТ	/3/00	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	\$ 1	34.01	>	1,400.92	\$197.01	Per Unit
B # 1				2421 1/4 1/4 1/4 1/4			4 224 22				4 000 00	4000 50	
Radiology Services	Hospital Outpatient	СРТ	73721	MRI - Knee (outpatient)	Yes	\$	1,224.32	\$ 2	246.65	\$	1,828.36	\$329.58	Per Unit
			74040	V.D. 41.1			445.64		20.24		400 76	A=C 40	
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	145.61	\$	28.31	\$	189.76	\$56.13	Per Unit
De dielem Comitee	Hamital Contractions	CDT		Stabilización (s. des		_	077.64		42.20	_	4 446 00	ć20C 07	Described.
Radiology Services	Hospital Outpatient	СРТ	/4150	Ct abdomen w/o dye	No	\$	977.64	\$ 1	42.38	>	1,446.99	\$206.97	Per Unit
				6. 1.1.			4 004 40				2 4 4 4 2 2	4247.00	
Radiology Services	Hospital Outpatient	CPT	74170	Ct abdomen w/o & w/dye	No	\$	1,824.18	\$ 2	207.86	\$	2,144.29	\$317.80	Per Unit
				GT Command and Bulling									
				CT Scan - Abdomen and Pelvis, with			2 742 44				2 500 00	4004.45	
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$	2,748.11	\$ 2	286.79	Ş	3,568.86	\$321.15	Per Unit
De diele en Comite	Handral Outrant	on-		CT Scan - Abdomen and Pelvis, with	.,	_	274044		00 =0	_	2 500 00	6224.45	Des Hett
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	Yes	\$	2,748.11	\$ 2	286.79	\$	3,568.86	\$321.15	Per Unit
							204.62		E 6 8 6			400.40	
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$	394.10	\$	56.38	\$	563.71	\$90.49	Per Unit
L								_				4	
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$	521.72	\$	79.34	\$	578.01	\$102.59	Per Unit
L												4	
Radiology Services	Hospital Outpatient	CPT	75571	Ct hrt w/o dye w/ca test	No	\$	306.04	\$	59.00	\$	323.39	\$63.71	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cas	sh Price_	Charge	<u>Charge</u>	Charge	Estimate Type
Radiology Services	Hospital Outpatient	CPT	76536	Ultrasound - Head and Neck	No	\$	460.62	\$ 78.79	\$ 386.50	\$101.84	Per Unit
Radiology Services	Hospital Outpatient	CPT	76642	Ultrasound - Breast (outpatient)	No	\$	152.68	\$ 78.52	\$ 249.30	\$105.06	Per Unit
Radiology Services	Hospital Outpatient	CPT	76700	Ultrasound - Abdominal, Complete	Yes	\$	361.43	\$ 91.69	\$ 433.80	\$115.08	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$	327.93	\$ 46.05	\$ 372.20	\$103.02	Per Unit
naulology Services	nospital outpatient	CFI	70703	Oltrasouna - Abuoniniai, Linnteu	NO	7	327.33	7 40.03	3 372.20	\$103.02	reronic
Matamity/Daliyamy	Heavital Outrations	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$	450 50	ć 7C.F4	\$ 400.80	\$111.27	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76770	US EXAIVI ABDO BACK WALL COIVIP	No	ş	456.58	\$ 76.54	\$ 400.80	\$111.27	Per Offit
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Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$	391.57	\$ 86.65	\$ 396.27	\$124.44	Per Unit
				Ultrasound - Pregnancy							
Radiology Services	Hospital Outpatient	CPT	76805	(outpatient)	Yes	\$	367.73	\$ 100.36	\$ 437.10	\$124.80	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76811	OB US DETAILED SNGL FETUS	No	\$	522.04	\$ 198.65	\$ 587.50	\$215.49	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76815	OB US LIMITED FETUS(S)	No	\$	309.95	\$ 54.75	\$ 384.30	\$80.14	Per Unit
Radiology Services	Hospital Outpatient	CPT	76816	Ultrasound - Pregnancy Follow-Up	No	\$	406.54	\$ 64.37	\$ 384.30	\$91.27	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76818	FETAL BIOPHYS PROFILE W/NST	No	\$	476.50	\$ 82.20	\$ 387.27	\$128.58	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	Ś	407.39	\$ 97.44	\$ 398.34	\$113.30	Per Unit
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Padiology Comises	Hospital Outpatient	CDT	70021	MIDDLE CEREBRAL ARTERY ECHO	N	\$	370.14	\$ 88.69	\$ 391.69	\$107.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76821	WIIDDLE CEREBRAL ARTERY ECHO	No	ş	370.14	\$ 66.05	\$ 331.03	\$107.92	Per Offit
				Ultrasound - Transvaginal (non-							
Radiology Services	Hospital Outpatient	CPT	76830	maternity)	Yes	\$	475.43	\$ 98.63	\$ 463.90	\$108.72	Per Unit
Radiology Services	Hospital Outpatient	CPT	76856	Ultrasound - Pelvic (outpatient)	No	\$	344.00	\$ 70.34	\$ 408.50	\$108.37	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$	546.40	\$ 107.57	\$ 501.03	\$113.51	Per Unit
			77000			*		,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	
Padiology Comises	Hospital Outpationt	СРТ	77066	Mammagraphy of both broasts	Yes	\$	383.79	\$ 135.81	\$ 629.70	\$143.55	Per Unit
Radiology Services	Hospital Outpatient	CPT	77000	Mammography of both breasts	res	ş	303.73	3 155.61	\$ 629.70	\$145.55	Per Unit
Radiology Services	Hospital Outpatient	CPT	77067	Mammogram (outpatient)	Yes	\$	406.73	\$ 109.22	\$ 504.02	\$115.37	Per Unit
Radiology Services	Hospital Outpatient	CPT	77080	Bone Density Scan (outpatient)	No	\$	247.25	\$ 56.29	\$ 393.45	\$65.02	Per Unit
				, Constitution		i -					
Radiology Services	Hospital Outpatient	СРТ	77021	Dxa bone density/peripheral	No	\$	116.84	\$ 33.80	\$ 171.64	\$35.87	Per Unit
			,,001	and some density/ periprieral	110	<u> </u>	110.04	- 33.00	7 171.04	755.07	. c. ct
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Radiology Services	Hospital Outpatient	CPT	78452	Myocardial Imaging (outpatient)	No	\$ 1	1,010.04	\$ 336.74	\$ 2,091.45	\$661.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80048	Blood Test - Basic Metabolic Panel	Yes	\$	158.03	\$ 11.84	\$ 221.33	\$19.17	Per Unit
				Blood Test - Comprehensive							
Laboratory & Pathology Services	Hospital Outpatient	CPT	80053	Metabolic Panel	Yes	\$	93.73	\$ 14.78	\$ 136.89	\$23.96	Per Unit
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						N/A No	N/A No	N/A No	N/A No	
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				Blood Test - Pregnancy (Obstetric)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80055	Panel	Yes	Volume	Volume	Volume	Volume	Per Unit
				Blood Test - Cholesterol Test, Lipid						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80061	Panel	Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$13.97	Per Unit
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				Blood Test - Renal (Kidney)						
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Laboratory & Pathology Services	Hospital Outpatient	CPT	80069	Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$19.40	Per Unit
				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$18.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80307	Drug test prsmv chem anlyzr	No	\$ 128.65	\$ 55.93	\$ 199.53	\$59.54	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	80307	Drug test pismv them amyzi	140		-	•		reronit
						N/A No	N/A No	N/A No	N/A No	
						Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	CPT	81000	Urinalysis nonauto w/scope	Yes	Volume	Volume	Volume	Volume	Per Unit
				Urine Test - Automated with						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	21001	Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$8.05	Per Unit
Laboratory & Fathology Screeces	Tiospital outputient	CFT	81001	Wileroscope Examination	163	7 23.40	7 4.44	3 34.47	70.03	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	CPT	81002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$2.67	Per Unit
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$5.71	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$16.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$5.24	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$30.86	Per Unit
Laboratory & Fathology Services	Hospital Outpatient	CFT	04300	PIOOU TEST - AITUILII D-2 FEAGL	IVU	100.74	20.04	254.08 ب	320.00	rei Oilit

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Laboratory & Pathology Services Hospital Outpatient CPT 82330 Assay of calcium No \$ 35.11 \$ 12.31 \$	67.00 \$14.24 Per Unit	t
Laboratory & Pathology Services Hospital Outpatient CPT 82375 Assay carboxyhb quant No \$ 114.13 \$ 11.09 \$	153.64 \$12.85 Per Unit	+
Laboratory & Pathology Services Hospital Outpatient CF1 02373 Assay Carboxyllo quant	155.04 \$12.85 Fel Olit	
Laboratory & Pathology Services Hospital Outpatient CPT 82465 Assay bld/serum cholesterol No \$ 15.28 \$ 3.92 \$	23.76 \$4.53 Per Unit	ŧ
Laboratory & Pathology Services Hospital Outpatient CPT 82550 Assay of ck (cpk) No \$ 12.70 \$ 5.86 \$	35.53 \$6.79 Per Unit	t
Laboratory & Pathology Services Hospital Outpatient CPT 82552 Assay of cpk in blood No \$ 26.14 \$ 12.05 \$	75.41 \$13.96 Per Unit	
Laboratory & Patriology Services Rospital Outpatient CF1 02332 Assay of the III blood No 3 20.14 3 12.03 3	75.41 \$13.50 Fel Ollit	-
Laboratory & Pathology Services Hospital Outpatient CPT 82565 Assay of creatinine No \$ 124.50 \$ 7.17 \$	70.25 \$13.03 Per Unit	t
Blood Test - Vitamin B-12		
Laboratory & Pathology Services Hospital Outpatient CPT 82607 (Cyanocobalamin) Level No \$ 29.40 \$ 13.57 \$	82.73 \$15.71 Per Unit	t
Laboratory & Pathology Services Hospital Outpatient CPT 82610 Cystatin c No \$ 140.40 \$ 14.17 \$	405.00 \$14.17 Per Unit	
Laboratory & Pathology Services Hospital Outpatient CPT 82610 Cystatin c No \$ 140.40 \$ 14.17 \$	403.00 314.17 Per Offic	-
Laboratory & Pathology Services Hospital Outpatient CPT 82668 Assay of erythropoietin No \$ 36.68 \$ 16.91 \$	99.20 \$19.59 Per Unit	t
Laboratory & Pathology Services Hospital Outpatient CPT 82670 Assay of estradiol No \$ 54.51 \$ 25.15 \$	152.33 \$29.12 Per Unit	t
Laboratory & Pathology Services Hospital Outpatient CPT 82693 Assay of ethylene glycol No \$ 20.29 \$ 13.41 \$	40.08 \$15.54 Per Unit	
and the state of t	715.54 FEI OIIIL	-
Blood Test - Ferritin (Blood Protein)		
Laboratory & Pathology Services Hospital Outpatient CPT 82728 Level No \$ 33.53 \$ 19.09 \$	96.63 \$34.64 Per Unit	t

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Laboratory & Pathology Services	Hospital Outpatient	CPT	82746	Blood Test - Folic Acid Level	No	\$ 37.7	5 \$	13.23	\$ 79.52	\$15.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82803	Blood gases any combination	No	\$ 73.4	0 \$	20.17	\$ 106.16	\$20.17	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34.0	4 \$	5.51	\$ 49.42	\$9.98	Per Unit
Laboratory at ratheredy services	Troopital outputient	Ci i	02347	rissay gracese sreea quarre	140	ÿ 54.0	, , ,	3.31	y 43142	\$3.30	T CI OIIIC
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82962	Glucose blood test	No	\$ 45.5	5 \$	3.89	\$ 61.82	\$5.96	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83018	Heavy metal quant each nes	No	\$ 172.9	7 \$	19.76	\$ 498.96	\$22.88	Per Unit
				Blood Test - Blood Glucose Control							
Laboratory & Pathology Services	Hospital Outpatient	CPT	83036	(Hemoglobin A1C)	No	\$ 71.2	7 \$	8.74	\$ 95.94	\$10.12	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	02000	Assay of histamine	No	\$ 75.8	4 \$	26.58	\$ 218.76	\$30.78	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	83088	Assay of filstaffille	NO	\$ 75.0	7	20.38	Ş 210.70	930.78	reronit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83518	Immunoassay dipstick	No	\$ 147.0	19 \$	6.55	\$ 424.29	\$8.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83540	Blood Test - Iron Level	No	\$ 51.9	0 \$	9.06	\$ 75.77	\$16.46	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$ 27.4	4 \$	10.41	\$ 58.05	\$11.13	Per Unit
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				Blood Test - Lipase (fat enzyme)							
Laboratory & Pathology Convices	Hospital Outpations	СРТ	83690		No	\$ 69.4	7 S	6.20	\$ 93.51	\$7.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CFI	03030	LEVEI	IVU	2.60 د	7 3	0.20	75.51	37.10	rei Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	83735	Assay of magnesium	No	\$ 53.8	2 \$	9.38	\$ 78.56	\$17.03	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	83880	Assay of natriuretic peptide	No	\$ 172.	55 \$	35.33	\$ 232.27	\$35.38	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$ 61.	73 \$	6.64	\$ 87.67	\$11.50	Per Unit
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			04400						A 50.50	444.50	B 11 11
Laboratory & Pathology Services	Hospital Outpatient	CPT	84132	Assay of serum potassium	No	\$ 43.	23 \$	6.66	\$ 62.65	\$11.69	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84132	Assay of serum potassium	No	\$ 43.	23 \$	6.66	\$ 62.65	\$11.69	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 52.	59 \$	18.77	\$ 96.68	\$21.75	Per Unit
Laboratory & Fathology Scretces	nospital outputient	Ci i	04144	Assay of progesterone	140	y 32.	7	10.77	7 30.00	721.73	T CT OTHE
				Discolation Described Constitution							
				Blood Test - Prostate Specific				25.75	446.60	446.77	B 11 11
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84153	Antigen (PSA) Level	Yes	\$ 74.	21 \$	25.75	\$ 116.68	\$46.77	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84154	PSA (prostate specific antigen)	Yes	\$ 106.	34 \$	16.55	\$ 143.15	\$19.17	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84182	Protein western blot test	No	\$ 382.	72 \$	18.76	\$ 588.80	\$18.76	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	84295	Assay of serum sodium	No	\$ 42.	10 \$	4.33	\$ 56.67	\$5.02	Per Unit
				Blood Test - Thyroxine (Thyroid							
Laboratory & Pathology Services	Hospital Outpatient	CPT	84439	Chemical) Level, Free	No	\$ 66.	21 \$	8.12	\$ 89.13	\$9.40	Per Unit
				Blood Test - Thyroid Stimulating							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	No	\$ 64.	07 S	23.52	\$ 119.09	\$42.73	Per Unit
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				Blood Test - Thyroid Stimulating							
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Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Hormone (TSH) Level	Yes	\$ 64.)7 \$	23.52	\$ 119.09	\$42.73	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	84480	Assay triiodothyronine (t3)	No	\$ 96.31	\$ 12.76	\$ 129.65	\$14.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84484	Assay of troponin quant	No	\$ 81.70	\$ 10.26	\$ 121.45	\$10.26	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84702	Chorionic gonadotropin test	No	\$ 125.77	\$ 11.54	\$ 169.31	\$15.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85014	Hematocrit	No	\$ 26.95	\$ 2.13	\$ 36.27	\$2.47	Per Unit
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85025	Count and Automated WBC	Yes	\$ 77.98	\$ 10.88	\$ 112.06	\$19.77	Per Unit
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				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85027	Count (Hemoglobin)	Yes	\$ 60.79	\$ 5.82	\$ 81.83	\$6.74	Per Unit
	- поортан с поравлено	0.1	03027	- Count (Homogroum)	103	Ţ 00.75	7 0.02	7 02.00	ψω	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	95240	Clot factor viii ahg 1 stage	No	\$ 45.97	\$ 16.11	\$ 95.56	\$18.67	Per Unit
Laboratory & Patriology Services	nospital outpatient	CFT	83240	Clot factor vin ang 1 stage	NO	Ş 43.57	3 10.11	3 33.30	\$18.07	rei oiiit
Laboratori & Dathalam Comicas	Heavital Outrations	СРТ	05270	Fibrin degrade consistent	N	\$ 53.57	ċ 7.44	ć 72.11	67.44	Day Heit
Laboratory & Pathology Services	Hospital Outpatient	CPI	853/8	Fibrin degrade semiquant	No	\$ 55.57	\$ 7.44	\$ 72.11	\$7.44	Per Unit
Laboratoria O Both dono Co. 1	Harrist Contractions		05645	Disad Task Classics Times			6 604	6 64.37	640.00	Dan Haite
Laboratory & Pathology Services	Hospital Outpatient	CPT	85610	Blood Test - Clotting Time	Yes	\$ 44.81	\$ 6.01	\$ 64.27	\$10.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85613	Russell viper venom diluted	No	\$ 24.61	\$ 8.24	\$ 70.98	\$9.98	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85660	RBC SICKLE CELL TEST	No	\$ 53.32	\$ 4.96	\$ 71.77	\$5.75	Per Unit
				Blood Test - Coagulation						
Laboratory & Pathology Services	Hospital Outpatient	CPT	85730	Assessment	Yes	\$ 46.01	\$ 5.41	\$ 61.94	\$6.25	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	85732	Thromboplastin time partial	No	\$ 1	2.63	\$ 5.82	\$ 36.42	\$6.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86140	C-reactive protein	No	\$ 4	3.49	\$ 4.66	\$ 65.28	\$5.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86360	T cell absolute count/ratio	No	\$ 6	5.00	\$ 42.28	\$ 211.59	\$48.97	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$ 13	2.78	\$ 24.10	\$ 383.03	\$27.91	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86431	Rheumatoid factor quant	No	\$ 5	2.70	\$ 5.10	\$ 70.95	\$5.91	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 3	7.81	\$ 3.84	\$ 50.90	\$4.45	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 3	7.81	\$ 3.84	\$ 50.90	\$4.45	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$ 5	7.37	\$ 9.16	\$ 165.50	\$10.61	Per Unit
			3332			Ţ		7 5.20	7 200.00	720.02	
Laboratory & Pathology Convices	Hospital Outpatient	СРТ	96615	Bordetella antibody	No	\$ 2	5.74	\$ 11.87	\$ 81.45	\$13.75	Per Unit
Laboratory & Pathology Services	riospital Outpatient	CFI	90012	Doructella alltibouy	INU	۷ 2)./ 4	7 11.07	y 01.45	313.73	rei Ullit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86651	Encephalitis californ antbdy	No	\$ 2	5.74	\$ 11.87	\$ 110.13	\$13.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86652	Encephaltis east eqne anbdy	No	\$ 2	5.74	\$ 11.87	\$ 110.13	\$13.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86653	Encephaltis st louis antbody	No	\$ 2	5.74	\$ 11.87	\$ 110.13	\$13.75	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86654	Encephaltis west eqne antbdy	No	\$	25.74	\$ 11.87	\$ 110.13	\$13.75	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86663	Epstein-barr antibody	No	\$	25.60	\$ 11.81	\$ 83.21	\$13.67	Per Unit
Laboratory & Pathology Sorvices	Hospital Outpatient	СРТ	96677	Holischaster pulori antihody	No	\$	30.68	\$ 15.13	\$ 63.03	\$15.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CFI	800//	Helicobacter pylori antibody	INO	ų.	30.08	\$ 15.15	\$ 03.03	\$15.15	rei Ollit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86692	Hepatitis delta agent antbdy	No	\$	29.16	\$ 15.44	\$ 50.98	\$17.89	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86698	Histoplasma antibody	No	\$	79.65	\$ 12.41	\$ 107.23	\$13.03	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86704	HEP B CORE ANTIBODY TOTAL	No	\$	86.11	\$ 10.85	\$ 115.92	\$12.56	Per Unit
						*		7	,	72235	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86705	HEP B CORE ANTIBODY IGM	No	\$	22.98	\$ 10.59	\$ 57.38	\$12.26	Per Unit
Laboratory & Dathalam Consists	Hospital Outpatient	CDT	06706	HED B SLIDEACE ANTIBODY	No	ć	00 00	¢ 0.67	\$ 133.25	¢11 20	Por Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	00/00	HEP B SURFACE ANTIBODY	No	\$	98.98	\$ 9.67	\$ 133.25	\$11.20	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86707	Hepatitis be antibody	No	\$	22.56	\$ 10.41	\$ 65.09	\$12.06	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86708	Hepatitis a antibody	No	\$	22.71	\$ 11.15	\$ 56.71	\$12.92	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	\$	78.19	\$ 12.95	\$ 225.56	\$15.00	Per Unit
		J	55752	The state of the s		7	. 5.15	÷ 12.55	- 223.30	Ģ13.00	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86765	Rubeola antibody	No	\$	25.14	\$ 11.59	\$ 72.53	\$13.43	Per Unit

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				05750 5485 601/ 3 601//8 40						
				86769 - SARS-COV-2 COVID-19					4	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86769	ANTIBODY	No	\$ 51.48	\$ -	\$ 112.07	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$13.43	Per Unit
				Blood Test - Hepatitis C Antibody						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	1	No	\$ 67.64	\$ 12.84	\$ 91.06	\$14.87	Per Unit
Laboratory at rathology services	Trospital Gatpatient	CII	00003		140	ψ 07104	7 12:04	7 32.00	714107	T CT OTHE

Laboratory & Pathology Services	Hospital Outpatient	CPT	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$16.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$10.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$5.65	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	96000	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$5.65	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFI	80300	blood typing serologic abo	NO	ÿ 130.33	Ş 3.76	\$ 207.00	33.03	reronit
									4	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$5.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$5.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$5.65	Per Unit
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Laboratory & Pathology Consises	Hospital Outpations	СРТ	86003	BLOOD TYPE ANTIGEN DONOR FA	No	\$ 5.82	\$ 4.84	\$ 383.37	\$11.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CFI	00302	BLOOD TYPE ANTIGEN DONOR EA	140	3.82	y 4.04	y 303.37	311.13	rei Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$ 344.22	\$15.90	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$ 133.90	\$ 9.29	\$ 180.25	\$10.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$ 138.63	\$ 7.76	\$ 186.61	\$8.97	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$ 60.43	\$ 7.27	\$ 81.35	\$8.42	Per Unit
Laboratory & Dathology Songicos	Hospital Outpations	СРТ	87081	Test for Disease-Causing (Pathogenic) Organisms, Not Limited to a Specific Condition	No	\$ 81.17	\$ 5.97	\$ 109.26	\$6.91	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87081	Limited to a Specific Condition	No	3 01.17	3.37	3 109.20	30.31	rei oliit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87086	Urine Test - Bacterial Culture, Quantitative Colony Count	No	\$ 82.16	\$ 7.26	\$ 110.60	\$8.41	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87088	Urine Test - Bacterial Culture	No	\$ 15.80	\$ 7.28	\$ 43.86	\$8.44	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87110	Chlamydia culture	No	\$ 130.74	\$ 17.64	\$ 175.99	\$20.42	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87186	Evaluation of Antimicrobial Drug (antibiotic, antifungal, antiviral)	No	\$ 69.16	\$ 7.79	\$ 93.10	\$9.01	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87205	Lab Test - Smear for Microorganism	No	\$ 49.93	\$ 3.84	\$ 67.21	\$4.45	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87340	Lab Test - Detection test for Hepatitis B Surface Antigen	No	\$ 63.55	\$ 9.30	\$ 85.55	\$10.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87389	Lab Test - Detection test for HIV-1 and HIV-2	No	\$ 110.43	\$ 21.67	\$ 148.66	\$25.46	Per Unit
		J. 1	2.303			7 120.43	7 22.07	7 240.00		
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87425	Rotavirus ag ia	No	\$ 37.44	\$ 10.78	\$ 108.00	\$12.50	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	87491	Urine Test - Chlamydia	No	\$ 1	108.43	\$ 31.58	\$ 171.03	\$36.58	Per Unit
				Urine Test - Gonorrhoeae		l .			l.		
Laboratory & Pathology Services	Hospital Outpatient	CPT	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$	90.13	\$ 31.58	\$ 171.03	\$36.58	Per Unit
				87635 - SARS-COV-2 COVID-19							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87635	AMP PRB	No	\$	53.36	\$ -	\$ 136.48	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87798	Detect agent nos dna amp	No	\$	90.13	\$ 31.58	\$ 171.03	\$36.58	Per Unit
				Lab Test - Detection test for							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87804	Influenza Virus	No	\$	37.58	\$ 19.82	\$ 70.50	\$29.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87880	Strep Test (Streptococcus, group A)	No	\$ 1	101.56	\$ 19.87	\$ 143.48	\$29.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	88185	Flowcytometry/tc add-on	No	\$	68.81	\$ -	\$ 120.30	\$11.40	Per Unit
				Immunization Administration First							
Vaccinations	Physician Office	CPT	90460	Component	No	\$	40.10	\$ 11.68	\$ 75.93	\$25.31	Per Unit
							7				
				Immunization Administration Each							
Vaccinations	Physician Office	CPT	90461	Additional Component	No	\$	25.13	\$ 10.49	\$ 38.51	\$12.84	Per Unit
Vaccinations	Hospital Outpatient	CPT	90471	Immunization Administration	No	\$	44.49	\$ 7.02	\$ 81.80	\$45.41	Per Unit
				Immunization Administration Each							
Vaccinations	Hospital Outpatient	CPT	90472	Additional Component	No	\$	12.56	\$ -	\$ 38.51	\$25.81	Per Unit
Vaccinations	Hospital Outpatient	CPT	90651	9V HPV Vaccine 2/3 Dose	No	\$ 1	142.32	\$ 9.56	\$ 227.93	\$157.18	Per Unit
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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Vaccine - Pneumococcal Conjugate						
Vaccination	Hospital Outpatient	CPT	90670	for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 345.21	\$84.77	Per Unit
				Vaccine - Tetanus, Diptheria						
				Toxoids, and Acellular Pertussis						
				(Whooping Cough) for Injection						
Vaccination	Hospital Outpatient	CPT	90715	into Muscle	No	\$ 57.74	\$ -	\$ 77.73	\$0.00	Per Unit
Evaluation & Management Services	Professional Services	CPT	90791	Psychiatric Diagnostic Evaluation	No	\$ 308.81	\$ 118.93	\$ 198.74	\$142.78	Per Unit
Evaluation & Management Services	Professional Services	CPT	90832	Psychotherapy - 30 Minutes	Yes	\$ 88.03	\$ 57.92	\$ 99.25	\$69.19	Per Unit
Evaluation & Management Services	Professional Services	CPT	90834	Psychotherapy - 45 Minutes	Yes	\$ 116.77	\$ 77.37	\$ 132.34	\$91.78	Per Unit
Evaluation & Management Services	Professional Services	CPT	90837	Psychotherapy - 60 Minutes	Yes	\$ 174.90	\$ 116.00	\$ 198.22	\$137.47	Per Unit
						N/A No		N/A No	N/A No	
						Service		Service	Service	
Evaluation & Management Services	Professional Services	CPT	90846	Family psytx w/o pt 50 min	Yes	Volume	\$ -	Volume	Volume	Per Unit
Evaluation & Management Services	Professional Services	CPT	90847	Psychotherapy - Family Session	Yes	\$ 146.15	\$ 97.13	\$ 166.18	\$114.88	Per Unit
						N/A No		N/A No	N/A No	
						Service		Service	Service	
Evaluation & Management Services	Professional Services	CPT	90853	Psychotherapy - Group Session	Yes	Volume	\$ -	Volume	Volume	Per Unit
Medicine Speech Therapy	Hospital Outpatient	CPT	92507	SPEECH/HEARING THERAPY	No	\$ 52.00	\$ 17.40	\$ 251.43	\$128.00	Per Unit
				Electrocardiogram, routine, with						
Medicine Cardiovascular	Professional Services	CPT	93000	interpretation and report	Yes	\$ 36.27	\$ 28.12	\$ 95.52	\$17.02	Per Unit
Medicine Other	Hospital Outpatient	CPT	93005	Electrocardiogram (ECG or EKG)	No	\$ 142.29	\$ -	\$ 295.26	\$27.82	Per Unit

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Medicine Cardiac Stress Test	Hospital Outpatient	CPT	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	>	61.00	\$	634.57	\$130.18	Per Unit
Medicine Other	Hospital Outpatient	CPT	93306	Tte w/doppler complete	No	\$	1,404.83	\$	322.26	\$	1,593.05	\$413.44	Per Unit
				Insertion of catheter into left heart									
Hospital Outpatient Procedure	Hospital Outpatient	CPT	93452	for diagnosis	Yes	\$	8,847.45	\$	579.93	\$	12,920.92	\$2,327.13	Case Rate
Medicine Other	Hospital Outpatient	СРТ	02071	Extremity study	No	\$	240.64	Ś	92.64	Ś	400.67	\$100.78	Per Unit
Wedicine Other	Tiospital Outpatient	CFT	33371	Extremity study	NO	7	240.04	7	32.04	7	400.07	3100.76	reronic
						١.		١.					
Medicine Other	Hospital Outpatient	CPT	95044	Allergy patch tests	No	\$	189.82	-	-	\$	1,229.53	\$14.13	Per Unit
							N/A No	ľ	N/A No		N/A No	N/A No	
Medicine Neurology and							Service	5	ervice		Service	Service	
Neuromuscular	Hospital Outpatient	CPT	95810	Sleep study	Yes	,	Volume	V	olume '		Volume	Volume	Per Unit
Injections	Hospital Outpatient	СРТ	96402	Chemo hormon antineopl sq/im	No	\$	110.26	Ś	66.86	\$	196.20	\$73.09	Case Rate
,		C	30102	Physical Therapy - Manual	110	Ť		*	00.00	_		-	000011000
Medicine Physical Medicine and				Electrical Stimulation Therapy, 15									
•	Hamital Outurations	CDT	07022	* **	B1 -	_	24.26		42.50	_	F0.00	6430.00	Dan Hait
Rehabilitation	Hospital Outpatient	CPT	9/032	minutes	No	\$	31.26	>	12.56	Þ	59.90	\$128.00	Per Unit
Medicine Physical Medicine and				Physical Therapy - Ultrasound		١.		١.					
Rehabilitation	Hospital Outpatient	CPT	97035	Therapy	No	\$	26.92	\$	11.95	\$	40.29	\$128.00	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic									
Rehabilitation	Hospital Outpatient	СРТ	97110	Exercises	Yes	\$	88.74	\$	17.40	\$	119.46	\$128.00	Per Unit
		_				Ė		Ė		_			-
Medicine Physical Medicine and				Physical Therapy - Neuromuscular									
Rehabilitation	Hospital Outpatient	СРТ	07112	Reeducation	No	\$	69.93	Ś	26.14	\$	104.78	\$128.00	Per Unit
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Medicine Physical Medicine and						١.							
Rehabilitation	Hospital Outpatient	CPT	97116	GAIT TRAINING THERAPY	No	\$	77.61	\$	22.90	\$	104.48	\$128.00	Per Unit

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	CPT	97140	Physical Therapy - Manual Therapy	No	\$ 56.20	\$ 23.73	\$ 93.92	\$128.00	Per Unit
Medicine Physical Medicine and				Physical Therapy - Low Complexity						
Rehabilitation	Hospital Outpatient	CPT	97161	Evaluation	No	\$ 168.06	\$ 71.97	\$ 252.78	\$128.00	Per Unit
Medicine Physical Medicine and				Physical Therapy - Moderate						
Rehabilitation	Hospital Outpatient	CPT	97162	Complexity Evaluation	No	\$ 62.40	\$ 71.97	\$ 252.78	\$128.00	Per Unit
Medicine Physical Medicine and				Physical Therapy - High Complexity						
Rehabilitation	Hospital Outpatient	CPT	97163	Evaluation	No	\$ 168.06	\$ 71.97	\$ 252.78	\$128.00	Per Unit
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	CPT	97164	Physical Therapy - Re-Evaluation	No	\$ 113.34	\$ 48.67	\$ 170.97	\$128.00	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$ 180.88	\$ 77.05	\$ 245.32	\$128.00	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$ 62.40	\$ 72.00	\$ 245.32	\$128.00	Per Unit
	·									
Medicine Physical Medicine and				Physical Therapy - Therapeutic						
Rehabilitation	Hospital Outpatient	СРТ	97530	Activities	No	\$ 92.45	\$ 17.40	\$ 124.45	\$128.00	Per Unit
			57555			V 52115	Ţ 27110	·	7220:00	1 0. 0
Medicine Physical Medicine and				Physical Therapy - Self-care or						
Rehabilitation	Hospital Outpatient	СРТ	97535	Home Management Training	No	\$ 68.89	\$ -	\$ 109.03	\$128.00	Per Unit
	- Proper or order		2.303	2					,	
Evaluation & Management Services	Professional Services	СРТ	99024	Postop follow-up visit	No	ś -	Ś -	\$ 14.27	\$0.00	Per Unit
Evaluation & Management Services	. Totalional Scivices	Ci i	33024	- Cottop Tollow-up visit	110	Ÿ -	<u> </u>	y 14.27	90.00	. ci Oiiic
Evaluation & Management Comition	Professional Services	СРТ	00202	Office Visit - New Patient, Minor	No	\$ 167.93	\$ 90.34	\$ 200.08	\$123.61	Per Unit
Evaluation & Management Services	riviessional services	CPT	33202	Office visit - New Patient, Minor	140	107.93 د	90.34	200.08	\$1 25. 01	rei unit

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	ew Patient, Low					
Evaluation & Management Services Professional Services CPT 99203 Complexity	Yes	\$ 182.06	\$ 132.54	\$ 273.99	\$173.02	Per Unit
Office Visit - N	ew Patient,					
Evaluation & Management Services Professional Services CPT 99204 Moderate Con	plexity Yes	\$ 250.69	\$ 177.01	\$ 432.49	\$247.57	Per Unit
New patient o	ffice of other					
Evaluation & Management Services Professional Services CPT 99205 outpatient visi		\$ 448.04	\$ 156.38	\$ 553.76	\$314.52	Per Unit
Etallation d'inangement services Totessonial services Cr 1 35265 output et a 186	c, cypicany comm	7 440.04	7 150.50	ÿ 333.70	751-152	T CT OTHE
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Evaluation & Management Services Professional Services CPT 99212 Office Visit - B	asic No	\$ 58.74	\$ 46.41	\$ 133.24	\$93.25	Per Unit
Office Visit - E	stablished Patient,					
Evaluation & Management Services Professional Services CPT 99213 Low Complexit	ty No	\$ 99.67	\$ 81.71	\$ 201.59	\$122.41	Per Unit
Office Visit - E-	stablished Patient,					
Evaluation & Management Services Professional Services CPT 99214 Moderate Con	plexity No	\$ 151.19	\$ 140.90	\$ 279.47	\$173.41	Per Unit
					-	
Office Visit - F	stablished Patient,					
Evaluation & Management Services Professional Services CPT 99215 High Complexi	· ·	\$ 315.87	\$ 192.33	\$ 385.34	\$227.00	Per Unit
Evaluation & Management Services Professional Services	ty NO	ÿ 313.87	ÿ 132.33	303.34	\$227.00	rei oiiit
Professional Services Associated						
with Inpatient Stay Professional Services CPT 99232 Subsequent ho	ospital care No	\$ 159.88	\$ 50.60	\$ 111.92	\$72.44	Per Unit
Patient office of	· · · · · · · · · · · · · · · · · · ·					
Evaluation & Management Services Professional Services CPT 99243 typically 40 mi	n Yes	\$ 212.43	\$-	\$ 142.18	\$123.38	Per Unit
Patient office	consultation,					
Evaluation & Management Services Professional Services CPT 99244 typically 60 mi	-	\$ 338.80	\$-	\$ 226.38	\$183.94	Per Unit
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1.00		-			
Emergency De	partment Visit -					
		\$ 230.81	\$ 74.98	\$ 689.88	\$316.23	Case Rate
Emergency Room Visit Hospital Outpatient CPT 99281 Minor (outpat	NO NO	ş 230.81	7 /4.38	y 003.88	3310.23	Case nate
	partment Visit - Low	1.				
Emergency Room Visit Hospital Outpatient CPT 99282 Complexity (or	utpatient) No	\$ 430.38	\$ 93.52	\$ 1,114.22	\$620.57	Case Rate

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Service Category	Service Setting	Туре	Code	Description	Service?		h Price		narge	Charge	Charge	Estimate Typ
				Emergency Department Visit -								
Emergency Room Visit	Hospital Outpatient	СРТ	99283	Moderate Complexity (outpatient)	No	\$	932.99	Ś	182.62	\$ 2,714.83	\$778.17	Case Rate
		- J	33233			*		*		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7110121	
				Emergency Department Visit -								
Emergency Room Visit	Hospital Outpatient	СРТ	99284	Higher Complexity (outpatient)	No	\$	2,400.69	Ś	270.43	\$ 4,475.48	\$1,472.34	Case Rate
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				Emergency Department Visit - High								
Emergency Room Visit	Hospital Outpatient	СРТ	99285	Complexity (outpatient)	No	\$	3,149.91	\$	458.20	\$ 5,806.99	\$2,782.32	Case Rate
		C	33203	Completely (companions)		Ψ	0,2 10102	T		+ 5,000.0.	γ_), σ_, σ	
				Emergency Department Visit -								
Emergency Room Visit	Hospital Outpatient	СРТ	99291	Critical Care (outpatient)	No	\$ 1	7,860.61	\$	425.50	\$ 6,308.07	\$2,879.70	Case Rate
Emergency room visit	Trospital Outputient	Ci i	33231	Critical care (outputient)	110	Ψ -	7,000.01	7	425.50	, 0,000.0	\$2,073.70	case nate
				Office Visit - Comprehensive								
				Preventive Medicine Evaluation								
				and Management, New Patient,								
Evaluation & Management Services	Professional Services	СРТ	99381	Younger than 1 Year Old	No	Ś	156.75	ċ	_	\$ 225.3	\$155.06	Per Unit
Evaluation & Management Services	Professional Services	CFT	33301	Office Visit - Comprehensive	NO	٠	130.73	Ţ		7 223.3	3 3133.00	reronit
				Preventive Medicine Evaluation								
				and Management, New Patient, 1-								
Evaluation & Management Services	Professional Services	СРТ	99382	4 Years Old	No	\$	163.82	\$	_	\$ 236.9	\$166.39	Per Unit
Evaluation & Ivianagement Services	Froressional Services	CFI	33362	Office Visit - Comprehensive	NO	Y	103.02	Ţ	_	ÿ 230.3	\$100.33	reronit
				Preventive Medicine Evaluation								
				and Management, New Patient, 5-								
Evaluation & Management Services	Drofossional Comises	СРТ	00202	11 Years Old	No	Ś	170.96	Ś	_	\$ 413.4	\$171.35	Per Unit
Evaluation & Management Services	Professional Services	CFI	33363	Office Visit - Comprehensive	NO	Ą	170.50	ş	-	3 413.4	31/1.33	rei Ollit
				Preventive Medicine Evaluation								
Evaluation & Management Services	Professional Services	СРТ	00284	and Management, New Patient, 12- 17 Years Old	No	\$	193.58	ė	_	\$ 280.7	\$193.78	Per Unit
Evaluation & Management Services	r roressional services	CPI	77384	Office Visit - Comprehensive	INO	ې	133.36	Ą	-	۷ 200.7	3133.70	rei Oilit
				Preventive Medicine Evaluation								
Fundamenting & Management Co. 1	Duefoccional Scriber	CDT	00305	and Management, New Patient, 18-	V	Ś	107.00	,	E0 33	ć 247.C	6100.70	Dev He ¹ t
Evaluation & Management Services	Professional Services	СРТ	99385	39 Years Old	Yes	>	187.80	>	59.23	\$ 347.6	\$189.76	Per Unit
				Office Visit - Comprehensive								
				Preventive Medicine Evaluation								
- 1 0				and Management, New Patient, 40-			247.55		04.75	A 4 200 T	4000 75	
Evaluation & Management Services	Professional Services	CPT	99386	64 Years Old	Yes	\$	217.32	\$	91.72	\$ 1,293.50	\$223.72	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price		Charge		Charge	Charge	Estimate Type
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				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
				and Management, Younger than 1								
Evaluation & Management Services	Professional Services	СРТ	99391	Year Old	No	\$ 141.	19 9	-	\$	267.83	\$137.84	Per Unit
			55552			•			_		Ţ-0-1-0-1	
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
Evaluation & Management Services	Professional Services	СРТ	99392	and Management, 1-4 Years Old	No	\$ 150.	93 9	-	\$	305.91	\$151.01	Per Unit
			-						Ė			
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
Evaluation & Management Services	Professional Services	СРТ	99393	and Management, 5-11 Years Old	No	\$ 150.	44 5	-	\$	305.91	\$150.67	Per Unit
		Ci i	33333			Ţ			_		+ 200.07	
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
Evaluation & Management Services	Professional Services	СРТ	99394	and Management, 12-17 Years Old	No	\$ 165.	14 5	-	\$	398.57	\$167.30	Per Unit
Evaluation & Management Services	Total Sciences	Ci i	33334	and Management, 12 17 Tears Ord	110	ý 105i		,	_	330.37	\$107.50	i ci oiiic
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
Evaluation & Management Services	Professional Services	СРТ	99395	and Management, 18-39 Years Old	No	\$ 168.	81 5	37.07	Ś	304.60	\$169.86	Per Unit
Evaluation & Management Services	Totessional services	Ci i	33333	and management, 10 33 rears ord	110	ý 100i	,	37.07	Ψ	304100	Q103.00	T CT OTHE
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
Evaluation & Management Services	Professional Services	СРТ	99396	and Management, 40-64 Years Old	No	\$ 180.	12 9	64.57	\$	429.79	\$184.43	Per Unit
		.	33030	and management, i.e. or real or ele		Ţ	'		_			
											Service Not	
											Covered by	
Exablate	Hospital Outpatient	СРТ	0398T	Focused Ultrasound	No	\$ 32,139.	56	11,272.90	Ś	11.272.90	Payer	Case Rate
			55501			, J2,200.	,		-			
Vaccinations	Hospital Outpatient	СРТ	G0008	Admin influenza virus vaccine	No	\$ 70.	15	-	Ś	126.95	\$45.41	Per Unit
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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	<u>Discou</u> <u>Cash F</u>		De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Vaccinations	Hospital Outpatient	СРТ	G0009	Admin pneumococcal vaccine	No	\$	27.43	\$ -	\$ -	\$45.41	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	No	\$ 7	73.99	\$ 46.24	\$ 1,424.46	\$133.80	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$ 15,6	85.71	\$ 605.00	\$ 24,131.86	\$2,152.00	Per Unit
Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$ 1	30.00	\$ 74.02	\$ 200.00	\$74.02	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 4	76.03	\$ -	\$ 732.35	\$63.95	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$	0.22	\$ 0.03	\$ 0.34	\$0.00	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$	2.13	\$ 0.78	\$ 3.27	\$0.00	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$	26.95	\$ -	\$ 89.11	\$9.22	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$ 2,8	18.54	\$ -	\$ 4,336.21	\$192.40	Per Unit