Wellpath Correctional	Last Updated: 12/7/2020									
	-								Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Service Category	Service Setting	туре	coue	Description	<u>Jervice:</u>	Casii Fiice	Charge	Charge	Charge	Case Rate-
										Excluding
				Cardiac valve and other major						Professional
				cardiothoracic procedures with		N/A No	N/A No	N/A No	N/A No	Charges which
				cardiac catheterization with major		Service	Service	Service	Service	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	complications or comorbidities	Yes	Volume	Volume	Volume	Volume	CPT/HCPCS
Trospital impatient stay	Troopical inputient	Ditto	210	complications of conformations	103	Volunie	Volume	Volunie	N/A -	Ci Tyrici Co
									Inpatients-	Case Rate-
									Processed	Excluding
									through	Professional
									Traditional	Charges which
									Arkansas	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	\$ 22,180.96	\$ 5.517.78	\$ 31,074.55	Medicaid	CPT/HCPCS
· · · · · ·						, ,		. ,	N/A -	
									Inpatients-	Case Rate-
									Processed	Excluding
									through	Professional
				Spinal fusion except cervical					Traditional	Charges which
				without major comorbid conditions					Arkansas	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	460	or complications (MCC)	Yes	\$ 89,541.22	\$ 16,237.64	\$ 58,989.92	Medicaid	CPT/HCPCS
									N/A -	
									Inpatients-	Case Rate-
									Processed	Excluding
				Major joint replacement or					through	Professional
				reattachment of lower extremity					Traditional	Charges which
				without major comorbid conditions					Arkansas	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	470	or complications (MCC).	Yes	\$ 26,747.32	\$ 8,070.44	\$ 37,721.88	Medicaid	CPT/HCPCS
									N/A -	
									Inpatients-	Case Rate-
									Processed	Excluding
				Cervical spinal fusion without					through	Professional
				comorbid conditions (CC) or major					Traditional	Charges which
				comorbid conditions or					Arkansas	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	473	complications (MCC).	Yes	\$ 37,083.10	\$ 10,123.74	\$ 62,430.00	Medicaid	CPT/HCPCS

				T	1				A 1 1 4 -	1
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
, ,										
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u> </u>	Service Setting	туре	coue	Description	<u>Jervice:</u>	Casii Fiice	Charge	Charge	Charge	Estillate Type
									N/A -	
									_	Case Rate-
									Inpatients- Processed	Excluding
									through	Professional
				HID SEMIID DOCCOLIDES SYCEDT						Charges which
Hospital Innations Start	Hasnital Innations	DRC	400	HIP FEMUR PROCEDURES EXCEPT	N-	¢ 60 100 00	¢ 12.275.05	¢ 40.022.54	Arkansas	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	480	MAJOR JOINT W MCC	No	\$ 69,180.99	\$ 12,375.85	\$ 48,933.51	Medicaid	CPT/HCPCS
									21/2	
									N/A -	
									Inpatients-	Case Rate-
									Processed	Excluding
									through	Professional
				LUB EELAUD DROCEDURES EVOEDE						Charges which
			404	HIP FEMUR PROCEDURES EXCEPT		A 45 654 40	4 0.550.00	A 20.005.50		are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	481	MAJOR JOINT W CC	No	\$ 45,651.13	\$ 8,559.98	\$ 38,996.68	Medicaid	CPT/HCPCS
									N/A -	
									Inpatients-	Case Rate-
									Processed	Excluding
									_	Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	482	MAJOR JOINT W/O CC/MCC	No	\$ 36,964.29	\$ 6,745.73	\$ 37,731.25	Medicaid	CPT/HCPCS
									N/A -	
									Inpatients-	Case Rate-
									Processed	Excluding
										Professional
										Charges which
				LOWER EXTREM HUMER PROC						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	Medicaid	CPT/HCPCS

				1						r i
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
									_	
					<u>CMS</u>		De-Identified		Payer-	
					Required		<u>Minimum</u>	<u>Maximum</u>	<u>Specific</u>	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
									21/2	
									N/A -	
									Inpatients-	Case Rate-
									Processed	Excluding
									through	Professional
				LOWER EXTREM HUMER PROC					Traditional	Charges which
				EXCEPT HIP, FOOT, FEMUR W/O					Arkansas	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	494	CC/MCC	No	\$ 34,101.03	\$ 7,426.74	\$ 43,066.25	Medicaid	CPT/HCPCS
Hospital Impatient Stay	Hospital Inpatient	DKG	494	CC/ MCC	NO	3 34,101.03	3 7,420.74	3 43,000.23	N/A -	CF1/HCFC3
									Inpatients-	Case Rate-
									Processed	Excluding
				Uterine and adnexa procedures for					through	Professional
				non-malignancy without comorbid					Traditional	Charges which
				conditions (CC) or major comorbid					Arkansas	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	743	conditions or complications (MCC)	Yes	\$ 18,033.90	\$ 3,828.29	\$ 28,968.03	Medicaid	CPT/HCPCS
mospital impatient stay	mospital impatient	DING	743	conditions of complications (wice)	103	7 10,033.30	7 3,020.23	7 20,500.03	N/A -	Ci i/iici co
										Cosa Dota
									Inpatients-	Case Rate-
									Processed	Excluding
									through	Professional
									Traditional	Charges which
				RED BLOOD CELL DISORDERS W					Arkansas	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	MCC	No	\$ 16,643.21	\$ 4.255.93	\$ 31,015.82	Medicaid	CPT/HCPCS
	* ** ** ** ** ***					,	. ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A -	,
									Inpatients-	Case Rate-
									-	
									Processed	Excluding
									through	Professional
									Traditional	Charges which
				RED BLOOD CELL DISORDERS W/O					Arkansas	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	812	MCC	No	\$ 12.941.86	\$ 2.955.18	\$ 26,002.03	Medicaid	CPT/HCPCS

									Amount We Estimate You	
									Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	<u>Discounted</u> Cash Price	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			N/A - Inpatients- Processed through Traditional Arkansas	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
		DRG		FULL THICKNESS BURN W SKIN	No	\$ 53,042.00			N/A - Inpatients- Processed through Traditional Arkansas	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay Hospital Inpatient Stay	Hospital Inpatient Hospital Inpatient	DRG	929	GRAFT OR INHAL INJ W/O CC/MCC NON-EXTENSIVE BURNS	No	\$ 21,298.22	\$ 6,540.49 \$ 3,301.83	\$ 50,000.00 \$ 50,000.00	N/A - Inpatients- Processed through Traditional Arkansas	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
				LIMB REATTACHMENT, HIP FEMUR PROC FOR MULTIPLE					N/A - Inpatients- Processed through Traditional Arkansas	Case Rate- Excluding Professional Charges which are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	956	SIGNIFICANT TRAUMA	No	\$ 105,373.59	\$ 16,085.53	\$ 200,000.00	Medicaid	CPT/HCPCS

				I		1				
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u>scrate eategory</u>	<u>service setting</u>	<u> </u>	couc	<u> Description</u>	<u>service:</u>	casiiiiicc	Charge	charge	charge	Estimate Type
									N/A -	
										Coss Date
									Inpatients-	Case Rate-
									Processed	Excluding
									through	Professional
				OTHER O.R. PROCEDURES FOR					Traditional	Charges which
				MULTIPLE SIGNIFICANT TRAUMA					Arkansas	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	957	W MCC	No	\$ 139,128.72	\$ 30,888.17	\$ 200,000.00	Medicaid	CPT/HCPCS
									N/A -	
									Inpatients-	Case Rate-
									Processed	Excluding
									through	Professional
				OTHER O.R. PROCEDURES FOR					Traditional	Charges which
				MULTIPLE SIGNIFICANT TRAUMA					Arkansas	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	958	w cc	No	\$ 73,933.71	\$ 17,182.69	\$ 125,000.00	Medicaid	CPT/HCPCS
									N/A -	-
									Inpatients-	Case Rate-
									Processed	Excluding
									through	Professional
									Traditional	Charges which
				OTHER MULTIPLE SIGNIFICANT					Arkansas	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	964	TRAUMA W CC	No	\$ 34,761.85	\$ 6,123.35	\$ 50,000.00	Medicaid	CPT/HCPCS
Hospital Inpatient Stay	nospital inpatient	טאט	304	TRACIVIA W CC	IVO	\$ 34,7U1.03	y 0,123.33	\$ 50,000.00	N/A -	CF 1/HCFC3
									_	Case Rate-
									Inpatients-	
									Processed	Excluding
									through	Professional
									Traditional	Charges which
				VAGINAL DELIVERY W O.R. PROC					Arkansas	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	768	EXCEPT STERIL &/OR D&C	No	\$ 10,335.01	\$ 2,464.00	\$ 27,462.61	Medicaid	CPT/HCPCS

				T					Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
T F										
					CNAC		De Identified	De Identified	Davier	
					<u>CMS</u>		De-Identified		Payer-	
					Required	5:	Minimum	Maximum	Specific	
		Code		B	Shoppable	Discounted	<u>Negotiated</u>	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
									N/A -	
									Inpatients-	Case Rate-
									Processed	Excluding
									through	Professional
									Traditional	Charges which
				CESAREAN SECTION W					Arkansas	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	783	STERILIZATION W MCC	No	\$ 11,915.22	\$ 3,570.00	\$ 39,605.25	Medicaid	CPT/HCPCS
									N/A -	
									Inpatients-	Case Rate-
									Processed	Excluding
									through	Professional
									Traditional	Charges which
				CESAREAN SECTION W					Arkansas	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	784	STERILIZATION W CC	No	\$ 9,940.40	\$ 3,570.00	\$ 27,865.12	Medicaid	CPT/HCPCS
, ,	·					, ,		. ,	N/A -	-
									Inpatients-	Case Rate-
									Processed	Excluding
									through	Professional
									Traditional	Charges which
				CESAREAN SECTION W					Arkansas	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	785	STERILIZATION W/O CC/MCC	No	\$ 8,988.27	\$ 3,519.44	\$ 25,870.71	Medicaid	CPT/HCPCS
waterinty/ Delivery	nospital inpatient	DNG	763	STERIEIZATION W/O CC/MCC	NO	\$ 0,500.27	7 3,313.44	\$ 23,870.71	N/A -	CF 1/11CF CS
									Inpatients-	Case Rate-
									-	
									Processed	Excluding
									through	Professional
				CECAREAN SECTION W/O					Traditional	Charges which
				CESAREAN SECTION W/O		40.000.00	A 0.000.00	A 05 044 55	Arkansas	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	786	STERILIZATION W MCC	No	\$ 12,696.27	\$ 3,570.00	\$ 35,011.06	Medicaid	CPT/HCPCS
									N/A -	
									Inpatients-	Case Rate-
									Processed	Excluding
									through	Professional
									Traditional	Charges which
				CESAREAN SECTION W/O					Arkansas	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	787	STERILIZATION W CC	No	\$ 11,322.59	\$ 2,835.00	\$ 27,868.32	Medicaid	CPT/HCPCS

	1			1						, , , , , , , , , , , , , , , , , , ,
									Amount We	
									Estimate You	
									Will Owe *	
									Will Owe	
T 6 1 6										
To Search for a service Click "CTRL"									7 7	
+ "F"										
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
						B:				
		<u>Code</u>			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
									N/A -	
									Inpatients-	Case Rate-
									Processed	Excluding
									through	Professional
									Traditional	Charges which
										_
				CESAREAN SECTION W/O					Arkansas	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	788	STERILIZATION W/O CC/MCC	No	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	Medicaid	CPT/HCPCS
									N/A -	
									Inpatients-	Case Rate-
									Processed	Excluding
									through	Professional
									Traditional	Charges which
									Arkansas	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	No	\$ 1,400.10	\$ 626.89	\$ 18,705.56	Medicaid	CPT/HCPCS
									N/A -	
									Inpatients-	Case Rate-
									Processed	Excluding
										Professional
									through	
									Traditional	Charges which
				VAGINAL DELIVERY W					Arkansas	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	797	STERILIZATION/D&C W CC	No	\$ 12,785.73	\$ 2,464.00	\$ 25,917.69	Medicaid	CPT/HCPCS
									N/A -	
									Inpatients-	Case Rate-
									Processed	Excluding
										_
									through	Professional
									Traditional	Charges which
				VAGINAL DELIVERY W					Arkansas	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	798	STERILIZATION/D&C W/O CC/MCC	No	\$ 10,897.11	\$ 2,464.00	\$ 25,917.69	Medicaid	CPT/HCPCS
									N/A -	
									Inpatients-	Case Rate-
									Processed	Excluding
										_
									through	Professional
									Traditional	Charges which
				VAGINAL DELIVERY W/O					Arkansas	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	805	STERILIZATION/D&C W MCC	No	\$ 10,518.03	\$ 2,464.00	\$ 27,817.08	Medicaid	CPT/HCPCS
•										

	T	1		T	ı	I	1		A	
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
<i>T</i>										
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Samisa Catagony	Service Setting		Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Service Category	Service Setting	Type	coue	Description	<u>Servicer</u>	Cash Price	Charge	Charge	N/A -	Estimate Type
									Inpatients-	Case Rate-
									Processed	Excluding
									through	Professional Charges which
				WACINIAL DELIVERY W/O					Traditional	Charges which
B. A. a. b. a. with the A. D. a. b. a.	Heavital Invetions	DDC	900	VAGINAL DELIVERY W/O	A1 =	6 9 54 5 53	6 2 464 00	ć 24.233.7.1	Arkansas	are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	806	STERILIZATION/D&C W CC	No	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	Medicaid	CP1/HCPCS
									N/A -	C D-t-
									Inpatients-	Case Rate-
									Processed	Excluding
									through	Professional
				V4601141 PELIVERY W/6					Traditional	Charges which
a				VAGINAL DELIVERY W/O		A 7.040.04	A 2454.00	4 22 22 22	Arkansas	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	Medicaid	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital										are paid by
Stay	Inpatient Rehabilitation Hospital	DRG	945	REHABILITATION W CC/MCC	No	N/A	\$ 14,553.00	\$ 14,553.00	N/A	CPT/HCPCS
										Corre D. :
										Case Rate-
										Excluding
										Professional
Innested Balantin Co. 10 10 10 10										Charges which
Inpatient Rehabilitation Hospital	Innerticus Balantina et al. 11	200	0	DELIABILITATION W/O CO/MCC		N/2	ć 40.070.05	ć 40.070.65	N/2	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	UB	118	Room & Board	No	Diem			Non-Par	Day

				1						
					1	1			Amount We	
									Estimate You	
									Will Owe *	
									Will Owe	
To Connet for a consider Clieb IICTRUII										
To Search for a service Click "CTRL"										
+ "F"										
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		<u>Code</u>			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	Charge	Estimate Type
									N/A -	
									Inpatients-	Case Rate-
									Processed	Excluding
									through	Professional
				AFTERCARE, MUSCULOSKELETAL					Traditional	Charges which
				SYSTEM AND CONNECTIVE TISSUE					Arkansas	are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	559	WITH MCC	No	N/A	\$ 18,018.00	\$ 18,018.00	Medicaid	CPT/HCPCS
						-			N/A -	
									Inpatients-	Case Rate-
									Processed	Excluding
										_
									through	Professional
				AFTERCARE, MUSCULOSKELETAL					Traditional	Charges which
				SYSTEM & CONNECTIVE TISSUE W					Arkansas	are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	560	cc	No	N/A	\$ 10,435.00	\$ 10,435.00	Medicaid	CPT/HCPCS
,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A -	,
									Inpatients-	Case Rate-
									-	
									Processed	Excluding
									through	Professional
				AFTERCARE, MUSCULOSKELETAL					Traditional	Charges which
				SYSTEM & CONNECTIVE TISSUE					Arkansas	are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	561	w/o cc/mcc	No	N/A	\$ 7,474.00	\$ 7,474.00	Medicaid	CPT/HCPCS
	- Parising	DINO	301	, 6 66/66		14/11	V 1)11 1100	+ 1).11.1100	11104114114	G. 1711G. GG
										C D-t-
										Case Rate-
										Excluding
										Professional
										Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Pulmonary edema respiratory						are paid by
Stay	Hospital	DRG	LTC190	failure	No	N/A	\$ 74 931 49	\$ 74,931.49	Non-Par	CPT/HCPCS
- Cay	- Copical	DIG	110103		140	14/5	y /4,551.45	φ / 1,331.43	NOTE OF	C. 1/11C1 C3
					1	1				
					1	1				Case Rate-
					1	1				Excluding
					1	1				Professional
										Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Respiratory system diagnosis w	1	1				are paid by
	_	DRG	LTC207		No	N/A	\$ 27 702 24	\$ 37,703.24	Non-Par	CPT/HCPCS
Stay	Hospital	טאט	LICZU/	ventilator support >96 hours	NO	IV/A	31,/03.24 ډ	31,705.24 ډ	NUIT-Par	CP1/HCPC3

		_		T	1	Г		<u> </u>		
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Jervice Category	<u> </u>	туре	code	Description	<u>Jervice:</u>	Casii Fiice	Charge	charge	Charge	Estimate Type
						700/ Ch				
						70% Charges				
						(Estimated as				
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Long Term Care Intensive Care		\$6,047.26 per	\$1,040 Per	\$1,929 Per		Per Diem Per
Stay	Hospital	UB	200	Room & Board	No	diem)	Diem	Diem	Non-Par	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	inputient skined itersing	OB	131	Subdeute care Level 1- Skilled care	140	Dicin	\$ 227.70	3 030.00	NOIF U	Day
						E20/ Ch				
						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
		-				210111	+	7 330.00		
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$195.16	Case Rate
		- Ci i	11102	- Tangenda biopsy of Skill	110	÷ 550.50	7 101.30	- 2,000.41	Q133.10	Sub- Hate
Hospital Outpatient Presedura	Hospital Outpations	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$204.72	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPI	11104	Biopsy - Pulicii Biopsy of SKIII	INO	3 304.9Z	\$ 107.15	3 1,023.21	3204.72	Case Nate
			49000				A		4262	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$208.53	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$1,392.47	Case Rate

		1							A	
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Sarvice Setting		Codo	Description						Estimate Type
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	Charge	Estimate Type
						N/A No			N/A No	
				Removal of 1 or more breast		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19120	growth, open procedure	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Injections	Hospital Outpatient	CPT	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$280.05	Case Rate
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Company of the Comp			The state of the state of				, , ,		
Heavital Outrationt Brossdans	Heavital Outrations	CDT	27010	Treatment of only of treatment	B1-	\$ 1,243.48	ć 20F.00	ć 3.501.00	¢1 C24 12	Casa Bata
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	2/818	Treatment of ankle fracture	No		\$ 395.00	\$ 2,581.00	\$1,634.13	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	CPT	29881	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
				(compared sy						
Hasnital Outpatient Brosedure	Hospital Outpationt	CDT	24575	Lanungassanu Diagnostis	No	\$ 449.87	\$ 135.86	\$ 1,978.02	\$204.50	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	315/5	Laryngoscopy - Diagnostic	No	\$ 445.67	\$ 155.60	\$ 1,976.02	3204.50	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$678.61	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 -						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	4323E	Diagnostic	Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$827.47	Case Rate
nospital Outputient Floceuale	Troopical Outputient	CF I	73233	Sidgilostic .	1 63	y 2,027.21	Ç 01.00	y 1,007.74	9027.47	case nate
				Hanna Cartarinta V. 15 1						
L				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43239	With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$842.87	Case Rate
				Colonoscopy - Diagnostic						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45378	(outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$868.43	Case Rate
-										
				Colonoscopy - With Biopsy						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45200	(outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$1,100.53	Case Rate
nospital Outpatient Frocedure	Hospital Outpatient	CFI	43300	(outpatient)	163	3,002.00	943،00 ب	4,110.45	\$1,100.33	Case Nate

									A 1 1 / -	
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Service Category	Service Setting	туре	coue	Description	<u>Service:</u>	Casii Fiice	Charge	Charge	Charge	Estimate Type
				Colonia de Milato Dolono Dono con la						
				Colonoscopy - With Polyp Removal						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45385	(outpatient)	Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	\$1,153.24	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	\$4,984.16	Case Rate
	- Carpanens	C	47302	Can Diadaci Gaigery (Caspanency	1.03	+,	+	+ 10,0700	Ţ 1,50 1120	000011010
			40440			A 2444.60		A 0.455.54	44 505 05	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$1,605.86	Case Rate
				Repair of groin hernia patient age 5						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	49505	years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$3,298.20	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	51798	Urine Capacity Measurement	No	\$ 97.04	\$ -	\$ 1,579.20	\$58.86	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$580.47	Case Rate
nospital Gatpatient Focedare	nospital outputient	Ci i	32000	Сузгозгору	140	Ų 1,175.22	Ç 202.70	ÿ 1,550.52	4300147	case nate
Hasnital Outputiont Procedure	Heavital Outrations	CDT	FF700	Bioney of prostate aloud	Vaa	ć 11CE 04	ć 204.7C	ć 2.621.04	¢1 725 00	Cose Deta
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55/00	Biopsy of prostate gland	Yes	\$ 1,165.04			\$1,725.00	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	\$211.79	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	\$ 632.24	\$ 48.93	\$ 1,749.37	\$8.45	Case Rate
Tiospital Outputient Flocedure	Trospital Outputient		30300	moere included line device	110	y 032.24	7 -0.55	y 1,745.37	70.75	case nate
Hamital Outration 18	Hamital Outrati	CD-	F0224	Barrers interest 1 1			ć 22.2-	6 4 405 55	6200 00	Corre Duri
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58301	Remove intrauterine device	No	\$ 273.85	\$ 32.34	\$ 1,495.58	\$309.32	Case Rate

	_					_							
												Amount We	
												Estimate You	
												Will Owe *	
To Search for a service Click "CTRL"													
+ "F"													
, ,													
					CMS			De-	dentified	De	-Identified	Payer-	
					Required			Mi	inimum	M	laximum	Specific	
		Code			Shoppable	Dis	counted	Ne	gotiated	Ne	egotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cas	sh Price	C	harge		Charge	Charge	Estimate Type
								_					
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	59025	Fetal Non-Stress Test	No	\$	260.79	\$	118.53	\$	1,596.22	\$177.36	Case Rate
				Routine obstetric care for vaginal									
Professional Services Associated				delivery, including pre-and post-									
with Inpatient Stay	Professional Services	СРТ	59400		Yes	\$	4,496.21	Ś	242.00	\$	3,278.48	\$1,997.58	Case Rate
		. .	55.55			Ť	.,	Ť		Ψ	0,270.10	+- ,5571.50	- Case Hate
Professional Services Associated													
	Durfacional Comica		F0440	Obstatuical com		,	2 220 00		422.04	,	4 635 04	ć004.2E	C D-4-
with Inpatient Stay	Professional Services	СРТ	59410	Obstetrical care	No	\$	2,230.06	\$	133.91	>	1,625.81	\$984.35	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	\$2,205.19	Case Rate
				Routine obstetric care for vaginal									
				delivery after prior cesarean									
Professional Services Associated				delivery including pre-and post-									
	Professional Services	СРТ	E0610	delivery care	Voc	\$	4 706 E0	Ś	305.08	\$	2 420 24	\$2,090.62	Case Rate
with Inpatient Stay	Professional Services	CPT	29010	•	Yes	Ş	4,706.58	ş	303.06	Ģ	3,429.34	\$2,090.02	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	\$646.00	Case Rate
				Injection of substance into spinal									
				canal of lower back or sacrum using									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	62323	imaging guidance	Yes	\$	1,665.98	\$	305.01	\$	1,988.33	\$660.43	Case Rate
·	·			Injections of anesthetic and/or				•					
				steroid drug into lower or sacral									
				_									
Uses that Outrook 1.2	Usanital Outro ii	CF-	CAROC	spine nerve root using imaging	v		4 776 96		250.46	,	4 000 40	6046.75	Corre Dut
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	64483	guidance	Yes		1,776.21	\$	358.46	\$	1,980.49	\$840.76	Case Rate
							I/A No					N/A No	
				Removal of recurring cataract in		S	ervice					Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	66821	lens capsule using laser	Yes	V	olume	\$	-	\$	-	Volume	Case Rate
						N	I/A No					N/A No	
				Removal of cataract with insertion		S	ervice					Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66984	of lens	Yes		olume	Ś	_	\$	_	Volume	Case Rate
			30304					-		-			
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	69210	Remove impacted ear wax	No	Ś	168.99	ċ	48.93	Ś	1,604.78	\$81.69	Case Rate
nospital Outpatient Procedure	nospitai Outpatient	CFI	03210	nemove impacted edi wax	140	ş	100.33	P	40.73	Ą	1,004.76	30T.02	Case nate

												Amount We	
												Estimate You Will Owe *	
												Will Owe	
To Search for a service Click "CTRL" + "F"													
					CMS Required				dentified inimum		e-Identified Maximum	Payer- Specific	
		Code			Shoppable	Di	scounted		gotiated		egotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	C	ash Price	<u>c</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	\$142.70	Per Unit
radiology services	nospital Outputient	CFT	70430	Contrast	140	Ÿ	301.00	7	127.22	7	1,310.10	7142.70	T CT OTHE
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	Yes	\$	901.06	\$	127.22	\$	1,318.18	\$142.70	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	\$226.16	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$	1,668.57	\$	127.52	\$	2,259.85	\$143.02	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70496	Ct angiography head	No	\$	1,871.05	\$	223.05	\$	1,996.31	\$249.86	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$	1,632.72	\$	223.05	\$	1,677.63	\$249.86	Per Unit
Radiology Services	Hospital Outpatient	CPT	70551	MRI BRAIN STEM W/O DYE	No	\$	1,518.19	\$	252.20	\$	2,270.30	\$282.84	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$	2,314.59	Ś	406.50	Ś	3,409.54	\$456.53	Per Unit
	production of the state of		11223			7	_,	7		T	2, 230.01	+	2
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$	138.11	\$	19.91	\$	181.37	\$80.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$	148.99	\$	31.50	\$	193.55	\$82.68	Per Unit
										_			
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$	205.20	\$	38.07	\$	271.73	\$115.60	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$	1,024.52	\$	141.11	\$	1,468.48	\$157.77	Per Unit

	T								Amazumt Ma	
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
1										
+ "F"										
					CMS		De-Identified		Payer-	
					Required		Minimum	<u>Maximum</u>	<u>Specific</u>	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	Charge	Estimate Type
				CT Scan - Chest, with Contrast						
Radiology Services	Hospital Outpatient	CPT	71260	(outpatient)	No	\$ 1,448.52	\$ 200.76	\$ 2,034.88	\$225.40	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71275	Ct angiography chest	No	\$ 1,935.65	\$ 226.19	\$ 2,092.27	\$253.36	Per Unit
				3 - 3 - 5 - 7		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ,,,,		
Radiology Services	Hospital Outpatient	СРТ	72040	X-Ray - Neck, Cervical Spine	No	\$ 154.65	\$ 37.93	\$ 204.42	\$83.01	Per Unit
nautology Scrvices	nospital outputient	CFT	72040	X-ray - recek, ecrylear spine	140	7 154.05	ÿ 37.33	7 204.42	303.01	T CT OTHE
Dadielam Caminas	Hasnital Outrations	CDT	72070	V Day Middle Book Theresis Crims	N	ć 2F1.C1	ć 22.02	ć 220.00	¢111 0C	Day Unit
Radiology Services	Hospital Outpatient	СРТ	/20/0	X-Ray - Middle Back, Thoracic Spine	No	\$ 251.61	\$ 33.93	\$ 338.99	\$111.06	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	\$ 199.60	\$ 37.93	\$ 265.13	\$112.11	Per Unit
				X-Ray, lower back, minimum four						
Radiology Services	Hospital Outpatient	CPT	72110	views	Yes	\$ 213.64	\$ 52.80	\$ 284.93	\$113.87	Per Unit
Radiology Services	Hospital Outpatient	CPT	72125	Ct neck spine w/o dye	No	\$ 1,459.37	\$ 136.86	\$ 1,750.92	\$150.06	Per Unit
Radiology Services	Hospital Outpatient	CPT	72126	Ct neck spine w/dye	No	\$ 1,293.16	\$ 260.86	\$ 1,821.59	\$404.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72127	Ct neck spine w/o & w/dye	No	\$ 1,815.93	\$ 201.73	\$ 2,118.48	\$226.48	Per Unit
	p or a suppression			2 2 2 7 2 7 2 2 2 7 2 7		. ,522.30		. ,	,	
Radiology Services	Hospital Outpatient	СРТ	72120	Ct chest spine w/dye	No	\$ 1,520.66	\$ 199.82	\$ 1,805.90	\$224.03	Per Unit
The state of the s	1103pital Outpatient	CFI	12123	ct diest spille w/ dye	INU	y 1,320.00	7 133.82	7 1,003.30	7224.03	i ci onic
Dadialam Camier -	Heavital Outretions	CDT	72422	Ch lumban anina us (dus	N/ =	6 1540.60	6 200.00	ć 100F.00	Ć404.05	Don Huit
Radiology Services	Hospital Outpatient	СРТ	/2132	Ct lumbar spine w/dye	No	\$ 1,518.43	\$ 260.86	\$ 1,805.90	\$404.05	Per Unit
L										
Radiology Services	Hospital Outpatient	CPT	72133	Ct lumbar spine w/o & w/dye	No	\$ 1,904.42	\$ 201.90	\$ 2,238.70	\$226.16	Per Unit

									Amount Mo	
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
, ,										
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Sorvice Setting		Codo	Description		Cash Price				Estimate Type
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	<u>Cash Price</u>	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	721/11	MRI NECK SPINE W/O DYE	No	\$ 1,441.84	\$ 252.20	\$ 2,177.11	\$282.84	Per Unit
Radiology Services	Hospital Outpatient	CPT	/2141	WINTINEER SPINE W/O DTE	No	3 1,441.04	\$ 232.20	3 2,177.11	3202.04	Per Offic
Padialam, Sanisas	Hospital Outpatient	СРТ	721/10	MPI Pack (outnotiont)	Yes	\$ 1,381.13	\$ 252.20	\$ 2,137.12	\$282.84	Per Unit
Radiology Services	Hospital Outpatient	CPT	72140	MRI - Back (outpatient)	res	\$ 1,301.13	\$ 252.20	\$ 2,137.12	\$202.04	Per Unit
Padialogy Convices	Hospital Outpatient	СРТ	72170	V Boy Dolyis	N	\$ 249.04	\$ 28.72	\$ 327.10	\$109.65	Per Unit
Radiology Services	Hospital Outpatient	CPI	/21/0	X-Ray - Pelvis	No	\$ 249.04	\$ 20.72	\$ 327.10	\$109.05	Per Unit
Dadialam: Caminas	Heavital Outrations	CDT	72400	V DAY EVANA OF DELVIS	NI -	ć 200 F2	ć 20.00	\$ 264.73	\$113.51	Day Unit
Radiology Services	Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$ 208.53	\$ 39.60	\$ 264.73	\$113.51	Per Unit
Dadialam: Caminas	Heavital Outrations	CDT	72102	CT con policie with contract	Vac	ć 1 F2C 0C	ć 107.20	ć 2.142.0F	ć221 02	Don Hait
Radiology Services	Hospital Outpatient	СРТ	/2193	CT scan, pelvis, with contrast	Yes	\$ 1,536.96	\$ 197.29	\$ 2,142.05	\$221.03	Per Unit
Padialogy Convices	Hospital Outpatient	CDT	72107	MRI - Pelvis (outpatient)	N	\$ 2,448.72	\$ 402.71	\$ 3,522.33	\$451.62	Per Unit
Radiology Services	Hospital Outpatient	СРТ	/219/	iviki - Peivis (outpatient)	No	\$ 2,440.72	3 402.71	\$ 3,322.33	3451.02	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72000	X-ray exam of collar bone	No	\$ 147.59	\$ 22.40	\$ 185.92	\$80.19	Per Unit
Radiology Services	Hospital Outpatient	CFI	73000	A-ray exam or conar bone	INO	\$ 147.33	3 22.40	3 183.92	380.13	Per Offic
Padialagu Samisas	Hospital Outpatient	СРТ	72010	V ray ayam of shoulder blade	No	\$ 196.93	\$ 26.01	\$ 251.93	\$109.98	Per Unit
Radiology Services	Hospital Outpatient	CFI	73010	X-ray exam of shoulder blade	NO	\$ 190.93	\$ 20.01	\$ 251.95	\$105.56	Per Offic
Radiology Services	Hospital Outpatient	СРТ	73020	X-Ray - Shoulder (outpatient)	No	\$ 149.50	\$ 28.33	\$ 196.92	\$81.24	Per Unit
		Ci*1	, 3030	- Tay Shoulder (outputient)	140	Ţ 143.30	- 20.33	÷ 150.52	701.24	. c. ct
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$ 147.62	\$ 29.40	\$ 195.82	\$80.19	Per Unit
The analogy of vices	Troopital Outputient	Cr' I	73000	A RAT EXAM OF HOMEROS	140	y 147.02	23.40	y 155.62	Ç00.13	. cr omt
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$ 146.83	\$ 25.07	\$ 191.42	\$80.19	Per Unit
The division of the control of the c	Troopital Outputient	Ci*1	,3070	A Tay Chair of Cisow	140	y 140.03	Ç 23.07	7 131.42	700.13	. cr omt
Radiology Services	Hospital Outpatient	СРТ	73080	X-RAY EXAM OF ELBOW	No	\$ 122.83	\$ 26.72	\$ 154.02	\$80.55	Per Unit
nadiology services	Hospital Outpatient	CFT	73000	A-RAT EXAMINIOT ELDOW	NO	7 122.03	y 20.72	7 134.02	700.33	i ci onit

	1									Amount Mo	
										Amount We	
										Estimate You	
										Will Owe *	
T 6 1 6											
To Search for a service Click "CTRL"											
+ "F"											
					<u>CMS</u>			De-Identified	De-Identified	Payer-	
					Required			Minimum	Maximum	Specific	
		Code			Shoppable	Dis	counted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Ca	sh Price	Charge	Charge	Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	73000	X-RAY EXAM OF FOREARM	No	\$	117.10	\$ 26.40	\$ 151.82	\$80.19	Per Unit
nadiology Scrvices	nospital outputient	CFT	73030	X-RAT EXAM OF TOREARM	140	7	117.10	ÿ 20.40	7 131.02	Ç00.13	T CT OTHE
De diele en Comitere	Harrist Contractions	CDT	72440	V David Maint (autorations)			456.53	ć 20.72	ć 10C 10	600 FF	Dan Hait
Radiology Services	Hospital Outpatient	CPT	/3110	X-Ray - Wrist (outpatient)	No	\$	156.52	\$ 30.72	\$ 196.19	\$80.55	Per Unit
Radiology Services	Hospital Outpatient	CPT	73120	X-RAY EXAM OF HAND	No	\$	192.03	\$ 24.40	\$ 249.73	\$109.29	Per Unit
Radiology Services	Hospital Outpatient	CPT	73130	X-Ray - Hand	No	\$	151.54	\$ 32.72	\$ 198.42	\$80.55	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73221	MRI - Shoulder, Elbow, or Wrist	No	\$	1,211.82	\$ 246.65	\$ 1,702.46	\$277.17	Per Unit
		-				-		,	7 - 7, 0 - 1 1 0	7	
Radiology Services	Hospital Outpatient	СРТ	72502	X-Ray - Hip	No	\$	129.58	\$ 37.77	\$ 197.91	\$83.01	Per Unit
nadiology Services	nospital outpatient	CFI	73302	X-Nay - Tilp	INO	٠	125.50	37.77	3 137.31	303.01	reronic
										4	
Radiology Services	Hospital Outpatient	CPT	73552	X-RAY EXAM OF FEMUR 2/>	No	\$	150.51	\$ 29.51	\$ 189.38	\$80.92	Per Unit
Radiology Services	Hospital Outpatient	CPT	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$	201.92	\$ 32.40	\$ 266.82	\$80.19	Per Unit
Radiology Services	Hospital Outpatient	CPT	73562	X-Ray - Knee (outpatient)	No	\$	263.50	\$ 36.52	\$ 351.25	\$81.24	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$	239.62	\$ 32.40	\$ 321.48	\$79.87	Per Unit
						T .					
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$	191.55	\$ 31.98	\$ 278.60	\$80.19	Per Unit
Taurotogy Scretces	Trospital Outputient		73000	A NAT EXAMINOT AIRCE	140	7	131.33	y 31.30	275.00	700.13	. c. ome
Dedictory Comics -	Hespital Output:	CDT	72646	V Day Ankla (auto-at-aut)		,	220.05	ć 25.70	6 344.44	600 55	Don Huit
Radiology Services	Hospital Outpatient	CPT	/3610	X-Ray - Ankle (outpatient)	No	\$	239.05	\$ 25.72	\$ 311.14	\$80.55	Per Unit

												Amount Mo	
												Amount We Estimate You	
												Will Owe *	
												Will Owe	
To Search for a service Click "CTRL"													
+ "F"													
, ,													
					CMS			De-Ide	ntified	De	-Identified	Payer-	
								Minin			1aximum	Specific	
		Code			Required	D:				_			
Samilas Catamani	Samiles Setting	Code	Cada	Description	Shoppable		scounted	Negot			egotiated Charge	Negotiated	Fatimata Tuna
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Ca	ash Price	Cha	rge		Charge	Charge	Estimate Type
Padiatana Cambaa	Hamital Cotton tions		=2522	V DAY EVANA OF FOOT		_	400.34		20.04	_	262.24	ć70 FF	Day Heli
Radiology Services	Hospital Outpatient	СРТ	/3620	X-RAY EXAM OF FOOT	No	\$	196.24	\$	29.81	\$	262.21	\$79.55	Per Unit
De diele en Comitee		CDT	72620	V Day (Fact (autoritions)	N		246.65		22.05	,	200.00	ć00 22	Day Hote
Radiology Services	Hospital Outpatient	СРТ	/3630	X-Ray - Foot (outpatient)	No	\$	216.05	Ş	33.95	\$	289.60	\$80.23	Per Unit
De dielem Comitee	Hamital Cotton tions			CT LOWER EXTREMITY M/O DVE		_	4 224 00		24.04	_	4 400 03	Ć450.0C	Described.
Radiology Services	Hospital Outpatient	СРТ	/3/00	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	\$ 1	34.01	>	1,400.92	\$150.06	Per Unit
B # 1				2421 1/4 1/4 1/4 1/4			4 224 22		46.65		4 000 00	4075 40	
Radiology Services	Hospital Outpatient	СРТ	73721	MRI - Knee (outpatient)	Yes	\$	1,224.32	\$ 2	46.65	\$	1,828.36	\$276.48	Per Unit
			74040	V.D. 41.1			445.64		20.24		400 76	400.00	
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	145.61	\$	28.31	\$	189.76	\$80.92	Per Unit
De dielem Comitee	Hamital Cotton tions	CDT		Stabilización (s. des		_	077.64		42.20	_	4 446 00	Ć4E0 2C	Described.
Radiology Services	Hospital Outpatient	СРТ	/4150	Ct abdomen w/o dye	No	\$	977.64	\$ 1	42.38	>	1,446.99	\$159.36	Per Unit
				6. 1.1.			4 004 40				2 4 4 4 20	4000.00	
Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$	1,824.18	\$ 2	07.86	\$	2,144.29	\$232.83	Per Unit
				CT Commandation of the command									
				CT Scan - Abdomen and Pelvis, with								4	
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$	2,748.11	\$ 2	86.79	Ş	3,568.86	\$433.70	Per Unit
De diele en Comite	Handral Outrant	on-		CT Scan - Abdomen and Pelvis, with	.,		274044		06.70	,	2 500 00	6422.70	Des Hett
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	Yes	\$	2,748.11	\$ 2	86.79	\$	3,568.86	\$433.70	Per Unit
							204.62		EC 00			4400.55	
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$	394.10	\$	56.38	Ş	563.71	\$193.66	Per Unit
L								_				4	
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$	521.72	\$	79.34	\$	578.01	\$215.08	Per Unit
L												4.00	
Radiology Services	Hospital Outpatient	CPT	75571	Ct hrt w/o dye w/ca test	No	\$	306.04	Ş	59.00	\$	323.39	\$100.25	Per Unit

				I		1				Amazumt Ma	
										Amount We	
										Estimate You	
										Will Owe *	
To Soarch for a sorvice Click "CTPI"											
To Search for a service Click "CTRL"											
+ "F"											
					CMS			De-Identified		Payer-	
					Required			Minimum	<u>Maximum</u>	<u>Specific</u>	
		Code			Shoppable		counted	Negotiated	Negotiated	Negotiated	
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	\$128.63	Per Unit
Radiology Services	Hospital Outpatient	CPT	76642	Ultrasound - Breast (outpatient)	No	\$	152.68	\$ 78.52	\$ 249.30	\$105.16	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$	361.43	\$ 91.69	\$ 433.80	\$140.93	Per Unit
	Tap in a rapid to			, , , , , , , , , , , , , , , , , , ,		<u> </u>					
Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$	327.93	\$ 46.05	\$ 372.20	\$129.71	Per Unit
naulology Services	nospital outpatient	CFI	70703	Oltrasouna - Abuoniniai, Linnteu	NO	7	327.33	7 40.03	3 372.20	Ş123.71	reronic
Matamity/Daliyamy	Heavital Outrations	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$	450 50	ć 7C.F4	\$ 400.80	\$137.07	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	70770	OS EXAMI ABDO BACK WALL COMP	No	ş	456.58	\$ 76.54	\$ 400.80	\$157.07	Per Unit
B. B. a. b. a. see that I D. a. Utanama	Hannibal Codenations		75004	OR LIG + 4.4 MING CINICIE FETUS		_	204 57	ć 00.0E	ć 20C 27	ć4.40.C0	Dan Haite
Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$	391.57	\$ 86.65	\$ 396.27	\$149.69	Per Unit
				Ultrasound - Pregnancy							
Radiology Services	Hospital Outpatient	CPT	76805	(outpatient)	Yes	\$	367.73	\$ 100.36	\$ 437.10	\$149.69	Per Unit
						١.					
Maternity/Delivery	Hospital Outpatient	СРТ	76811	OB US DETAILED SNGL FETUS	No	\$	522.04	\$ 198.65	\$ 587.50	\$303.13	Per Unit
						l .					
Maternity/Delivery	Hospital Outpatient	CPT	76815	OB US LIMITED FETUS(S)	No	\$	309.95	\$ 54.75	\$ 384.30	\$132.85	Per Unit
Radiology Services	Hospital Outpatient	CPT	76816	Ultrasound - Pregnancy Follow-Up	No	\$	406.54	\$ 64.37	\$ 384.30	\$142.66	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76818	FETAL BIOPHYS PROFILE W/NST	No	\$	476.50	\$ 82.20	\$ 387.27	\$152.46	Per Unit
-											
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$	407.39	\$ 97.44	\$ 398.34	\$138.80	Per Unit
ALC: 221	Process of the second	1 -								,	

				I		_				A	
										Amount We	
										Estimate You	
										Will Owe *	
To Search for a service Click "CTRL"											
+ "F"											
					CMS			De-Identified	De-Identified	Payer-	
					Required			Minimum	Maximum	Specific	
		Code			Shoppable	Dis	scounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?		sh Price	Charge	Charge	Charge	Estimate Type
<u>service eutegory</u>	ocivice setting	<u> </u>	couc	<u>Bestription</u>	<u>service:</u>		311 THEC	Charge	charge	charge	Estimate Type
Dadialam: Samiana	Hannital Outrations	CDT	70024	MIDDLE CEREBRAL ARTERY ECHO	81-	\$	370.14	\$ 88.69	\$ 391.69	\$135.12	Per Unit
Radiology Services	Hospital Outpatient	CPT	76821	WIDDLE CEREBRAL ARTERY ECHO	No	Ş	3/0.14	\$ 88.69	\$ 391.69	\$135.12	Per Unit
				Ultrasound - Transvaginal (non-							
Radiology Services	Hospital Outpatient	CPT	76830	maternity)	Yes	\$	475.43	\$ 98.63	\$ 463.90	\$134.94	Per Unit
Radiology Services	Hospital Outpatient	CPT	76856	Ultrasound - Pelvic (outpatient)	No	\$	344.00	\$ 70.34	\$ 408.50	\$134.62	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$	546.40	\$ 107.57	\$ 501.03	\$124.54	Per Unit
,			77000			T		,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$	383.79	\$ 135.81	\$ 629.70	\$156.97	Per Unit
Radiology Services	nospital Outpatient	CFT	77000	ivianimography or both breasts	163	7	303.73	7 133.81	\$ 025.70	\$130.57	reronit
Radiology Services	Hospital Outpatient	CPT	77067	Mammogram (outpatient)	Yes	\$	406.73	\$ 109.22	\$ 504.02	\$126.94	Per Unit
Radiology Services	Hospital Outpatient	CPT	77080	Bone Density Scan (outpatient)	No	\$	247.25	\$ 56.29	\$ 393.45	\$110.74	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$	116.84	\$ 33.80	\$ 171.64	\$81.96	Per Unit
				Artes to see		Ė					-
Radiology Services	Hospital Outpatient	СРТ	70/152	Myocardial Imaging (outpatient)	No	\$	1,010.04	\$ 336.74	\$ 2,091.45	\$1,224.96	Per Unit
naulology services	nospital Outpatient	CFI	70432	in yocardiai iiiagiiig (outpatieiit)	INU	ş	1,010.04	y 330.74	÷ 2,031.43	71,224.30	rei Ullit
										445	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$	158.03	\$ 11.84	\$ 221.33	\$16.92	Per Unit
				Blood Test - Comprehensive							
Laboratory & Pathology Services	Hospital Outpatient	CPT	80053	Metabolic Panel	Yes	\$	93.73	\$ 14.78	\$ 136.89	\$21.12	Per Unit
	-										

		1								
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u>Scrvice eategory</u>	<u>Service Setting</u>	турс	Couc	<u>Description</u>	SCI VICE:	N/A No	N/A No	N/A No	N/A No	Estillate Type
				Discription (Obstatic)		-		· -		
				Blood Test - Pregnancy (Obstetric)		Service	Service	Service	Service	
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	\$13.39	Per Unit
				Blood Test - Renal (Kidney)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80069	Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$17.36	Per Unit
			55555			,	,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7=::00	
				Blood Test - Hepatic (Liver)						
Laboratori & Dathalami Camilasa	Heavital Outrations	CDT	00076		W	ć 14C 77	ć 11.44	ć 20F.04	¢10.24	Day Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$16.34	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80307	Drug test prsmv chem anlyzr	No	\$ 128.65			\$62.14	Per Unit
						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	81001	Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$6.34	Per Unit
	p		31001			+ 25140	+	7 0.147	75.5.	
Laboratori 9 Dotholomi Comitee	Heavital Outrations	CDT	01003	Heine Test Heinehmie Marriel Test	Voc	6 734	6 2.67	6 14.00	¢2.40	Don Huit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	91002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$3.48	Per Unit
				Urine Test - Automated without				l .		
Laboratory & Pathology Services	Hospital Outpatient	CPT	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$4.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$17.22	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$5.02	Per Unit
Laboratory & Fathology Services	Trospital Outputient		32247	Sin don total	110	7 41.02	7 7.32	9 33.22	73.02	. c. ome
Laboratory 0 Pott 1 C	Hamital Outrati	CDT	02225	Disad Task Mikewi C C C		A 400 = 1			620.50	Des Hett
Laboratory & Pathology Services	Hospital Outpatient	CPT	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$29.60	Per Unit

							-				
										Amount We	
										Estimate You	
										Will Owe *	
To Search for a service Click "CTRL"											
+ "F"											
					CMS			De-Identified	De-Identified	Payer-	
					Required			Minimum	Maximum	Specific	
		Code			Shoppable	Dicco	unted	Negotiated	Negotiated	Negotiated	
Samilas Catacami	Comice Cotting		Cada	Description							Fatimata Tuna
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Casn	Price	Charge	<u>Charge</u>	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	82330	Assay of calcium	No	\$	35.11	\$ 12.31	\$ 67.00	\$13.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82375	Assay carboxyhb quant	No	\$	114.13	\$ 11.09	\$ 153.64	\$12.32	Per Unit
,	· ·					· ·		•		·	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	92465	Assay bld/serum cholesterol	No	\$	15.28	\$ 3.92	\$ 23.76	\$4.35	Per Unit
Laboratory & Patriology Services	Tiospital Outpatient	CFT	82403	Assay blu/ serum cholesteror	NO	Y	13.20	3.32	\$ 23.70	34.33	reronit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82550	Assay of ck (cpk)	No	\$	12.70	\$ 5.86	\$ 35.53	\$6.51	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82552	Assay of cpk in blood	No	\$	26.14	\$ 12.05	\$ 75.41	\$13.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82565	Assay of creatinine	No	\$	124.50	\$ 7.17	\$ 70.25	\$10.24	Per Unit
		-	0200			T		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 10.20	7-0	
				Blood Test - Vitamin B-12							
Laboratami & Dathalami Camilasa	Heavital Outrations	CDT	02607		81-		20.40	ć 12.57	ć 02.72	Ć1F 00	Day Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82607	(Cyanocobalamin) Level	No	\$	29.40	\$ 13.57	\$ 82.73	\$15.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82610	Cystatin c	No	\$	140.40	\$ 14.17	\$ 405.00	\$18.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82668	Assay of erythropoietin	No	\$	36.68	\$ 16.91	\$ 99.20	\$18.79	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82670	Assay of estradiol	No	\$	54.51	\$ 25.15	\$ 152.33	\$27.94	Per Unit
	proof waspasterit	1	52075			Ť	22	- 25.25	7 252.55	Ţ_7.5-	
Laboratory 0 Dati 1 Co. 1	Harmital Contracti	CDT	02000	A of others !		_	20.00			644.00	Day Hade
Laboratory & Pathology Services	Hospital Outpatient	CPT	82693	Assay of ethylene glycol	No	\$	20.29	\$ 13.41	\$ 40.08	\$14.90	Per Unit
				Blood Test - Ferritin (Blood Protein)							
Laboratory & Pathology Services	Hospital Outpatient	CPT	82728	Level	No	\$	33.53	\$ 19.09	\$ 96.63	\$27.26	Per Unit

		1					_			A 14/-	
										Amount We	
										Estimate You	
										Will Owe *	
To Search for a service Click "CTRL"											
+ "F"											
					CMS		D	e-Identified	De-Identified	Payer-	
					Required			Vinimum	Maximum	Specific	
		Code			Shoppable	Discounted		legotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price		Charge	Charge	Charge	Estimate Type
Service Category	Service Setting	туре	coue	Description	<u>Service:</u>	<u>Casii Fiice</u>	+	Charge	Charge	Charge	Estimate Type
							١.				
Laboratory & Pathology Services	Hospital Outpatient	CPT	82746	Blood Test - Folic Acid Level	No	\$ 37.7	5 \$	13.23	\$ 79.52	\$14.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82803	Blood gases any combination	No	\$ 73.4	0 \$	20.17	\$ 106.16	\$26.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34.0	4 \$	5.51	\$ 49.42	\$7.86	Per Unit
Laboratory at rathology services	Trospital Gatpatient	Ci i	02347	rissay gracese sreea quaric	140	y 5410	7 7	3.31	y 43142	77.00	T CI OIIIC
			00000					2.00	6 64 00	46.56	
Laboratory & Pathology Services	Hospital Outpatient	CPT	82962	Glucose blood test	No	\$ 45.5	5 \$	3.89	\$ 61.82	\$6.56	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83018	Heavy metal quant each nes	No	\$ 172.9	7 \$	19.76	\$ 498.96	\$21.96	Per Unit
				Blood Test - Blood Glucose Control							
Laboratory & Pathology Services	Hospital Outpatient	CPT	83036	(Hemoglobin A1C)	No	\$ 71.2	7 \$	8.74	\$ 95.94	\$9.71	Per Unit
,											
Laboratory & Pathology Services	Hospital Outpatient	СРТ	02000	Assay of histamine	No	\$ 75.8	4 \$	26.58	\$ 218.76	\$29.53	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	83088	Assay of filstaffiffe	NO	\$ 75.0	7 7	20.38	Ş 210.70	ÿ23.33	reronit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83518	Immunoassay dipstick	No	\$ 147.0	9 \$	6.55	\$ 424.29	\$9.64	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83540	Blood Test - Iron Level	No	\$ 51.9	0 \$	9.06	\$ 75.77	\$12.94	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$ 27.4	4 \$	10.41	\$ 58.05	\$11.57	Per Unit
		1		-			Ť			-	
				Blood Test - Lipase (fat enzyme)							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690		No	\$ 69.4	7 5	6.20	\$ 93.51	\$6.89	Per Unit
Laboratory & Fathology Services	Tiospital Outpatient	GF I	33030	LCVC.	140	Ç 03.4	, ,	0.20	9 93.31	30.03	i ci oiiit
la a a a a a a a a							_ _			4.0.00	
Laboratory & Pathology Services	Hospital Outpatient	CPT	83735	Assay of magnesium	No	\$ 53.8	2 \$	9.38	\$ 78.56	\$13.40	Per Unit

									Amount We	
									Estimate You	
									Will Owe *	
									Will Owe	
To Search for a service Click "CTRL"										
+ "F"										
· 1										
					CDAC		D. Identified	D. H. William	D	
					CMS .		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	<u>Specific</u>	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	83880	Assay of natriuretic peptide	No	\$ 172.55	\$ 35.33	\$ 232.27	\$39.26	Per Unit
1										
Laboratory & Pathology Services	Hospital Outpatient	CPT	84100	Assay of phosphorus	No	\$ 61.73	\$ 6.64	\$ 87.67	\$9.48	Per Unit
, , , , , , , , , , , , , , , , , , , ,										
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$9.52	Per Unit
	The second secon	C. 1	0.1202	Proces of contains postaconum	110	Ţ .0.120	7 0.00	7 02.00	75.52	
Laboratory & Dathalam Consists	Hasnital Outpationt	CDT	0/122	Assay of sorum notassium	N	¢ 42.22	¢ 6.66	\$ 62.65	\$9.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$9.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 52.59	\$ 18.77	\$ 96.68	\$20.86	Per Unit
				Blood Test - Prostate Specific						
Laboratory & Pathology Services	Hospital Outpatient	CPT	84153	Antigen (PSA) Level	Yes	\$ 74.21	\$ 25.75	\$ 116.68	\$36.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84154	PSA (prostate specific antigen)	Yes	\$ 106.34	\$ 16.55	\$ 143.15	\$18.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84182	Protein western blot test	No	\$ 382.72	\$ 18.76	\$ 588.80	\$29.21	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$ 42.10	\$ 4.33	\$ 56.67	\$4.81	Per Unit
, 10,11				* ***						
				Blood Test - Thyroxine (Thyroid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84430	Chemical) Level, Free	No	\$ 66.21	\$ 8.12	\$ 89.13	\$9.02	Per Unit
		C/ I	0-4-03	Charles of Ecoch Field	110	7 00.21	7 0.12	7 05.13	43.02	. c. ot
				Blood Tost Thursid Stimulating						
Laboratore 9 Doth-1 C	Heavital Outrestins	CDT	04440	Blood Test - Thyroid Stimulating	N1 =	6 6467	6 22.52	6 440.00	622.00	Dou Huit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Hormone (TSH) Level	No	\$ 64.07	\$ 23.52	\$ 119.09	\$33.60	Per Unit
				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Hormone (TSH) Level	Yes	\$ 64.07	\$ 23.52	\$ 119.09	\$33.60	Per Unit

	T	1	1								
										Amount We	
										Estimate You	
										Will Owe *	
To Search for a service Click "CTRL"											
+ "F"											
					CMS		D	e-Identified	De-Identified	Payer-	
					Required			Minimum	Maximum	Specific	
		Code			Shoppable	Discounted		legotiated	Negotiated	Negotiated	
Santica Catagoni	Service Setting		Codo	Description	Service?	Cash Price					Estimate Type
Service Category	Service Setting	Type	Code	Description	Services	Cash Price	-	Charge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	84480	Assay triiodothyronine (t3)	No	\$ 96.3	1 \$	12.76	\$ 129.65	\$14.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84484	Assay of troponin quant	No	\$ 81.7	0 \$	10.26	\$ 121.45	\$12.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84702	Chorionic gonadotropin test	No	\$ 125.7	7 \$	11.54	\$ 169.31	\$15.05	Per Unit
				, , , , , , , , , , , , , , , , , , ,			<u> </u>	_			
Laboratory & Dathology Convices	Hespital Outpatient	CDT	00014	Hematocrit	N	\$ 26.9	5 \$	2.13	\$ 36.27	\$2.37	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83014	nematocrit	No	\$ 20.3	5 5	2.13	\$ 30.27	\$2.57	Per Offit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	CPT	85025	Count and Automated WBC	Yes	\$ 77.9	8 \$	10.88	\$ 112.06	\$15.54	Per Unit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	CPT	85027	Count (Hemoglobin)	Yes	\$ 60.7	9 \$	5.82	\$ 81.83	\$6.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85240	Clot factor viii ahg 1 stage	No	\$ 45.9	7 \$	16.11	\$ 95.56	\$17.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	05270	Fibrin degrade semiquant	No	\$ 53.5	7 \$	7.44	\$ 72.11	\$9.72	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CFI	83378	Fibriii degrade semiquant	NO	ş 55.5	7 3	7.44	3 /2.11	33.72	rei oiiit
Laboratoria 9 Pati III G	Harrisal Orderst			Disad Task Class' T'	.,,					66.50	Day Hait
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85610	Blood Test - Clotting Time	Yes	\$ 44.8	1 \$	6.01	\$ 64.27	\$8.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85613	Russell viper venom diluted	No	\$ 24.6	1 \$	8.24	\$ 70.98	\$9.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85660	RBC SICKLE CELL TEST	No	\$ 53.3	2 \$	4.96	\$ 71.77	\$5.51	Per Unit
		1									
				Blood Test - Coagulation							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85720	Assessment	Yes	\$ 46.0	1 \$	5.41	\$ 61.94	\$6.01	Per Unit
Laboratory & Fathology Services	nospital Outpatient	CFI	03/30	Assessment	162	40.0	ڊ ـ	3.41	01.34	30.01	rei Ullit

	T.	1		I					A	
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting		Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Service Category	Service Setting	Type	coue	Description	<u>Service:</u>	Casii Fiice	Charge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	85732	Thromboplastin time partial	No	\$ 12.63	\$ 5.82	\$ 36.42	\$6.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86140	C-reactive protein	No	\$ 48.49	\$ 4.66	\$ 65.28	\$5.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86360	T cell absolute count/ratio	No	\$ 65.00	\$ 42.28	\$ 211.59	\$46.98	Per Unit
,	·			·						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	96261	T cell absolute count	No	\$ 132.78	\$ 24.10	\$ 383.03	\$26.78	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CFI	90301	i celi absolute coulit	INO	3 132.76	3 24.10	\$ 363.03	320.76	rei oiiit
									4	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86431	Rheumatoid factor quant	No	\$ 52.70	\$ 5.10	\$ 70.95	\$5.67	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 37.83	\$ 3.84	\$ 50.90	\$4.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 37.83	\$ 3.84	\$ 50.90	\$4.27	Per Unit
, , , , , , , , , , , , , , , , , , , ,										
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$ 57.37	\$ 9.16	\$ 165.50	\$10.18	Per Unit
			3332			Ţ 0710.	Ţ 0.20	Ţ	710.12	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	96615	Bordetella antibody	No	\$ 25.74	\$ 11.87	\$ 81.45	\$13.19	Per Unit
Laboratory & Pathology Services	riospitai Outpatielit	CF1	00012	boructella alltibotty	140	ې <u>2</u> 3.74	J 11.87	φ 01.45	313.13	rei Uiiit
									445	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86651	Encephalitis californ antbdy	No	\$ 25.74	\$ 11.87	\$ 110.13	\$13.19	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86652	Encephaltis east eqne anbdy	No	\$ 25.74	\$ 11.87	\$ 110.13	\$13.19	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86653	Encephaltis st louis antbody	No	\$ 25.74	\$ 11.87	\$ 110.13	\$13.19	Per Unit
	produce a superiore	1 1					,		7-3:-5	

				I						A 1 1 / -	
										Amount We	
										Estimate You	
										Will Owe *	
To Search for a service Click "CTRL"											
+ "F"											
					CMS			e-Identified	De-Identified	Payer-	
					Required			Minimum	Maximum	Specific	
		Code			Shoppable	Discounte		Vegotiated	Negotiated	Negotiated	
Comica Catagoni	Samina Satting		Codo	Description			_ _				Estimata Tuna
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	-	Charge	Charge	<u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	86654	Encephaltis west eqne antbdy	No	\$ 25.7	4 \$	11.87	\$ 110.13	\$13.19	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86663	Epstein-barr antibody	No	\$ 25.6	io \$	11.81	\$ 83.21	\$13.12	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86677	Helicobacter pylori antibody	No	\$ 30.6	8 \$	15.13	\$ 63.03	\$16.85	Per Unit
Laboratory at rathology services	Trospital Gatpatient	C	00077	Treneosacter pyron antisoay	140	y 30.0	, o	13.13	ψ 03.03	710.03	T CT OTHE
		CD-						45.44	.	647.46	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86692	Hepatitis delta agent antbdy	No	\$ 29.1	.6 \$	15.44	\$ 50.98	\$17.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86698	Histoplasma antibody	No	\$ 79.6	5 \$	12.41	\$ 107.23	\$13.79	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 86.1	1 \$	10.85	\$ 115.92	\$12.05	Per Unit
,									-	-	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86705	HEP B CORE ANTIBODY IGM	No	\$ 22.9	8 \$	10.59	\$ 57.38	\$11.77	Per Unit
Laboratory & Fathology Services	Tiospital outputient	CFT	80703	THE B CORE ARTIBOD FIGHT	140	7 22	,	10.33	7 37.30	711.77	T CT OTHE
			00700	UED D SUBFACE ANTIDODY				0.67	400.05	440.74	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86706	HEP B SURFACE ANTIBODY	No	\$ 98.9	8 \$	9.67	\$ 133.25	\$10.74	Per Unit
										_	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86707	Hepatitis be antibody	No	\$ 22.5	6 \$	10.41	\$ 65.09	\$11.57	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86708	Hepatitis a antibody	No	\$ 22.7	1 \$	11.15	\$ 56.71	\$12.39	Per Unit
· · · · · · · · · · · · · · · · · · ·				·			Ť				
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	\$ 78.1	9 \$	12.95	\$ 225.56	\$14.39	Per Unit
Laboratory & Fathology Services	Troopital Outputient	- · ·	30702	Tabella diffisody	140	φ 70	<u>ڊ</u> ر.	12.33	Ç 223.30	714.33	. c. ome
Laboratoria O Both J. C. C.	Harrisal Order	CDT	00705	Bullion In a with a di		A 35.		44.50	A =====	642.00	Day Hait
Laboratory & Pathology Services	Hospital Outpatient	CPT	86/65	Rubeola antibody	No	\$ 25.1	.4 \$	11.59	\$ 72.53	\$12.88	Per Unit

	T.			I			1		A	
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Santica Catagoni	Sonvice Setting		Codo	Description	Service?	Cash Price				Estimato Typo
Service Category	Service Setting	Type	Code	Description	Servicer	Cash Price	Charge	<u>Charge</u>	Charge	Estimate Type
				86769 - SARS-COV-2 COVID-19						
Laboratory & Pathology Services	Hospital Outpatient	CPT	86769	ANTIBODY	No	\$ 51.48	\$ -	\$ 112.07	\$42.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$12.88	Per Unit
,	·			,					·	
				Blood Test - Hepatitis C Antibody						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	-	No	\$ 67.64	\$ 12.84	\$ 91.06	\$14.27	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CPI	00003	Level	INO	\$ 07.04	3 12.04	3 31.00	314.27	rei Ollit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$15.49	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$44.61	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$129.41	Per Unit
Laboratory at rathology services	Trospital Gatpatient	Ci i	00003	Coombo test maneet quar	140	Ç 244172	ÿ 3.03	ÿ 323143	V123141	T CI OIIIC
			00000	B		400.00	4 270	4 257.00	400.00	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$98.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$98.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$30.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$30.15	Per Unit
Laboratory & Fathology Services	Tiospital Outpatient	CF I	30301	blood typing serologic in(d)	140	9 00.24	y 3.76	y 51.10	730.13	i ci onic
									4	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$ 4.84	\$ 383.37	\$255.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$ 344.22	\$129.41	Per Unit

		1								A	
										Amount We	
										Estimate You	
										Will Owe *	
To Search for a service Click "CTRL"											
+ "F"											
					CMS			De-Identified	De-Identified	Payer-	
					Required			Minimum	Maximum	Specific	
		Code			Shoppable	Disc	ounted	Negotiated	Negotiated	Negotiated	
Samisa Catagony	Sonvice Setting		Codo	Description			h Price				Estimato Typo
Service Category	Service Setting	Type	Code	Description	Service?	Casi	n Price	Charge	<u>Charge</u>	<u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	87040	Blood culture for bacteria	No	\$	133.90	\$ 9.29	\$ 180.25	\$10.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87070	Bacterial Culture - Swab	No	\$	138.63	\$ 7.76	\$ 186.61	\$8.62	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$	60.43	\$ 7.27	\$ 81.35	\$8.08	Per Unit
Laboratory at ratheredy services	Troopital Outputient	Ci i	07077	Test for Disease-Causing	140	7	00.43	7.27	ÿ 02.05	φο.σσ	T CT OTHE
				(Pathogenic) Organisms, Not						40.00	
Laboratory & Pathology Services	Hospital Outpatient	CPT	87081	Limited to a Specific Condition	No	\$	81.17	\$ 5.97	\$ 109.26	\$6.63	Per Unit
				Urine Test - Bacterial Culture,							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87086	Quantitative Colony Count	No	\$	82.16	\$ 7.26	\$ 110.60	\$8.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87088	Urine Test - Bacterial Culture	No	\$	15.80	\$ 7.28	\$ 43.86	\$8.09	Per Unit
,								-			
Laboratory & Pathology Services	Hospital Outpatient	СРТ	97110	Chlamydia culture	No	\$	130.74	\$ 17.64	\$ 175.99	\$19.60	Per Unit
Laboratory & Patriology Services	Tiospital Outpatient	CFT	8/110	Cilialityula culture	NO	Y	130.74	ÿ 17.0 4	3 173.33	\$15.00	rei oiiit
				5 1 11 60 11 1 11 15							
				Evaluation of Antimicrobial Drug							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87186	(antibiotic, antifungal, antiviral)	No	\$	69.16	\$ 7.79	\$ 93.10	\$8.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87205	Lab Test - Smear for Microorganism	No	\$	49.93	\$ 3.84	\$ 67.21	\$4.27	Per Unit
				Lab Test - Detection test for							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87340	Hepatitis B Surface Antigen	No	\$	63.55	\$ 9.30	\$ 85.55	\$10.33	Per Unit
, 10,11		1				ľ					
				Lab Test - Detection test for HIV-1							
Laboratory & Pathology Convices	Hospital Outpations	СРТ	97200	and HIV-2	No	\$	110.43	\$ 21.67	\$ 148.66	\$24.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CF1	0/303	and my-2	IVU	Ÿ	110.43	y 21.0/	y 140.00	324.UO	rei Uiiit
		1									
Laboratory & Pathology Services	Hospital Outpatient	CPT	87425	Rotavirus ag ia	No	\$	37.44	\$ 10.78	\$ 108.00	\$11.98	Per Unit

										Amazunt Ma	
										Amount We	
										Estimate You	
										Will Owe *	
To Search for a service Click "CTRL"											
+ "F"											
, ,										_	
					CMS			De-Identified	De-Identified	Payer-	
					Required			Minimum	Maximum	Specific	
		Code			Shoppable	Discou	ntod	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting		Code	Description	Service?	Cash P				Charge	Estimate Type
Service Category	Service Setting	Type	coue	Description	<u>Servicer</u>	Casii P	rice	<u>Charge</u>	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	97404	Urine Test - Chlamydia	No	\$ 10	08.43	\$ 31.58	\$ 171.03	\$35.09	Per Unit
Laboratory & Pathology Services	nospital Outpatient	CPT	87431	Offile Test - Chamydia	INU	Ş 10	08.43	3 31.36	\$ 171.03	333.03	rei oiiit
				Urine Test - Gonorrhoeae							
Laboratory & Dathology Convices	Hasnital Outpatient	СРТ	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$ 9	90.13	\$ 31.58	\$ 171.03	\$35.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	8/331	(Neisseria Gonornioeae Bacteria)	INU	>	90.13	\$ 51.56	\$ 171.03	\$55.09	Per Unit
				87635 - SARS-COV-2 COVID-19							
Laboratory & Dathology Convices	Hospital Outpatient	CDT	07635	AMP PRB	Ne	\$!	53.36	Š -	\$ 136.48	\$51.31	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	8/035	AIVIP PRD	No	> :	33.30	•	\$ 130.46	\$51.51	Per Unit
Laboratami & Dathalami Camilasa	Heavital Outrations	CDT	07700	Detect count was done away	NI-		00.12	ć 21 F0	\$ 171.03	¢35.00	Dou I Init
Laboratory & Pathology Services	Hospital Outpatient	CPT	8//98	Detect agent nos dna amp	No	\$ 9	90.13	\$ 31.58	\$ 171.03	\$35.09	Per Unit
				Lab Task Datastian task for							
Laborata de O Dathala de Camila de	Harrist Contractions	CDT	07004	Lab Test - Detection test for	NI-		37.50	ć 40.03	ć 70.50	622.40	Day Heit
Laboratory & Pathology Services	Hospital Outpatient	CPT	8/804	Influenza Virus	No	\$ 3	37.58	\$ 19.82	\$ 70.50	\$33.10	Per Unit
Laboratami & Dathalami Camilasa	Heavital Outrations	CDT	07000	Strong Took (Strongtonomic Group A)	NI-	\$ 10	01 50	ć 10.07	ć 142.40	¢22.00	Don Huit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87880	Strep Test (Streptococcus, group A)	No	\$ 10	01.56	\$ 19.87	\$ 143.48	\$33.06	Per Unit
lahawatawa Q Bathalawa Cawdaa	Harrist Contractions	CDT	00405	Eleverate and the salah an			CO 04		ć 420.20	620.07	Day Heit
Laboratory & Pathology Services	Hospital Outpatient	CPT	88185	Flowcytometry/tc add-on	No	\$ (68.81	\$ -	\$ 120.30	\$20.07	Per Unit
				Incomplete Administration First							
	DI :: 000	CD=	00460	Immunization Administration First				44.50	4 75.00	442.44	
Vaccinations	Physician Office	CPT	90460	Component	No	\$ 4	40.10	\$ 11.68	\$ 75.93	\$13.44	Per Unit
				Incomplete Administration 5							
Vessinstians	Dhysician Office	CDT	00464	Immunization Administration Each	NI-	٠ .	25 42	ć 10.40	ć 20.54	ć12.07	Don Huit
Vaccinations	Physician Office	CPT	90461	Additional Component	No	\$ 2	25.13	\$ 10.49	\$ 38.51	\$12.07	Per Unit
Massinations	Hamital Output in t	CD-	00.77	Incompany and a description of the second			44.40	ć 7.00	6 04 00	667.07	Don Huit
Vaccinations	Hospital Outpatient	CPT	90471	Immunization Administration	No	\$ 4	44.49	\$ 7.02	\$ 81.80	\$67.97	Per Unit
				Incompanies Advisoration 5							
Manada aki a sa	Hamital Outrati	CDT	00475	Immunization Administration Each						624.44	Day Hait
Vaccinations	Hospital Outpatient	CPT	904/2	Additional Component	No	\$:	12.56	\$ -	\$ 38.51	\$24.14	Per Unit
Manada aki a sa	Hamital Outrati	CD-	00055	01/1101/1/2 22/2 2			42.00	A 0==		60.00	Day Hair
Vaccinations	Hospital Outpatient	CPT	90651	9V HPV Vaccine 2/3 Dose	No	\$ 14	42.32	\$ 9.56	\$ 227.93	\$0.00	Per Unit

									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
									Ť	
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Vaccine - Pneumococcal Conjugate						
Vaccination	Hospital Outpatient	СРТ	90670	for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 345.21	\$230.14	Per Unit
	-			Vaccine - Tetanus, Diptheria						
				Toxoids, and Acellular Pertussis						
				(Whooping Cough) for Injection						
Vaccination	Hospital Outpatient	СРТ	90715	into Muscle	No	\$ 57.74	\$ -	\$ 77.73	\$34.28	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90791	Psychiatric Diagnostic Evaluation	No	\$ 308.81	\$ 118.93	\$ 198.74	\$124.21	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90832	Psychotherapy - 30 Minutes	Yes	\$ 88.03	\$ 57.92	\$ 99.25	\$62.03	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90834	Psychotherapy - 45 Minutes	Yes	\$ 116.77	\$ 77.37	\$ 132.34	\$82.71	Per Unit
									, -	
Evaluation & Management Services	Professional Services	СРТ	90837	Psychotherapy - 60 Minutes	Yes	\$ 174.90	\$ 116.00	\$ 198.22	\$123.89	Per Unit
				77		N/A No		N/A No	N/A No	
						Service		Service	Service	
Evaluation & Management Services	Professional Services	СРТ	90846	Family psytx w/o pt 50 min	Yes	Volume	\$ -	Volume	Volume	Per Unit
		3	300.0	· / populario procumi			<u> </u>			
Evaluation & Management Services	Professional Services	СРТ	90847	Psychotherapy - Family Session	Yes	\$ 146.15	\$ 97.13	\$ 166.18	\$103.86	Per Unit
		<u> </u>		, , , , , , , , , , , , , , , , , , , ,		N/A No		N/A No	N/A No	
						Service		Service	Service	
Evaluation & Management Services	Professional Services	СРТ	90853	Psychotherapy - Group Session	Yes	Volume	\$ -	Volume	Volume	Per Unit
		1		, ,			<u> </u>			
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$ 52.00	\$ 17.40	\$ 251.43	\$76.97	Per Unit
		1	52307			. 52.30	. 27710	. 252.45	7.3.0.	
				Electrocardiogram, routine, with						
Medicine Cardiovascular	Professional Services	СРТ	93000	interpretation and report	Yes	\$ 36.27	\$ 28.12	\$ 95.52	\$15.89	Per Unit
	7.00.00.00.00.00.00.00.00.00.00.00.00.00	1	55555			÷ 30.27	- 20.12	, JJ.J2	Ţ_3.03	
Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$ 142.29	s -	\$ 295.26	\$57.24	Per Unit
		U	22003	Con alogiani (Eco of End)	140	+ 172.23	T	7 233.20	907.27	. 5. 5

				T .		1						Amazumt Ma	
												Amount We	
												Estimate You	
												Will Owe *	
To Search for a service Click "CTRL"													
+ "F"													
T [
					CNAC			Da	المامينية المامينية	_	a Intonetificat	Deves	
					CMS				Identified	_	e-Identified	Payer-	
		C- 4-			Required				<u>inimum</u>	_	<u>Maximum</u>	Specific Specific	
Samilar Catalana	Complex Coasting	Code	C- d-	December 1	Shoppable	_	iscounted	l -	gotiated	<u>IN</u>	<u>legotiated</u>	Negotiated	Estimate Tons
Service Category	Service Setting	Type	Code	Description	Service?		ash Price		Charge		Charge	Charge	Estimate Type
				CARRIOVASCUU AR CERESC TEST		_	474 40	_	64.00		504 FT	4000.04	
Medicine Cardiac Stress Test	Hospital Outpatient	CPT	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	\$	61.00	\$	634.57	\$228.24	Per Unit
												4	
Medicine Other	Hospital Outpatient	CPT	93306	Tte w/doppler complete	No	\$	1,404.83	Ş	322.26	Ş	1,593.05	\$506.50	Per Unit
Unanital Code at an Branch day	Uit-l Outtit		00450	Insertion of catheter into left heart	.,	,	0.047.45		F70.03	_	42.020.02	62 707 40	Corr Doto
Hospital Outpatient Procedure	Hospital Outpatient	CPT	93452	for diagnosis	Yes	\$	8,847.45	\$	5/9.93	\$	12,920.92	\$2,797.49	Case Rate
												4	
Medicine Other	Hospital Outpatient	CPT	93971	Extremity study	No	\$	240.64	\$	92.64	\$	400.67	\$122.72	Per Unit
						١.		١.					
Medicine Other	Hospital Outpatient	CPT	95044	Allergy patch tests	No	\$	189.82	-	-	\$	1,229.53	\$819.69	Per Unit
							N/A No		N/A No		N/A No	N/A No	
Medicine Neurology and							Service		ervice		Service	Service	
Neuromuscular	Hospital Outpatient	CPT	95810	Sleep study	Yes		Volume	V	olume		Volume	Volume	Per Unit
Injections	Hospital Outpatient	CPT	96402	Chemo hormon antineopl sq/im	No	\$	110.26	\$	66.86	\$	196.20	\$83.77	Case Rate
				Physical Therapy - Manual									
Medicine Physical Medicine and				Electrical Stimulation Therapy, 15									
Rehabilitation	Hospital Outpatient	CPT	97032	minutes	No	\$	31.26	\$	12.56	\$	59.90	\$14.39	Per Unit
Medicine Physical Medicine and				Physical Therapy - Ultrasound									
Rehabilitation	Hospital Outpatient	CPT	97035	Therapy	No	\$	26.92	\$	11.95	\$	40.29	\$13.91	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic									
Rehabilitation	Hospital Outpatient	CPT	97110	Exercises	Yes	\$	88.74	\$	17.40	\$	119.46	\$29.56	Per Unit
Medicine Physical Medicine and				Physical Therapy - Neuromuscular									
Rehabilitation	Hospital Outpatient	CPT	97112	Reeducation	No	\$	69.93	\$	26.14	\$	104.78	\$33.95	Per Unit
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	CPT	97116	GAIT TRAINING THERAPY	No	\$	77.61	\$	22.90	\$	104.48	\$29.23	Per Unit
						_							

<u> </u>	T			1							1		
												Amount We	
												Estimate You	
												Will Owe *	
To Search for a service Click "CTRL"													
+ "F"													
, ,													
					CMS			Do Io	dontified	Do	-Identified	Daver	
									dentified			Payer-	
		Carla			Required	D:-			<u>nimum</u>		laximum_	Specific Specific	
		<u>Code</u>		5	Shoppable		<u>counted</u>		<u>otiated</u>		egotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cas	sh Price	Cr	narge		<u>Charge</u>	Charge	Estimate Type
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97140	Physical Therapy - Manual Therapy	No	\$	56.20	Ś	23.73	Ś	93.92	\$27.22	Per Unit
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·-	Ė						•	-
Medicine Physical Medicine and				Physical Therapy - Low Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97161	Evaluation	No	\$	168.06	Ś	71.97	\$	252.78	\$82.43	Per Unit
		0	37202			_		Ţ	7 2.07			402110	
Medicine Physical Medicine and				Physical Therapy - Moderate									
Rehabilitation	Hospital Outpatient	СРТ	97162	Complexity Evaluation	No	\$	62.40	Ś	71.97	\$	252.78	\$82.43	Per Unit
Renadireation	nospital outputient	CFT	37102	Complexity Evaluation	140	7	02.40	7	71.57	Y	232.70	702.43	T CT OTHE
Medicine Physical Medicine and				Physical Therapy - High Complexity									
Rehabilitation	Hospital Outpatient	СРТ	07162	Evaluation	No	\$	168.06	ė	71.97	\$	252.78	\$82.43	Per Unit
Reliabilitation	nospital Outpatient	CPT	3/103	Evaluation	NO	٦	100.00	Ą	/1.5/	Ą	232.76	302.43	rei Ollit
Modicine Physical Medicine and													
Medicine Physical Medicine and	Hasnital Outrations	CDT	07164	Dhysical Thereny De Fyelveties	No	٠,	112.24	4	40 C7	,	170.07	ĆEC 42	Day Unit
Rehabilitation	Hospital Outpatient	CPT	3/104	Physical Therapy - Re-Evaluation	No	\$	113.34	Ş	48.67	\$	170.97	\$56.43	Per Unit
Madisias Commenting of Theorem		CD=	07465	OT EVAL LOW CONTRIES 20 MIN		_	400.00		77.05	_	245.22	607.20	Daniel Linite
Medicine Occupational Therapy	Hospital Outpatient	CPT	9/165	OT EVAL LOW COMPLEX 30 MIN	No	\$	180.88	Þ	77.05	\$	245.32	\$87.28	Per Unit
				OT 51/41 44 OD COLADI 51/45 4411			60.40		72.00		245.00	405.05	
Medicine Occupational Therapy	Hospital Outpatient	CPT	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$	62.40	\$	72.00	\$	245.32	\$86.96	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic							40.00	4	
Rehabilitation	Hospital Outpatient	CPT	97530	Activities	No	\$	92.45	\$	17.40	\$	124.45	\$37.61	Per Unit
Medicine Physical Medicine and				Physical Therapy - Self-care or		١.							
Rehabilitation	Hospital Outpatient	CPT	97535	Home Management Training	No	\$	68.89	\$	-	\$	109.03	\$32.79	Per Unit
						١.							
Evaluation & Management Services	Professional Services	CPT	99024	Postop follow-up visit	No	\$	-	\$	-	\$	14.27	\$0.00	Per Unit
						١.							
Evaluation & Management Services	Professional Services	CPT	99202	Office Visit - New Patient, Minor	No	\$	167.93	\$	90.34	\$	200.08	\$48.49	Per Unit

		1					1	1			
										Amount We	
										Estimate You	
										Will Owe *	
To Search for a service Click "CTRL"											
+ "F"											
					CMS		De-Ide	entified	De-Identified	Payer-	
					Required		Mini	imum	Maximum	Specific	
		Code			Shoppable	Discounted		tiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price		arge	Charge	Charge	Estimate Type
Service Category	Service Setting	туре	coue	Description	<u>Service:</u>	Casii Fiice	CITO	arge	Charge	Charge	Estillate Type
				Office Visit - New Patient, Low						4	
Evaluation & Management Services	Professional Services	CPT	99203	Complexity	Yes	\$ 182.0	5 \$	132.54	\$ 273.99	\$72.73	Per Unit
				Office Visit - New Patient,							
Evaluation & Management Services	Professional Services	CPT	99204	Moderate Complexity	Yes	\$ 250.6	9 \$	177.01	\$ 432.49	\$124.44	Per Unit
				New patient office of other							
Evaluation & Management Services	Professional Services	СРТ	99205	outpatient visit, typically 60 min	Yes	\$ 448.0	4 S	156.38	\$ 553.76	\$162.60	Per Unit
			33200			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7202700	
Fuelveties & Management Comices	Duefessional Commisses	CDT	00343	Office Visit Books	81-	\$ 58.7		AC 41	\$ 133.24	¢24.72	Day Unit
Evaluation & Management Services	Professional Services	CPT	99212	Office Visit - Basic	No	\$ 58.7	+ >	46.41	\$ 133.24	\$24.72	Per Unit
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	CPT	99213	Low Complexity	No	\$ 99.6	7 \$	81.71	\$ 201.59	\$49.43	Per Unit
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	CPT	99214	Moderate Complexity	No	\$ 151.1	9 \$	140.90	\$ 279.47	\$76.23	Per Unit
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	СРТ	99215	High Complexity	No	\$ 315.8	7 5	192.33	\$ 385.34	\$107.72	Per Unit
			33223			, ,			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7-0-11-	
Professional Services Associated											
	Duefessional Commisses	СРТ	00222	Subsequent hospital care	N	\$ 159.8		50.60	\$ 111.92	\$69.95	Day Unit
with Inpatient Stay	Professional Services	CPT	33232	Subsequent nospital care	No	\$ 155.6	5 3	50.00	3 111.52	\$09.95	Per Unit
				B. 11 . 150							
L				Patient office consultation,						40	
Evaluation & Management Services	Protessional Services	CPT	99243	typically 40 min	Yes	\$ 212.4	3 \$-		\$ 142.18	\$0.00	Per Unit
				Patient office consultation,							
Evaluation & Management Services	Professional Services	CPT	99244	typically 60 min	Yes	\$ 338.8) \$-		\$ 226.38	\$0.00	Per Unit
				Emergency Department Visit -							
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Minor (outpatient)	No	\$ 230.8	ıs	74.98	\$ 689.88	\$85.57	Case Rate
		1	55201	(outputter)		÷ 255.6	- +	250	+ 000.00	400.07	
				Emergency Department Visit - Low							
Empress Deam Minis	Hoositel Outputions	CDT	00303		N1 -	ć 430.0	ء ا	02.53	ć 1.444.33	¢204.44	Cose Det-
Emergency Room Visit	Hospital Outpatient	CPT	99282	Complexity (outpatient)	No	\$ 430.3	5 >	93.52	\$ 1,114.22	\$201.14	Case Rate

												Amount We	ĺ
												Estimate You	
												Will Owe *	
To Search for a service Click "CTRL"													
+ "F"												7	
+ +													
										_			
					CMS				dentified		e-Identified	Payer-	
					Required				<u>nimum</u>	_	<u>/laximum</u>	<u>Specific</u>	
		Code			Shoppable		ounted		otiated	N	<u>egotiated</u>	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash	n Price_	<u>Cl</u>	harge		<u>Charge</u>	<u>Charge</u>	Estimate Type
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	CPT	99283	Moderate Complexity (outpatient)	No	\$	932.99	\$	182.62	\$	2,714.83	\$288.93	Case Rate
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	CPT	99284	Higher Complexity (outpatient)	No	\$ 2	,400.69	\$	270.43	\$	4,475.48	\$432.54	Case Rate
,								•				·	
				Emergency Department Visit - High									
Emergency Room Visit	Hospital Outpatient	СРТ	99285	Complexity (outpatient)	No	\$ 3	,149.91	Ś	458.20	\$	5,806.95	\$1,279.05	Case Rate
		C	33203	(Suspense)	140	, ,	,	<u> </u>		Ť	5,000.50	+-,-,-,-,-,-	
				Emergency Department Visit -									
Emergency Boom Visit	Hospital Outpationt	CDT	00201		Na	ć 17	,860.61	ė	425.50	ė	6,308.07	\$1,723.05	Casa Bata
Emergency Room Visit	Hospital Outpatient	CPT	99291	Critical Care (outpatient)	No	\$ 1/	,860.61	Þ	425.50	þ	6,308.07	\$1,723.05	Case Rate
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient,									
Evaluation & Management Services	Professional Services	CPT	99381	Younger than 1 Year Old	No	\$	156.75	\$	-	\$	225.38	\$0.00	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 1-									
Evaluation & Management Services	Professional Services	CPT	99382	4 Years Old	No	\$	163.82	\$	-	\$	236.91	\$0.00	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 5-									
Evaluation & Management Services	Professional Services	CPT	99383	11 Years Old	No	\$	170.96	\$	_	\$	413.46	\$0.00	Per Unit
, and the same of				Office Visit - Comprehensive				-		-		<u> </u>	
				Preventive Medicine Evaluation									
				and Management, New Patient, 12-									
Evaluation & Management Services	Professional Services	СРТ	99384	17 Years Old	No	\$	193.58	Ś	_	\$	280.75	\$0.00	Per Unit
		J	33304	Office Visit - Comprehensive		_	200.00	Ť		7	_50.75	70.00	
				Preventive Medicine Evaluation									
Evaluation & Marcassant Comit-	Professional Consissa	CDT	00305	and Management, New Patient, 18-	Ver	ė	107.00	ė	E0 33	ė	247.00	¢co cr	Dor Unit
Evaluation & Management Services	Professional Services	CPT	33385	39 Years Old	Yes	\$	187.80	Þ	59.23	Þ	347.60	\$68.65	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 40-									
Evaluation & Management Services	Protessional Services	CPT	99386	64 Years Old	Yes	\$	217.32	Ş	91.72	Ş	1,293.56	\$91.72	Per Unit

						I				
									Amount We	
									Estimate You Will Owe *	
									will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
,										
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
				and Management, Younger than 1						
Evaluation & Management Services	Professional Services	СРТ	99391	Year Old	No	\$ 141.19	\$ -	\$ 267.83	\$0.00	Per Unit
			-						,	
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99392	and Management, 1-4 Years Old	No	\$ 150.93	\$ -	\$ 305.91	\$0.00	Per Unit
									-	
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99393	and Management, 5-11 Years Old	No	\$ 150.44	\$ -	\$ 305.91	\$0.00	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99394	and Management, 12-17 Years Old	No	\$ 165.14	\$ -	\$ 398.57	\$0.00	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	CPT	99395	and Management, 18-39 Years Old	No	\$ 168.81	\$ 37.07	\$ 304.60	\$37.07	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	CPT	99396	and Management, 40-64 Years Old	No	\$ 180.12	\$ 64.57	\$ 429.79	\$64.57	Per Unit
										
Exablate	Hospital Outpatient	CPT	0398T	Focused Ultrasound	No	\$ 32,139.56	\$ 11,272.90	\$ 11,272.90	\$0.00	Case Rate
Vaccinations	Hospital Outpatient	CPT	G0008	Admin influenza virus vaccine	No	\$ 70.15	\$ -	\$ 126.95	\$46.26	Per Unit

									Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	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	\$ -	\$ -	\$49.34	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	No	\$ 773.99	\$ 46.24	\$ 1,424.46	\$247.42	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$ 15,685.71	\$ 605.00	\$ 24,131.86	\$2,167.25	Per Unit
Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$ 130.00	\$ 74.02	\$ 200.00	\$104.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 476.03	\$ -	\$ 732.35	\$114.43	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$ 0.22	\$ 0.03	\$ 0.34	\$0.03	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$ 2.13	\$ 0.78	\$ 3.27	\$0.87	Per Unit
Injections	Hospital Outpatient	HCPCS	J 732 5	Synvisc or synvisc-one	No	\$ 26.95	\$ -	\$ 89.11	\$10.22	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$ 2,818.54	\$ -	\$ 4,336.21	\$224.45	Per Unit