Aetna HMO	Last Updated: 12/14/2021									
									Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> Specific Negotiated Charge	<u>_Estimate Type</u>
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	Yes	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	Service	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	\$ 13,710.15	\$ 5,517.78	\$ 31,074.55	\$15,819.40	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	460	Spinal fusion except cervical without major comorbid conditions or complications (MCC)	Yes	\$ 89,541.22	\$ 16,237.64	\$ 58,989.92	\$103,316.80	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

\*Estimates have been normalized to provide a quote based on the amount we anticipate you your insurance to owe. For example, if the rate is 45% of charges the median charge has been multiplied by 45%.

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		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	Jervice:	Casir Price	charge	charge	charge	Estimate Type
										Case Rate-
										Excluding
				Major joint replacement or						Professional
				reattachment of lower extremity						Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		or complications (MCC).	Yes	\$ 26 747.32	\$ 8 070 44	\$ 37,721.88	\$30,862.29	CPT/HCPCS
nospital inpatient stay	nospital inpatient	DING	470	or complications (mee).	103	\$ 20,747.32	\$ 0,070.44	\$ 57,721.00	<b>\$30,002.2</b> 5	
										Case Rate-
										Excluding
				Cervical spinal fusion without						Professional
				comorbid conditions (CC) or major						Charges which
				comorbid conditions or						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG			Yes	\$ 37,083.10	\$ 10,123.74	\$ 62,430.00	\$42,788.20	
Hospital Inpatient Stay	Hospital Inpatient	DRG		complications (MCC).	Yes	\$ 37,083.10	\$ 10,123.74	\$ 62,430.00	\$42,788.20	CPT/HCPCS

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	480	MAJOR JOINT W MCC	No	\$ 58,727.97	\$ 12,375.85	\$ 48,933.51	\$67,763.05	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	481	MAJOR JOINT W CC	No	\$ 48,507.14	\$ 8,559.98	\$ 38,996.68	\$55,969.78	CPT/HCPCS
										Case Rate-
										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	\$ 35,733.50	\$ 6,745.73	\$ 37,731.25	\$41,230.96	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
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										CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Ty
Hospital Inpatient Stay	Hospital Inpatient	DRG	494	LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	No	\$ 34,304.81	\$ 7,426.74	\$ 43,066.25	\$39,582.47	Case Rate- Excluding Professional Charges whic are paid by CPT/HCPCS
							<u> </u>			
				Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid						Case Rate- Excluding Professional Charges which are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	743	conditions or complications (MCC)	Yes	э <u>тө,033.90</u>	ې 3,828.29 ډ	\$ 28,968.03	\$20,808.35	CPT/HCPCS
										Case Rate- Excluding Professional Charges whic
Upperited Investigate Story	Hospital Inpatient	DDC	811	RED BLOOD CELL DISORDERS W	N -	¢ 33,334,63	é 4 355 03	\$ 31,015.82	600 700 AC	are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	811		No	5 23.221.02	5 4.255.93	5 31.015.82	\$26,793.49	ICPT/HCPCS

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					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
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W/O						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		MCC	No	\$ 17,544.11	\$ 2.955.18	\$ 26,002.03	\$20,243.20	CPT/HCPCS
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										Professional
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				FULL THICKNESS BURN W SKIN						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	928	GRAFT OR INHAL INJ W CC/MCC	No	\$ 81 430.86	\$ 21 639 28	\$ 150,000.00	\$93,958.69	CPT/HCPCS
noopital inpatient otay		Ding	520			<i> </i>	<i> </i>	÷ 150,000.00	<i>\$33,330.03</i>	
										Case Rate-
										Excluding
										Professional
										Charges which
				FULL THICKNESS BURN W SKIN						
Hernitel Innetiont Stov	Hospital Inpatient	DBC	020		No	\$ 38,084.70	Ś 6 540 40	¢ 50,000,00	¢42.042.89	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	929	GRAFT OR INHAL INJ W/O CC/MCC	No	⇒ 50,004.70	ə 0,540.49	\$ 50,000.00	\$43,943.88	CPT/HCPCS
										Casa Pata
										Case Rate-
										Excluding
										Professional
										Charges which
						A 40 450 -5	A	A	400.050.51	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	935	NON-EXTENSIVE BURNS	No	\$ 18,159. <b>7</b> 3	\$ 3,301.83	\$ 50,000.00	\$20,953.54	CPT/HCPCS

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					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
										Case Rate-
										Excluding
										Professional
				LIMB REATTACHMENT, HIP						Charges which
				FEMUR PROC FOR MULTIPLE						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	956	SIGNIFICANT TRAUMA	No	\$ 105,373.59	\$ 16,085.53	\$ 200,000.00	\$121,584.91	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				OTHER O.R. PROCEDURES FOR						Charges which
				MULTIPLE SIGNIFICANT TRAUMA						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	957	W МСС	No	\$ 139,128.72	\$ 30,888.17	\$ 200,000.00	\$160,533.14	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				OTHER O.R. PROCEDURES FOR						Charges which
				MULTIPLE SIGNIFICANT TRAUMA						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	958	wcc	No	\$ 73,933.71	\$ 17,182.69	\$ 125,000.00	\$85,308.13	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				OTHER MULTIPLE SIGNIFICANT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	964	TRAUMA W CC	No	\$ 34,761.85	\$ 6,123.35	\$ 50,000.00	\$40,109.83	CPT/HCPCS

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				<b>_</b>						
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W O.R. PROC						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	768	EXCEPT STERIL &/OR D&C	No	\$ 10,335.01	\$ 2,464.00	\$ 27,462.61	\$11,925.01	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	783	STERILIZATION W MCC	No	\$ 11,915.22	\$ 3,570.00	\$ 39,605.25	\$13,748.33	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	784	STERILIZATION W CC	No	\$ 9,940.40	\$ 3,570.00	\$ 27,865.12	\$11,469.69	CPT/HCPCS
										Case Rate-
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Matamitu (Dalius	Hermitel Investigat	DBC		CESAREAN SECTION W	N -	¢ 0.000.07	6 2 5 4 2 4 4	¢ 35 979 74	610 274 00	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	785	STERILIZATION W/O CC/MCC	No	\$ 8,988.27	\$ 3,519.44	\$ 25,870.71	\$10,371.08	CPT/HCPCS
										Casa Pota
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O		A 49 696 5-	<b>A A FTA A A</b>	A	<b>***</b>	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	786	STERILIZATION W MCC	No	<b>\$ 12,696.27</b>	\$ 3,570.00	\$ 35,011.06	\$14,649.54	CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	787	CESAREAN SECTION W/O STERILIZATION W CC	No	\$ 11,322.59	\$ 2,835.00	\$ 27,868.32	\$13,064.53	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	788	CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	No	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$11,107.19	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	No	\$ 1,400.10	\$ 626.89	\$ 18,705.56	\$1,615.50	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	797	VAGINAL DELIVERY W STERILIZATION/D&C W CC	No	\$ 12,785.73	\$ 2,464.00	\$ 25,917.69	\$14,752.77	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	798	VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MC0	C No	\$ 10,897.11	\$ 2,464.00	\$ 25,917.69	\$12,573.59	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	805	VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	Νο	\$ 10,518.03	\$ 2,464.00	\$ 27,817.08	\$12,136.19	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	806	VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	Νο	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	\$9,942.02	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	807	VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	No	\$ 7,318.91	\$ 2,464.00	\$ 23,397.98	\$8,444.90	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Rehabilitation Hospital Stay	Inpatient Rehabilitation Hospital	DRG	945	REHABILITATION W CC/MCC	No	N/A	\$ 14,553.00	\$ 14,553.00	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Rehabilitation Hospital Stay	Inpatient Rehabilitation Hospital	DRG	946	REHABILITATION W/O CC/MCC	Νο	N/A	\$ 10,870.00	\$ 10,870.00	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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		<u>Code</u>			Shoppable	Discounted	<b>Negotiated</b>	<b>Negotiated</b>	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
						52% Charges				
						Estimated at				
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per			\$800 Per	Per Diem Per
	Inpatient Rehabilitation Hospital			Room & Board	No	Diem			Diem	Day
Stay	Inpatient Renabilitation Hospital	UB	118	Room & Board	NO	Diem			Diem	Day
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM AND CONNECTIVE TISSUE						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG		WITH MCC	No	N/A	\$ 18 018 00	\$ 18,018.00	N/A	CPT/HCPCS
		5110	335		110	170	÷ 10,010.00	÷ 10,010.00		
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										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM & CONNECTIVE TISSUE W						are paid by

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		Code			Shoppable	Discounted	<b>Negotiated</b>	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
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										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM & CONNECTIVE TISSUE						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	561	w/o cc/мсс	No	N/A	\$ 7,474.00	\$ 7,474.00	N/A	CPT/HCPCS
							<i>• • • • • • • • • •</i>	<i>• • • • • • • • • •</i>		
										Case Rate-
										Excluding
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										Charges which
Long Term Acute Care Innetiont	Innational Long Torm Core			Bulmonony odomo, rospiratory						are paid by
Long Term Acute Care Inpatient	Inpatient Long-Term Care	DBC	170100	Pulmonary edema respiratory	No	81/0	ć 74.001.40	¢ 74.021.40	New Dev	
Stay	Hospital	DRG	LTC189	Tallure	No	N/A	\$ 74,931.49	\$ 74,931.49	Non-Par	CPT/HCPCS
										Course Data
										Case Rate-
										Excluding
										Professional
										Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Respiratory system diagnosis w						are paid by
Stay	Hospital	DRG	LTC207	ventilator support >96 hours	No	N/A	\$ 37,703.24	\$ 37,703.24	Non-Par	CPT/HCPCS
						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			\$500 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	Diem	\$ 227.70	\$ 850.00	Diem	Day
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					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>. 160</u>					0.00.80	<u></u>	0.00.80	
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		\$1,109.30 Per			\$500 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	\$ 299.70	\$ 850.00	Diem	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 3- Complex		\$1,109.30 Per			\$500 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	193	Care	No	Diem	\$ 370.00	\$ 850.00	Diem	Day
Upperited Outpetient Dependung	Upperited Outpotions	CDT	11100	Disperse Tennential Disperse of Chin	No	\$ 530.90	¢ 101 59	ć 1 000 41	¢417.01	Core Data
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$417.81	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$887.37	Case Rate
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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$192.56	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$2,156.38	Case Rate
				Removal of 1 or more breast		N/A No			N/A No Service	
Hernital Outpatient Presedure	Hespital Outpatient	CDT	10120	Removal of 1 or more breast	Vec	Service Volume	s -	\$ -		Casa Pata
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19150	growth, open procedure	Yes	voiume	ə -	ə -	Volume	Case Rate

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					Required		<u>Minimum</u>	<u>Maximum</u>	Specific	
		Code			<b>Shoppable</b>	Discounted	<b>Negotiated</b>	<b>Negotiated</b>	<b>Negotiated</b>	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Injections	Hospital Outpatient	СРТ	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$337.83	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$820.37	Case Rate
						+ -)	+	+ _,	+	
						N/A No			N/A No	
						Service			Service	
Upperitel Outpetient Dressdure	Upperitel Outpetient	CDT	20020	Anthropponia Chauldon Curromy	Vee		÷	÷		Casa Data
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	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
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	31575	Laryngoscopy - Diagnostic	No	\$ 449.87	\$ 135.86	\$ 1,978.02	\$316.48	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$324.20	Case Rate
						N/A No			N/A No	
				Tonsillectomy with Adenoidectomy		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	42820	(outpatient)	Yes	Volume	\$ -	\$-	Volume	Case Rate
			72020	loupdeleng	103	volume	¥ -	Υ ·	volume	case nate
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43235	Diagnostic	Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$1,791.48	Case Rate

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	-	scounted ash Price	<u>Mi</u> Neg	dentified nimum otiated harge	N	-Identified <u>Aaximum</u> egotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43239	Upper Gastrointestinal Endoscopy - With Biopsy	Yes	\$	1,259.34	\$	372.00	\$	2,229.48	\$729.53	Case Rate
			45050	Colonoscopy - Diagnostic					205 70			44 000 45	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45378	(outpatient)	Yes	\$	2,117.86	Ş	335.79	\$	2,220.88	\$1,802.46	Case Rate
				Colonoscopy - With Biopsy									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45380		Yes	\$	3,082.66	\$	343.06	\$	4,110.45	\$2,766.99	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45385	Colonoscopy - With Polyp Removal (outpatient)	Yes	\$	3,317.89	Ś	354.50	Ś	4,434.15	\$2,973.22	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	\	/olume	\$	-	\$	-	Volume	Case Rate

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	47562	Gall Bladder Surgery (outpatient)	Yes	\$ 12,062.52	\$ 504.75	\$ 18,374.88	\$13,136.67	Case Rate
Upperited Outpetient Dress dure	Upperitel Outpetient	CDT	40440	Diana maturata mutuka yawa	No	\$ 3,111.60	\$ 445.12	¢ 2,100,01	¢1 400 00	Core Data
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$1,488.82	Case Rate
				Repair of groin hernia patient age 5						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49505	years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$10,768.15	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 97.04	\$-	\$ 1,579.20	\$108.79	Case Rate
Usersited Octoretiset Descedure	Usersited Outpatient	COT	53000	C	N -	¢ 4.472.22	¢ 202.70	¢ 4 500 53	¢1.020.21	Corres Data
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$1,020.21	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	\$ 284.76	\$ 2,631.84	\$908.49	Case Rate
						+ _,	÷	,002104	<i></i>	
				Surgical removal of prostate and		N/A No	N/A No	N/A No	N/A No	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55966	surrounding lymph nodes using an	Yes	Service Volume	Service	Service	Service	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	000CC	endoscope	res	voiume	Volume	Volume	Volume	Case nate

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Code Shoppable Discounted Negotiated Negotiated	otiated Negotiated
	harge Charge Estimate Type
Hospital Outpatient Procedure Hospital Outpatient CPT 58100 Biopsy - Endometrial (Uterus) No \$ 375.83 \$ 144.00 \$ 1	1,697.39 \$325.85 Case Rate
	1,057.55 \$525.65 Case Rate
Hospital Outpatient ProcedureHospital OutpatientCPT58300Insert intrauterine deviceNo\$632.24\$48.93\$5	1,749.37 \$1,185.65 Case Rate
Hospital Outpatient ProcedureHospital OutpatientCPT58301Remove intrauterine deviceNo\$273.85\$32.34\$	1,495.58 \$193.47 Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 59025 Fetal Non-Stress Test No \$ 260.79 \$ 118.53 \$ 1	1,596.22 \$221.21 Case Rate
Routine obstetric care for vaginal	
Professional Services Associated delivery, including pre-and post-	
with Inpatient Stay Professional Services CPT 5940 delivery care Yes \$ 4,496.21 \$ 242.00 \$	3,278.48 \$2,434.74 Case Rate
Professional Services Associated	
with Inpatient Stay Professional Services CPT 59410 Obstetrical care No \$ 2,230.06 \$ 133.91 \$ 1	1,625.81 \$1,305.16 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	3,619.13 \$2,434.74 Case Rate

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					Required		Minimum	Maximum	Specific	
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Comileo Cotocomi	Comico Cotting		Code	Description						Estimate Tune
Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge_	Charge_	Charge	Estimate Type
				Routine obstetric care for vaginal						
				delivery after prior cesarean						
Professional Services Associated				delivery including pre-and post-						
						A	÷	÷	40.00.74	
with Inpatient Stay	Professional Services	СРТ	59610	delivery care	Yes	\$ 4,706.58	\$ 305.08	\$ 3,429.34	\$2,434.74	Case Rate
				Injection of substance into spinal						
				canal of lower back or sacrum using						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ		imaging guidance	Yes	\$ 1,055.18	\$ 379.33	\$ 1,880.39	\$1,465.73	Case Rate
		0.1	52522	and buildings	103	÷ 1,055.10	y 373.33	÷ 1,000.33	¥1,403.73	cuse nuce
				Injection of substance into spinal						
				canal of lower back or sacrum using						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ		imaging guidance	Yes	\$ 1,665.98	\$ 305.01	\$ 1,988.33	\$2,020.09	Case Rate
			02020	0.1.0 0.1.001100	103	,000.00	+ 505.01	- 1,000.33	92,020.05	case mate

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
				Injections of anesthetic and/or steroid drug into lower or sacral						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ		spine nerve root using imaging guidance	Yes	\$ 1,776.21	\$ 358.46	\$ 1,980.49	\$1,66 <b>2.8</b> 9	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ		Removal of recurring cataract in lens capsule using laser	Yes	N/A No Service Volume	\$-	\$-	N/A No Service Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ		Removal of cataract with insertion of lens	Yes	N/A No Service Volume	\$-	\$ -	N/A No Service Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	69210	Remove impacted ear wax	No	\$ 168.99	\$ 48.93	\$ 1,604.78	\$115.51	Case Rate
				CT Scan - Head/Brain, without						
Radiology Services	Hospital Outpatient	СРТ		Contrast	No	\$ 901.06	\$ 127.22	\$ 1,318.18	\$1,033.57	Per Unit

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					Required		<u>Minimum</u>	<u>Maximum</u>	Specific	
		Code			<b>Shoppable</b>	Discounted	Negotiated	<b>Negotiated</b>	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				CT Scan - Head/Brain, without						
Padialagy Convisor	Hospital Outpatient	СРТ	70450	Contrast	Yes	\$ 901.06	\$ 127.22	\$ 1,318.18	\$1,033.57	Per Unit
Radiology Services		CPT	70450	Contrast	Tes	\$ 901.00	\$ 127.22	\$ 1,510.10	\$1,055.57	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	\$2,053.86	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$ 1,668.57	\$ 127.52	\$ 2,259.85	\$1,821.86	Per Unit
						+ _,	+	+ _,	<i><i><i></i></i></i>	
Padialagu Camilaga	Upperitel Outpetient	СРТ	70400	Changiagraphy based	No	¢ 1.071.05	ć 222.05	\$ 1,996.31	¢1 520 02	Per Unit
Radiology Services	Hospital Outpatient	CPT	70496	Ct angiography head	No	\$ 1,871.05	\$ 223.05	\$ 1,996.31	\$1,530.03	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$ 1,632.72	\$ 223.05	\$ 1,677.63	\$1,256.88	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$ 1,518.19	\$ 252.20	\$ 2,270.30	\$1,616.90	Per Unit
		1								
		1								
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$ 2,314.59	\$ 406.50	\$ 3,409.54	\$2,443.86	Per Unit
				and the second s		÷ _,5141.55	+ +00.00		<i>+-,</i>	
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Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$ 138.11	\$ 19.91	\$ 181.37	\$146.90	Per Unit
		1								
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$ 148.99	\$ 31.50	\$ 193.55	\$149.10	Per Unit
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Service Category	Service Setting	Code Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	_	scounted ash Price	<u>Mi</u> Nej	dentified inimum gotiated charge	Ν	e-Identified Maximum legotiated Charge	<u>Payer-</u> Specific Negotiated <u>Charge</u>	_Estimate Type
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$	205.20	\$	38.07	\$	271.73	\$205.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$	1,024.52	\$	141.11	\$	1,468.48	\$1,097.34	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71260	CT Scan - Chest, with Contrast (outpatient)	No	\$	1,448.52	¢	200.76	¢	2,034.88	\$1,530.03	Per Unit
nautology Scivices			71200	(outputient)		Ŷ	1,440.32	~	200.70	Ŷ	2,034.00	<i>Ş1,550.05</i>	
Radiology Services	Hospital Outpatient	СРТ	71275	Ct angiography chest	No	Ş	1,935.65	\$	226.19	\$	2,092.27	\$1,585.60	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72040	X-Ray - Neck, Cervical Spine	No	\$	154.65	\$	37.93	\$	204.42	\$149.50	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$	251.61	\$	33.93	\$	338.99	\$ <b>263.</b> 91	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	\$	199.60	\$	37.93	\$	265.13	\$ <b>201.3</b> 6	Per Unit
				X-Ray, lower back, minimum four									
Radiology Services	Hospital Outpatient	СРТ	72110		Yes	\$	213.64	\$	52.80	\$	284.93	\$ <b>206.83</b>	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Typ
Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$ 1,459.37	\$ 136.86	\$ 1,750.92	\$1,339.44	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72126	Ct neck spine w/dye	No	\$ 1,293.16	\$ 260.86	\$ 1,821.59	\$1,350.04	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72127	Ct neck spine w/o & w/dye	No	\$ 1,815.93	\$ 201.73	\$ 2,118.48	\$1,530.03	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72129	Ct chest spine w/dye	No	\$ 1,520.66	\$ 199.82	\$ 1,805.90	\$1,336.59	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/dye	No	\$ 1,518.43	\$ 260.86	\$ 1,805.90	\$1,336.59	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72133	Ct lumbar spine w/o & w/dye	No	\$ 1,904.42	\$ 201.90	\$ 2,238.70	\$1,633.08	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72141	MRI NECK SPINE W/O DYE	No	\$ 1,441.84	\$ 252.20	\$ 2,177.11	\$1,531.02	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72148	MRI - Back (outpatient)	Yes	\$ 1,381.13	\$ 252.20	\$ 2,137.12	\$1,459.89	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$ 249.04	\$ 28.72	\$ 327.10	\$260.86	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$ 208.53	\$ 39.60	\$ 264.73	\$200.56	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	\$ 1,536.96	\$ 197.29	\$ 2,142.05	\$1,636.97	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>		scounted sh Price	<u>Mi</u> Neg	dentified nimum otiated harge	M Ne	-Identified Iaximum egotiated Charge	<u>Payer-</u> Specific Negotiated <u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	72197	MRI - Pelvis (outpatient)	No	\$	2,448.72	\$	402.71	\$	3,522.33	\$2,351.65	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$	147.59	\$	22.40	\$	185.92	\$146.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73010	X-ray exam of shoulder blade	No	\$	196.93	\$	26.01	\$	251.93	\$198.71	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$	149.50	\$	28.33	\$	196.92	\$147. <b>3</b> 0	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$	147.62	\$	29.40	\$	195.82	\$146.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$	146.83	\$	25.07	\$	191.42	\$145.56	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73080	X-RAY EXAM OF ELBOW	No	\$	122.83	\$	26.72	\$	154.02	\$112.50	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$	117.10	\$	26.40	\$	151.82	\$112.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$	156.52	Ś	30.72	Ś	196.19	\$146.45	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$	192.03	\$	24.40	\$	249.73	\$197.86	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>		iscounted ash Price	<u>Mi</u> Nej	dentified nimum gotiated harge	N	e-Identified Maximum egotiated Charge	<u>Payer-</u> Specific <u>Negotiated</u> <u>Charge</u>	Estimate Type
Padialam: Camiaaa	Heavitel Outpatient	CDT	72120	V Day, Hand	No	\$	151.54	ć	32.72	Ś	198.42	\$146.45	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	Ş	151.54	Ş	32.72	>	198.42	Ş140.45	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73221	MRI - Shoulder, Elbow, or Wrist	No	\$	1,211.82	\$	246.65	\$	1,702.46	\$1,105.81	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$	129.58	\$	37.77	\$	197.91	\$149.50	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$	150.51	\$	29.51	\$	189.38	\$147.30	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$	201.92	\$	32.40	\$	266.82	\$206.94	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$	263.50	\$	36.52	\$	351.25	\$271.44	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$	239.62	\$	32.40	\$	321.48	\$253.79	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$	191.55	\$	31.98	\$	278.60	\$220.73	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73610	X-Ray - Ankle (outpatient)	No	\$	239.05	\$	25.72	\$	311.14	\$245.29	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$	196.24	\$	29.81	\$	262.21	\$203.39	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	Shoppable Service?	Discounted Cash Price	Negotiated Charge	Negotiated Charge	Negotiated Charge	Estimate Type
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Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$ 216.05	\$ 33.95	\$ 289.60	\$220.77	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$ 1,231.00	\$ 134.01	\$ 1,400.92	\$1,089.40	Per Unit
Padialam: Comisso	Uservited Outpatient	CDT	72724		Vec	\$ 1,224.32	¢ 240.05	¢ 1,000,00	Ć1 050 01	Devilueit
Radiology Services	Hospital Outpatient	СРТ	/3/21	MRI - Knee (outpatient)	Yes	\$ 1,224.32	\$ 246.65	\$ 1,828.36	\$1,253.31	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$ 145.61	\$ 28.31	\$ 189.76	\$146.90	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$ 977.64	\$ 142.38	\$ 1,446.99	\$1,084.58	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$ 1,824.18	\$ 207.86	\$ 2,144.29	\$1,557.81	Per Unit
				CT Scan - Abdomen and Pelvis, with						
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$ 2,748.11	\$ 286.79	\$ 3,568.86	\$2,929.19	Per Unit
				CT Scan - Abdomen and Pelvis, with						
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	Yes	\$ 2,748.11	\$ 286.79	\$ 3,568.86	\$2,929.19	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$ 394.10	\$ 56.38	\$ 563.71	\$442.48	Per Unit

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$ 521.72	\$ 79.34	\$ 578.01	\$456.23	Per Unit
57	1 CONTRACTOR			,						
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$ 306.04	\$ 59.00	\$ 323.39	\$228.88	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76536	Ultrasound - Head and Neck	No	\$ 460.62	\$ 78.79	\$ 386.50	\$284.42	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$ 152.68	\$ 78.52	\$ 249.30	\$177.22	Per Unit
De liste en Comisso		CDT	76700	Ultraction of Abdamical Complete	N	¢ 251.42	¢ 01.00	¢ 422.00	¢200.45	Destinit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$ 361.43	\$ 91.69	\$ 433.80	\$299.45	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$ 327.93	\$ 46.05	\$ 372.20	\$286.16	Per Unit
									,	
Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$ 456.58	\$ 76.54	\$ 400.80	\$295.11	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	Νο	\$ 391.57	\$ 86.65	\$ 396.27	\$310.80	Per Unit

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Service category	Service Setting	Туре	coue	Description	<u>Service:</u>	<u>cash Price</u>	charge	charge	Charge	Estimate Type
				Ultrasound - Pregnancy						
Radiology Services	Hospital Outpatient	СРТ	76805	(outpatient)	Yes	\$ 367.73	\$ 100.36	\$ 437.10	\$311.44	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76811	OB US DETAILED SNGL FETUS	No	\$ 522.04	\$ 198.65	\$ 587.50	\$368.37	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76815	OB US LIMITED FETUS(S)	No	\$ 309.95	\$ 54.75	\$ 384.30	\$289.89	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76816	Ultrasound - Pregnancy Follow-Up	No	\$ 406.54	\$ 64.37	\$ 384.30	\$303.16	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76818	FETAL BIOPHYS PROFILE W/NST	No	\$ 476.50	\$ 82.20	\$ 387.27	\$315.81	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$ 407.39	\$ 97.44	\$ 398.34	\$297.73	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$ 370.14	\$ 88.69	\$ 391.69	\$293.80	Per Unit
	•								-	
				Ultrasound - Transvaginal (non-						
Radiology Services	Hospital Outpatient	СРТ	76830	maternity)	Yes	\$ 475.43	\$ 98.63	\$ 463.90	\$292.48	Per Unit
nadiology services	nospital Outpatient	GF I	70030	materinty	103	Y 773.43	y 30.03	y 403.30	7232.40	

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Radiology Services	Hospital Outpatient	СРТ	76956	Ultrasound - Pelvic (outpatient)	No	Ś	344.00	Ś	70.34	\$ 408.50	\$292.08	Per Unit
						<b>T</b>		٢				
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$	546.40	\$	107.57	\$ 501.03	\$352.64	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$	383.79	\$	135.81	\$ 629.70	\$444.11	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$	406.73	\$	109.22	\$ 504.02	\$354.69	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$	247.25	\$	56.29	\$ 393.45	\$200.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$	116.84	\$	33.80	\$ 171.64	\$115.31	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	<b>\$</b> 1	L,010.04	\$	336.74	\$ 2,091.45	\$698.23	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$ 158.03	\$ 11.84	\$ 221.33	\$187.14	Per Unit
				Blood Test - Comprehensive						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80053	Metabolic Panel	Yes	\$ 93.73	\$ 14.78	\$ 136.89	\$114.15	Per Unit
		-								
						N/A No	N/A No	N/A No	N/A No	
				Blood Test - Pregnancy (Obstetric)		Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80055		Yes	Volume	Volume	Volume	Volume	Per Unit
		<b>.</b>								
				Blood Test - Cholesterol Test, Lipid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80061		Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$53.63	Per Unit
Laboratory & Pathology Services	nospital Outpatient	CFT	80001	ranci	165	Ş 40.40	Ş 12.05	\$ 101.77	\$55.05	reronit
				Blood Test - Renal (Kidney)						
Laboratory & Pathology Convises	Hospital Outpatient	СРТ	80060	Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$24.81	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80069		res	ə 17.24	<del>ک</del> 0،5 ڊ	ə 34.59	ə <b>24.</b> 81	
				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$173.97	Per Unit

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Service Category	Service Setting	<u>Type</u>	Code	Description	Service?	Cash Price	Charge_	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80307	Drug test prsmv chem anlyzr	No	\$ 128.65	\$ 55.93	\$ 199.53	\$148.44	Per Unit
						N/A No	N/A No	N/A No	N/A No	
						Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	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	\$28.59	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$8.35	Per Unit
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$8.22	Per Unit
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Laboratory & Dathalamy Comission	Hernitel Outpatient	CDT	91035	Using Test Drognersey	Ne	ć 40.07	é 10.45	ć 50.00	ÉAE CO	Dorlinit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$45.60	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$47.33	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$217.78	Per Unit
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\*Estimates have been normalized to provide a quote based on the amount we anticipate you your insurance to owe. For example, if the rate is 45% of charges the median charge has been multiplied by 45%.

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Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?	Cas	h Price	Charge_	Charge_	Charge_	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82330	Assay of calcium	No	\$	35.11	\$ 12.31	\$ 67.00	\$40.51	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82375	Assay carboxyhb quant	No	\$	114.13	\$ 11.09	\$ 153.64	\$131.69	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82465	Assay bld/serum cholesterol	No	\$	15.28	\$ 3.92	\$ 23.76	\$17.63	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of ck (cpk)	No	\$	12.70	\$ 5.86	\$ 35.53	\$14.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82552	Assay of cpk in blood	No	\$	26.14	\$ 12.05	\$ 75.41	\$30.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82565	Assay of creatinine	No	\$	124.50	\$ 7.17	\$ 70.25	\$58.68	Per Unit
				Blood Test - Vitamin B-12							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82607	(Cyanocobalamin) Level	No	\$	29.40	\$ 13.57	\$ 82.73	\$33.92	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82610	Cystatin c	No	\$	140.40	\$ 14.17	\$ 405.00	\$162.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82668	Assay of erythropoietin	No	\$	36.68	\$ 16.91	\$ 99.20	\$42.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82670	Assay of estradiol	No	\$	54.51	\$ 25.15	\$ 152.33	\$62.90	Per Unit

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Setting Code	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
ent CPT	82602	Assay of ethylene glycol	No	\$ 20.29	\$ 12 <i>.</i> /1	\$ 40.08	\$72.41	Per Unit
	02033	Assay of ethylene giytor	NU	÷ 20.29	y 15.41	y 40.08	<i>7</i> 23.41	reronit
ent CPT	82728	Blood Test - Ferritin (Blood Protein) Level	No	\$ 33.53	\$ 19.09	\$ 96.63	\$45.25	Per Unit
ent CPT	82746	Blood Test - Folic Acid Level	No	\$ 37.75	\$ 13.23	\$ 79.52	\$43.56	Per Unit
ent CPT	82803	Blood gases any combination	No	\$ 73.40	\$ 20.17	\$ 106.16	\$84.69	Per Unit
ent CPT	82947	Assay glucose blood quant	No	\$ 34.04	\$ 5.51	\$ 49.42	\$41.17	Per Unit
ent CPT	82962	Glucose blood test	No	\$ 45.55	\$ 3.89	\$ 61.82	\$51.33	Per Unit
ent CPT	83018	Heavy metal quant each nes	No	\$ 172.97	\$ 19.76	\$ 498.96	\$199.58	Per Unit
		Blood Test - Blood Glucose Control		<b>A B A B A B B A B B B B B B B B B B</b>	<b>A A - - - - -</b>	<b>A B B C</b>	600 Q.4	Per Unit
	ient CPT ient CPT ient CPT ient CPT	ient CPT 82728 ient CPT 82746 ient CPT 82803 ient CPT 82947 ient CPT 82947 ient CPT 82962	ient CPT 82728 Blood Test - Ferritin (Blood Protein) Level ient CPT 82746 Blood Test - Folic Acid Level ient CPT 82803 Blood gases any combination ient CPT 82947 Assay glucose blood quant ient CPT 82962 Glucose blood test ient CPT 83018 Heavy metal quant each nes Blood Test - Blood Glucose Control	ient CPT 82728 Blood Test - Ferritin (Blood Protein) No ient CPT 82746 Blood Test - Folic Acid Level No ient CPT 82803 Blood gases any combination No ient CPT 82947 Assay glucose blood quant No ient CPT 82962 Glucose blood test No ient CPT 83018 Heavy metal quant each nes No	ient CPT 82728 Level No \$ 33.53 ient CPT 82746 Blood Test - Folic Acid Level No \$ 37.75 ient CPT 82803 Blood gases any combination No \$ 73.40 ient CPT 82947 Assay glucose blood quant No \$ 34.04 ient CPT 82962 Glucose blood test No \$ 45.55 ient CPT 83018 Heavy metal quant each nes No \$ 172.97	ient CPT 82728 Blood Test - Ferritin (Blood Protein) No \$ 33.53 \$ 19.09 No \$ 33.53 \$ 19.09 No \$ 33.53 \$ 19.09 No \$ 37.75 \$ 13.23 No \$ 37.75 \$ 13.23 No \$ 37.75 \$ 13.23 No \$ 37.75 \$ 13.23 No \$ 73.40 \$ 20.17 No \$ 73.40 \$ 20.17 No \$ 73.40 \$ 5.51 No \$ 34.04 \$ 5.51 No \$ 34.04 \$ 5.51 No \$ 45.55 \$ 3.89 No \$ 172.97 \$ 19.76 Blood Test - Blood Glucose Control	ient CPT 82728 Blood Test - Ferritin (Blood Protein) No \$ 33.53 \$ 19.09 \$ 96.63   ient CPT 82746 Blood Test - Folic Acid Level No \$ 37.75 \$ 13.23 \$ 79.52   ient CPT 82803 Blood gases any combination No \$ 37.75 \$ 13.23 \$ 79.52   ient CPT 82803 Blood gases any combination No \$ 73.40 \$ 20.17 \$ 106.16   ient CPT 82947 Assay glucose blood quant No \$ 34.04 \$ 5.51 \$ 49.42   ient CPT 82962 Glucose blood test No \$ 45.55 \$ 3.89 \$ 61.82   ient CPT 83018 Heavy metal quant each nes No \$ 172.97 \$ 19.76 \$ 498.96   Blood Test - Blood Glucose Control Blood Test - Blood Glucose Control S S 172.97 \$ 19.76 \$ 498.96	ient   CPT   82728   Blood Test - Ferritin (Blood Protein) Level   No   \$ 33.53   \$ 19.09   \$ 96.63   \$45.25     ient   CPT   82726   Blood Test - Folic Acid Level   No   \$ 37.75   \$ 13.23   \$ 79.52   \$43.56     ient   CPT   82746   Blood Test - Folic Acid Level   No   \$ 37.75   \$ 13.23   \$ 79.52   \$43.56     ient   CPT   82803   Blood gases any combination   No   \$ 73.40   \$ 20.17   \$ 106.16   \$84.69     ient   CPT   82947   Assay glucose blood quant   No   \$ 34.04   \$ 5.51   \$ 49.42   \$41.17     ient   CPT   82947   Assay glucose blood quant   No   \$ 45.55   \$ 3.89   \$ 61.82   \$51.33     ient   CPT   83018   Heavy metal quant each nes   No   \$ 172.97   \$ 19.76   \$ 498.96   \$199.58     Blood Test - Blood Glucose Control   Blood Test - Blood Glucose Control   \$ 19.76   \$ 498.96   \$199.58

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83088	Assay of histamine	No	\$ 75.84	\$ 26.58	\$ 218.76	\$87.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83518	Immunoassay dipstick	No	\$ 147.09	\$ 6.55	\$ 424.29	\$169.72	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83540	Blood Test - Iron Level	No	\$ 51.90	\$ 9.06	\$ 75.77	\$63.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$ 27.44	\$ 10.41	\$ 58.05	\$31.66	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690	Blood Test - Lipase (fat enzyme) Level	No	\$ 69.47	\$ 6.20	\$ 93.51	\$80.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83735	Assay of magnesium	No	\$ 53.82	\$ 9.38	\$ 78.56	\$65.31	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83880	Assay of natriuretic peptide	No	\$ 172.55	\$ 35.33	\$ 232.27	\$199.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$ 61.73	\$ 6.64	\$ 87.67	\$73.71	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84122	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$52.09	Per Unit
			04132	Assay or servin polassium	NO	<i>२</i> 45.23		<i>&gt;</i> 02.05	\$ <b>5</b> 2.03	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$52.09	Per Unit

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Service Category	Service Setting	Code Type	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 52.59	\$ 18.77	\$ 96.68	\$60.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84153	Blood Test - Prostate Specific Antigen (PSA) Level	Yes	\$ 74.21	\$ 25.75	\$ 116.68	\$94.46	Per Unit
casoratory of ratiology services		GET	04133	היייפרו (רשא) בבעבו	103	<i>y</i> /4.21	y 23.73	÷ 110.00	994.4U	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84154	PSA (prostate specific antigen)	Yes	\$ 106.34	\$ 16.55	\$ 143.15	\$122.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84182	Protein western blot test	No	\$ 382.72	\$ 18.76	\$ 588.80	\$441.60	Per Unit
		СРТ			No	\$ 42.10		\$ 56.67	\$48.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient			Assay of serum sodium Blood Test - Thyroxine (Thyroid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Chemical) Level, Free	No	\$ 66.21	\$ 8.12	\$ 89.13	\$76.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Blood Test - Thyroid Stimulating Hormone (TSH) Level	No	\$ 64.07	\$ 23.52	\$ 119.09	\$81.23	Per Unit

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		-		
81.70	\$ 10.26	\$ 121.45	\$94.27	Per Unit
125.77	\$ 11.54	\$ 169.31	\$145.12	Per Unit
26.95	\$ 2.13	\$ 36.27	\$31.09	Per Unit
77.98	\$ 10.88	\$ 112.06	\$93.71	Per Unit
60.79	\$ 5.82	\$ 81.83	\$70.14	Per Unit
<u>sh</u>	Price 64.07 96.31 125.77 26.95 77.98	Price   Charge     64.07   \$ 23.52     96.31   \$ 12.76     81.70   \$ 10.26     125.77   \$ 11.54     26.95   \$ 2.13     77.98   \$ 10.88	Minimum Negotiated ChargeMaximum Negotiated Charge64.07\$ 23.52\$ 119.0996.31\$ 12.76\$ 129.6581.70\$ 10.26\$ 121.45125.77\$ 11.54\$ 169.3126.95\$ 2.13\$ 36.2777.98\$ 10.88\$ 112.06	Munimum Negotiated ChargeMaximum Negotiated 

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Laboratory & Dathalamy Comisso	Upperited Outpetient	СРТ	95340	Clat factory iii also 1 store	No	\$ 45.97	¢ 10.11	¢ 05.50	652.04	Deviluit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85240	Clot factor viii ahg 1 stage	No	\$ 45.97	\$ 16.11	\$ 95.56	\$53.04	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85378	Fibrin degrade semiquant	No	\$ 53.57	\$ 7.44	\$ 72.11	\$61.81	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85610	Blood Test - Clotting Time	Yes	\$ 44.81	\$ 6.01	\$ 64.27	\$53.41	Per Unit
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Laboratory & Dathalany Constant	Usersited Outputient	СРТ	05642	Descending the second second file to all		A	¢ 0.24	Ś 70.98	¢20.20	Developerate
Laboratory & Pathology Services	Hospital Outpatient	CPI	85613	Russell viper venom diluted	No	\$ 24.61	\$ 8.24	\$ 70.98	\$28.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$ 53.32	\$ 4.96	\$ 71.77	\$61.52	Per Unit
				Blood Test - Coagulation						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85730	Assessment	Yes	\$ 46.01	\$ 5.41	\$ 61.94	\$53.09	Per Unit
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Laboratony & Dathalamy Comitate	Hernitel Outpatient	CDT	05722	Thrombonlactin time nerticl	No	\$ 12.63	ć 5.00	6 20.42	614 57	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	03/32	Thromboplastin time partial	No	\$ 12.63	\$ 5.82	\$ 36.42	\$14.57	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86140	C-reactive protein	No	\$ 48.49	\$ 4.66	\$ 65.28	\$55.95	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86360	T cell absolute count/ratio	No	\$ 65.00	\$ 42.28	\$ 211.59	\$75.00	Per Unit
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Service Category	Service Setting	Туре	Code	Description	Service?		Price	Charge	Charge	Charge	Estimate Type
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$	132.78	\$ 24.10	\$ 383.03	\$153.21	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86431	Rheumatoid factor quant	No	\$	52.70	\$ 5.10	\$ 70.95	\$60.81	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$	37.81	\$ 3.84	\$ 50.90	\$43.63	Per Unit
Laboratow & Dathalaw Comisso	Heavitel Outpetient	СРТ	96503	Cumbility to stand your surel	No	\$	37.81	\$ 3.84	\$ 50.90	\$43.63	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	INO	Ş	57.01	Ş 5.04	\$ 50.50	<b>343.03</b>	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$	57.37	\$ 9.16	\$ 165.50	\$66.20	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86615	Bordetella antibody	No	\$	25.74	\$ 11.87	\$ 81.45	\$29.70	Per Unit
caboratory a ratiology services	nospital outpatient	CIT	00015		110	Ŷ	23.74	y 11.07	<b>9</b> 01.43	925.70	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86651	Encephalitis californ antbdy	No	\$	25.74	\$ 11.87	\$ 110.13	\$29.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86652	Encephaltis east eqne anbdy	No	\$	25.74	\$ 11.87	\$ 110.13	\$29.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86653	Encephaltis st louis antbody	No	s	25.74	\$ 11.87	\$ 110.13	\$29.70	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86654	Encephaltis west eqne antbdy	No	\$	25.74	\$ 11.87	\$ 110.13	\$29.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	96662	Epstein-barr antibody	No	Ś	25.60	\$ 11.81	\$ 83.21	\$29.54	Per Unit

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Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cas	h Price	Cha	arge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86677	Helicobacter pylori antibody	No	Ś	30.68	Ś	15.13	\$ 63.03	\$35.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86692	Hepatitis delta agent antbdy	No	Ś	29.16	¢	15.44	\$ 50.98	\$33.64	Per Unit
Laboratory & Pathology Services		CPT	00092		INU	<b>&gt;</b>	29.10	Ş	15.44	Ş 50.90	\$55.04	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$	79.65	\$	12.41	\$ 107.23	\$91.91	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86704	HEP B CORE ANTIBODY TOTAL	No	\$	86.11	\$	10.85	\$ 115.92	\$99.36	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86705	HEP B CORE ANTIBODY IGM	No	\$	22.98	Ś	10.59	\$ 57.38	\$26.51	Per Unit
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Laboratoria & Bathalana Camilana	User that Output is at	COT	06706				00.00		0.67	ć 122.21		Devillet
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$	98.98	Ş	9.67	\$ 133.25	\$\$114.21	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86707	Hepatitis be antibody	No	\$	22.56	\$	10.41	\$ 65.09	\$26.03	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$	22.71	Ś	11.15	\$ 56.71	\$26.20	Per Unit
casoratory of ratiology services			50700	nopullio a antibody		Ý		Ŷ		y 30.71	. 920.20	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	\$	78.19	\$	12.95	\$ 225.50	5 \$ <b>90.22</b>	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	Ś	25.14	Ś	11.59	\$ 72.53	\$29.01	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ		86769 - SARS-COV-2 COVID-19 ANTIBODY	No	\$ 51.48	\$ -	\$ 112.07	<b>\$0.00</b>	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$29.01	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	Blood Test - Hepatitis C Antibody Level	No	\$ 67.64	\$ 12.84	\$ 91.06	\$78.05	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$26.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86850	Rbc antibody screen	No	\$ 20.32	\$	\$ 66.92	\$23.45	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$282.37	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$229.61	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$229.61	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$69.51	Per Unit

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Laboratory & Dathalamy Comition	Upprited Outpotient	CDT	90001	Diand turning correlation (d)	No	\$ 60.24	¢ 3.70	¢ 01.10	¢60 51	Devilatio
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$69.51	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$ 4.84	\$ 383.37	\$6.71	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$ 344.22	\$282.37	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$ 133.90	\$ 9.29	\$ 180.25	\$154.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$ 138.63	\$ 7.76	\$ 186.61	\$159.95	Per Unit
						-	-	-	-	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$ 60.43	\$ 7.27	\$ 81.35	\$69.73	Per Unit
						+	+	+ 01.00	+00000	
				Test for Disease-Causing						
				(Pathogenic) Organisms, Not						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87081	Limited to a Specific Condition	No	\$ 81.17	\$ 5.97	\$ 109.26	\$93.65	Per Unit

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Service Category	<u>Service Setting</u>	<u>Type</u>	coue	Description	Service:	Casil Flice	charge	charge	charge	<u>Estimate Type</u>
				Urine Test - Bacterial Culture,						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87086	Quantitative Colony Count	No	\$ 82.16	\$ 7.26	\$ 110.60	\$94.80	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87088	Urine Test - Bacterial Culture	No	\$ 15.80	\$ 7.28	\$ 43.86	\$18.23	Per Unit
						A 400 TA		A	4450 OF	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87110	Chlamydia culture	No	\$ 130.74	\$ 17.64	\$ 175.99	\$150.85	Per Unit
				Evaluation of Antimicrobial Drug						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87186	(antibiotic, antifungal, antiviral)	No	\$ 69.16	\$ 7.79	\$ 93.10	\$79.80	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87205	Lab Test - Smear for Microorganism	No	\$ 49.93	\$ 3.84	\$ 67.21	\$57.61	Per Unit
				Lab Test Detection test for						
Laboratory & Pathology Services	Hospital Outpatient	СРТ		Lab Test - Detection test for Hepatitis B Surface Antigen	No	\$ 63.55	\$ 9.30	\$ 85.55	\$73.33	Per Unit
Laboratory & Fathology Services		CFI	07340	inepatitis o surrace Antigen	INU	y 03.35	<del>ک</del> ک	وو.دوه خ	<i>\$13.</i> 35	reronit
				Lab Test - Detection test for HIV-1						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87389	and HIV-2	No	\$ 110.43	\$ 21.67	\$ 148.66	\$127.42	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87425	Rotavirus ag ia	Νο	Ś	37.44	\$ 10.7	3 \$	108.00	\$43.20	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87491	Urine Test - Chlamydia	No	\$	108.43	\$ 31.5	3\$	171.03	\$125.11	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87591	Urine Test - Gonorrhoeae (Neisseria Gonorrhoeae Bacteria)	No	\$	90.13	\$ 31.5	3\$	171.03	\$103.99	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87635	87635 - SARS-COV-2 COVID-19 AMP PRB	No	\$	53.36	\$ -	\$	136.48	\$61.57	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87798	Detect agent nos dna amp	No	\$	90.13	\$ 31.5	3\$	171.03	\$103.99	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87804	Lab Test - Detection test for Influenza Virus	No	\$	37.58	\$ 19.8	2 \$	70.50	\$50.34	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87880	Strep Test (Streptococcus, group A)	No	\$	101.56	\$ 19.8	7 \$	143.48	\$114.63	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	88185	Flowcytometry/tc add-on	No	\$	68.81	\$-	\$	120.30	\$79.40	Per Unit

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Service Category	Service Setting	<u>Code</u> Type	<u>Code</u>	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Vaccinations	Physician Office	СРТ		Immunization Administration First Component	No	\$ 40.10	\$ 11.68	\$ 75.93	\$20.74	Per Unit
Vaccinations	Physician Office	СРТ		Immunization Administration Each Additional Component	No	\$ 25.13	\$ 10.49	\$ 38.51	\$10.37	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90471	Immunization Administration	No	\$ 44.49	\$ 7.02	\$ 81.80	\$63.53	Per Unit
Vaccinations	Hospital Outpatient	СРТ		Immunization Administration Each Additional Component	No	\$ 12.56	\$-	\$ 38.51	\$26.70	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90651	9V HPV Vaccine 2/3 Dose	No	\$ 142.32	\$ 9.56	\$ 227.93	\$164.22	Per Unit
Vaccination	Hospital Outpatient	СРТ		Vaccine - Pneumococcal Conjugate for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 345.21	\$155.74	Per Unit

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_Estimate Type
				Vaccine - Tetanus, Diptheria						
Vaccination	Hospital Outpatient	СРТ		Toxoids, and Acellular Pertussis (Whooping Cough) for Injection into Muscle	No	\$ 57.74	Ś-	\$ 77.73	\$117.25	Per Unit
Evaluation & Management Service	es Professional Services	СРТ	90791	Psychiatric Diagnostic Evaluation	No	\$ 308.81	\$ 118.93	\$ 198.74	\$164 <b>.70</b>	Per Unit
Evaluation & Management Service	es Professional Services	СРТ	90832	Psychotherapy - 30 Minutes	Yes	\$ 88.03	\$ 57.92	\$ 99.25	\$78.51	Per Unit
Evaluation & Management Service	es Professional Services	СРТ	90834	Psychotherapy - 45 Minutes	Yes	\$ 116.77	\$ 77.37	\$ 132.34	\$122.00	Per Unit
Evaluation & Management Service	es Professional Services	СРТ	90837	Psychotherapy - 60 Minutes	Yes	\$ 174.90 N/A No	\$ 116.00	\$ 198.22 N/A No	\$157.25 N/A No	Per Unit
Evaluation & Management Service	es Professional Services	СРТ	90846	Family psytx w/o pt 50 min	Yes	Service Volume	\$ -	Service Volume	Service Volume	Per Unit
Evaluation & Management Service	es Professional Services	СРТ	90847	Psychotherapy - Family Session	Yes	\$ 146.15	\$ 97.13	\$ 166.18	\$131.66	Per Unit

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							N/A No Service			N/A No Service	N/A No Service	
Evaluation & Management Services	Professional Services	СРТ	90853	Psychotherapy - Group Session	Yes	V	olume	\$	-	Volume	Volume	Per Unit
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$	52.00	\$	17.40	\$ 251.43	\$60.00	Per Unit
				Electrocardiogram, routine, with								
Medicine Cardiovascular	Professional Services	СРТ	93000	interpretation and report	Yes	\$	36.27	\$	28.12	\$ 95.52	\$19.84	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$	142.29	\$	-	\$ 295.26	\$131.86	Per Unit
Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	\$	61.00	\$ 634.57	\$543.92	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	Νο	\$	1,404.83	\$	322.26	\$ 1,593.05	\$1,153.84	Per Unit
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	93452	Insertion of catheter into left heart for diagnosis	Yes	Ś	8,847.45	Ś	579.93	\$ 12,920.92	\$9,404.16	Case Rate
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Medicine Other	Hospital Outpatient	СРТ	93971	Extremity study	No	\$	240.64	\$	92.64	\$ 400.67	\$277.42	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge_	Charge	Charge	Estimate Type
Medicine Other	Hospital Outpatient	СРТ	95044	Allergy patch tests	No	\$ 189.82	-	\$ 1,229.53	\$219.02	Per Unit
						N/A No	N/A No	N/A No	N/A No	
Medicine Neurology and						Service	Service	Service	Service	
Neuromuscular	Hospital Outpatient	СРТ	95810	Sleep study	Yes	Volume	Volume	Volume	Volume	Per Unit
Injections	Hospital Outpatient	СРТ	96402	Chemo hormon antineopl sq/im	No	\$ 110.26	\$ 66.86	\$ 196.20	\$160.82	Case Rate
Injections	Hospital Outpatient	CPT	90402	chemo normon antineopi sq/im	NO	\$ 110.20	\$ 00.00	\$ 190.20	\$100.82	Case Rate
				Physical Therapy - Manual						
Medicine Physical Medicine and				Electrical Stimulation Therapy, 15						
Rehabilitation	Hospital Outpatient	СРТ	97032		No	\$ 31.26	\$ 12.56	\$ 59.90	\$36.07	Per Unit
Medicine Physical Medicine and				Physical Therapy - Ultrasound						
Rehabilitation	Hospital Outpatient	СРТ	97035	Therapy	No	\$ 26.92	\$ 11.95	\$ 40.29	\$31.06	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic						
Rehabilitation	Hospital Outpatient	СРТ	97110	Exercises	Yes	\$ 88.74	\$ 17.40	\$ 119.46	\$102.40	Per Unit
Medicine Physical Medicine and				Physical Therapy - Neuromuscular						
Rehabilitation	Hospital Outpatient	СРТ	97112	Reeducation	No	\$ 69.93	\$ 26.14	\$ 104.78	\$80.69	Per Unit
Medicine Physical Medicine and									<b>1</b> 00 <b>-</b> 7	
Rehabilitation	Hospital Outpatient	СРТ	97116	GAIT TRAINING THERAPY	No	\$ 77.61	\$ 22.90	\$ 104.48	\$89.55	Per Unit

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Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge_	<u>Charge</u>	Charge_	Estimate Type
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	СРТ	97140	Physical Therapy - Manual Therapy	No	\$ 56.20	\$ 23.73	\$ 93.92	\$86.60	Per Unit
						+ 00.20	+	+ 00001	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	
Medicine Physical Medicine and				Physical Therapy - Low Complexity						
Rehabilitation	Hospital Outpatient	СРТ	97161	Evaluation	No	\$ 168.06	\$ 71.97	\$ 252.78	\$193.92	Per Unit
Medicine Physical Medicine and	Upperitel Outpetient	CDT	07102	Physical Therapy - Moderate	Ne	¢ (2.40	\$ 71.97	\$ 252.78	\$72.00	Devilation
Rehabilitation	Hospital Outpatient	СРТ	97162	Complexity Evaluation	No	\$ 62.40	\$ 71.97	\$ 252.78	\$72.00	Per Unit
Medicine Physical Medicine and				Physical Therapy - High Complexity						
Rehabilitation	Hospital Outpatient	СРТ	97163	Evaluation	No	\$ 168.06	\$ 71.97	\$ 252.78	\$193.92	Per Unit
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	\$ 113.34	\$ 48.67	\$ 170.97	\$130.78	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$ 180.88	\$ 77.05	\$ 245.32	\$208.70	Per Unit

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Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	Νο	\$ 62.40	\$ 72.0	0 9	\$ 245.32	\$72.00	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97530	Physical Therapy - Therapeutic Activities	No	\$ 92.45	\$ 17.4	0 9	\$ 124.45	\$106.67	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97535	Physical Therapy - Self-care or Home Management Training	No	\$ 68.89	\$	. :	\$ 109.03	\$106.16	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99024	Postop follow-up visit	No	\$ -	\$		\$ 14.27	\$14.27	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99202	Office Visit - New Patient, Minor	No	\$ 167.93	\$ 90.3	4 9	\$ 200.08	\$57.24	Per Unit
Evaluation & Management Services	Professional Services	СРТ	992 <b>0</b> 3	Office Visit - New Patient, Low Complexity	Yes	\$ 182.06	\$ 132.5	4	\$ 273.99	\$86.44	Per Unit

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		<u>Code</u>			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Office Visit - New Patient,			1.			
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99204	Moderate Complexity	Yes	\$ 250.6	9 \$ 177.01	\$ 432.49	\$146.46	Per Unit
				New patient office of other						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99205	outpatient visit, typically 60 min	Yes	\$ 448.04	\$ 156.38	\$ 553.76	\$191.22	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99212	Office Visit - Basic	No	\$ 58.74	\$ 46.41	\$ 133.24	\$28.88	Per Unit
Evaluation & Management Services		Gri	33212	office visit - Dasic	NO	÷ 50.7*		y 133.24	720.00	
				Office Visit - Established Patient,						
Evaluation & Management Services	Professional Services	СРТ	99213	Low Complexity	No	\$ 99.67	\$ 81.71	\$ 201.59	\$58.33	Per Unit
Evaluation & ivianagement Services		CPI	33213	Low complexity	UVI	2 22.0	ς ο οι./1	÷ 201.59	22 <b>6.33</b>	rerunit
				Office Visit - Established Patient,						
Evoluation & Management Comission	Drofossional Convisas	CDT	00214		No	6 4F4 44	à 140.00	ć 370.47	600 47	Dor Unit
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99214	Moderate Complexity	No	\$ 151.19	9 \$ 140.90	\$ 279.47	\$89.47	Per Unit

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Comitor Cotorem	Complete Contrine	Code	Contra	Description	Shoppable		counted	Negotiated	Negotiated	Negotiated	Telling to Truck
Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?	Cas	h Price	Charge	Charge	Charge_	Estimate Type
				Office Visit - Established Patient,							
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99215	High Complexity	No	\$	315.87	\$ 192.33	\$ 385.34	\$126.38	Per Unit
Professional Services Associated											
with Inpatient Stay	Professional Services	СРТ	99232	Subsequent hospital care	No	\$	159.88	\$ 50.60	\$ 111.92	\$82.91	Per Unit
				· · ·							
				Detient office concultation							
Further C. Management Construct	Professional Comission	CDT	00242	Patient office consultation,	Mar	~	242.42	~	¢	6405 30	Devillet
Evaluation & Management Services	Professional Services	СРТ	99243	typically 40 min	Yes	\$	212.43	Ş-	\$ 142.18	\$\$105.29	Per Unit
				Patient office consultation,							
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99244	typically 60 min	Yes	\$	338.80	\$-	\$ 226.38	\$\$169.18	Per Unit
				Emergency Department Visit -							
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Minor (outpatient)	No	Ś	230.81	\$ 74.98	\$ 689.88	\$249.30	Case Rate
			55201			Υ.	100.01	+ 74.50	+ 000100	Q2-10100	

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
	Upprited Outpotions	CDT		Emergency Department Visit - Low	No	\$ 430.38	ć 02.52	ć 1 114 22	\$455.81	Core Data
Emergency Room Visit	Hospital Outpatient	СРТ	99282	Complexity (outpatient)	No	\$ 430.38	\$ 93.52	\$ 1,114.22	\$455.81	Case Rate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ	99283	Moderate Complexity (outpatient)	No	\$ 932.99	\$ 182.62	\$ 2,714.83	\$788.94	Case Rate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ		Higher Complexity (outpatient)	No	\$ 2,400.69	\$ 270.43	\$ 4,475.48	\$1,299.60	Case Rate
				Emergency Department Visit High						
Emergency Room Visit	Hospital Outpatient	СРТ	99285	Emergency Department Visit - High Complexity (outpatient)	No	\$ 3,149.91	\$ 458.20	\$ 5,806.95	\$1,905.06	Case Rate
Emergency Room visit	nospital Outpatient	CPT	33205	complexity (outpatient)	INU	ə ə,149.91	ې 450.2U	ə 5,000.95	\$1,302.00	Case Rale

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		Code			Shoppable	Discounted	<b>Negotiated</b>	<b>Negotiated</b>	<b>Negotiated</b>	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ	99291	Critical Care (outpatient)	No	\$ 17,860.61	\$ 425.50	\$ 6,308.07	\$20,541.10	Case Rate
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient,						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ		Younger than 1 Year Old	No	\$ 156.75	Ś -	\$ 225.38	\$79.54	Per Unit
				5	-		•			
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient, 1-						
Evaluation & Management Services	Professional Services	СРТ		4 Years Old	No	\$ 163.82	<b>š</b> -	\$ 236.91	\$84.97	Per Unit
Evaluation & management services	rioressional services	UT I	33302		NU	4 T02.02	Y 7	y 200.91	90 <del>4</del> .37	i ci onit

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	Shoppable Service?	Discounted Cash Price	Negotiated Charge	Negotiated Charge	Negotiated Charge	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation and Management, New Patient, 5-						
Evaluation & Management Services	Professional Services	СРТ		11 Years Old	No	\$ 170.96	\$-	\$ 413.46	\$90.21	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation and Management, New Patient, 12-						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ		17 Years Old	No	\$ 193.58	\$-	\$ 280.75	\$105.94	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient, 18-						
Fundamentary 0. Management Complete	Destantional Constant	CDT			Mara	Ś 187.80	¢ 50.00	¢ 247.00	\$101 C2	Deviluet
Evaluation & Management Services	Professional Services	СРТ	99385	39 Years Old	Yes	\$ 187.80	\$ 59.23	\$ 347.60	\$101.63	Per Unit
				Office Visit Community						
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient, 40-						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99386	64 Years Old	Yes	\$ 217.32	\$ 91.72	\$ 1,293.56	\$123.54	Per Unit
valuation of management services	FIORESSIONAL SELVICES	UP I	22200		165	۲۲۲.32 ک	۶.1۲ د	y 1,233.30	912 <b>3</b> .34	rerunit

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> Charge	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
<u>Service Category</u>	Service Setting	туре	coue	Description	<u>Service:</u>	CasirFlice	charge	Charge	charge	Estimate Type
Evaluation & Management Services Pro	rofessional Services	СРТ		Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, Younger than 1 Year Old	Νο	\$ 141.19	\$	\$ 267.83	\$72.61	Per Unit
Evaluation & Management Services Pro		СРТ		Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 1-4 Years Old	Νο	\$ 150.93	Ś -	\$ 305.91	\$79.54	Per Unit

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Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge_	Charge	Charge_	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ		and Management, 5-11 Years Old	No	\$ 150.44	s -	\$ 305.91	\$79.54	Per Unit
Evaluation & Management Services	Froressional Services	CFT	33333	and Wanagement, 5-11 Tears Old	NO	Ş 150.44	<b>y</b> -	\$ 303.51	Ş75.54	reronit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99394	and Management, 12-17 Years Old	No	\$ 165.14	\$-	\$ 398.57	\$90.21	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ			No	\$ 168.81	¢ 27.07	\$ 304.60	\$92.82	Per Unit
<b>Evaluation &amp; Management Services</b>	Professional Services	UPI	33222	and Management, 18-39 Years Old	No	\$ 168.81	\$ 37.07	ə 304.60	392.8Z	Per Unit

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_Estimate Type
Evaluation & Management Service	s Professional Services	СРТ	99396	Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 40-64 Years Old	Νο	\$ 180.12	\$ 64.57	\$ 429.79	\$100.52	Per Unit
Evaluation & Management Service		CFT	33330	and management, 40-04 rears ord	NO	\$ 100.12	<u>ə 04.37</u>	3 423.73	\$100.32	
									Service Not Covered by	
Exablate	Hospital Outpatient	СРТ	0398T	Focused Ultrasound	No	\$ 32,139.56	\$ 11,272.90	\$ 11,272.90	Payer	Case Rate
Vaccinations	Hospital Outpatient	СРТ	G0008	Admin influenza virus vaccine	No	\$ 70.15	\$-	\$ 126.95	\$88.25	Per Unit
Vaccinations	Hospital Outpatient	СРТ	G0009	Admin pneumococcal vaccine	No	\$ 27.43	\$-	\$-	\$38.95	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	No	\$ 773.99	\$ 46.24	\$ 1,424.46	\$823.19	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$ 15,685.71	\$ 605.00	\$ 24,131.86	\$18,098.90	Per Unit

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Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$ 130.0	0\$	74.02	\$	200.00	\$150.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 476.0	3\$	-	\$	732.35	\$549.26	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	Ś 0.2	2 \$	0.03	Ś	0.34	\$0.26	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$ 2.1	3\$	0.78	\$	3.27	\$2.46	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$ 26.9	5\$	-	\$	89.11	\$31.42	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$ 2,818.5	4 \$		\$	4,336.21	\$593.74	Per Unit