American Health Plan	Last Updated: 12/14/2021									
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					Required		Minimum	Maximum	Payer- Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
				Cardiac valve and other major cardiothoracic procedures with		N/A No	N/A No	N/A No	N/A No	Professional Charges which
				cardiac catheterization with major		N/A No Service	N/A No Service	N/A No Service		are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	complications or comorbidities	Yes	Volume	Volume	Volume	Volume	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	¢ 12.710.1E	¢ E E 17 70	\$ 31,074.55	\$24,039.99	are paid by CPT/HCPCS
nospital inpatient stay	nospital inpatient	DKG	291	HEART FAILURE SHOCK WIVICC	NO	3 13,/10.15	\$ 5,517.76	3 31,074.33	\$24,039.99	CP1/HCPC3
										Const Date
										Case Rate-
										Excluding Professional
				Spinal fusion except cervical						Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	460	or complications (MCC)	Yes	\$ 89.541.22	\$ 16,237,64	\$ 58,989.92		CPT/HCPCS

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	470	Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC).	Yes	\$ 26,747.32	\$ 8,070.44	\$ 37,721.88		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
										Case Rate- Excluding
Hospital Inpatient Stay	Hospital Inpatient	DRG	473	Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC).	Yes	\$ 37,083.10	\$ 10,123.74	\$ 62,430.00		Professional Charges which are paid by 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
Service eategory	<u>service setting</u>	турс	couc	<u> </u>	<u>Scrvice:</u>	Casilifice	Charge	Charge	charge	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	480	HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	No	\$ 58,727.97	\$ 12,375.85	\$ 48,933.51	\$36,551.52	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	481	HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	No	\$ 48,507.14	\$ 8,559.98	\$ 38,996.68	\$29,647.74	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	482	HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	No	\$ 35,733.50	\$ 6,745.73	\$ 37,731.25	\$26,313.26	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	493	LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	No	\$ 46,392.83	\$ 9,438.20	\$ 41,283.64	\$31,354.73	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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		Codo			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
		<u>Code</u>		B						
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
										Corre Doi:
										Case Rate-
										Excluding
										Professional
				LOWER EXTREM HUMER PROC						Charges which
				EXCEPT HIP, FOOT, FEMUR W/O						are paid by
Hospital Inpatient Stay	Hospital Innations	DRG	494	CC/MCC	No	¢ 24 204 91	\$ 7,426.74	\$ 43,066.25	\$27,837.44	CPT/HCPCS
nospital inpatient stay	Hospital Inpatient	DKG	494	CC/IVICC	INO	\$ 34,304.61	3 7,420.74	3 43,000.23	\$27,037.44	CP1/HCPC3
										Case Rate-
										Excluding
				Uterine and adnexa procedures for						Professional
				non-malignancy without comorbid						Charges which
		226		conditions (CC) or major comorbid		40.000.5	A 0.000.00	4 20 222 22	400 500 ==	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	743	conditions or complications (MCC)	Yes	\$ 18,033.90	\$ 3,828.29	\$ 28,968.03	\$22,489.79	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	MCC	No	\$ 23,221.02	\$ 4,255.93	\$ 31,015.82	\$24,312.72	CPT/HCPCS
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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	812	RED BLOOD CELL DISORDERS W/O	No	\$ 17,544.11	\$ 2,955.18	\$ 26,002.03	\$20,612.61	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	928	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	No	\$ 81,430.86	\$ 21,639.28	\$ 150,000.00	\$62,521.37	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	929	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	No	\$ 38,084.70	\$ 6,540.49	\$ 50,000.00	\$36,435.59	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	935	NON-EXTENSIVE BURNS	No	\$ 18,159.73	\$ 3,301.83	\$ 50,000.00	\$28,442.36	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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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	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	\$42,677.24	CPT/HCPCS
Hospital Impatient Stay	nospital inpatient	DING	330	SIGNITICANT TRACINA	140	\$ 105,575.55	7 10,005.55	\$ 200,000.00	342,077.24	CF 1/11CF CS
										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 MCC	No	\$ 139 128 72	\$ 30 888 17	\$ 200,000.00	\$69,222.28	CPT/HCPCS
nospital impatient stay	nospital inputicit	DING	337	W MCC	110	ÿ 133,120.72	7 30,000.17	7 200,000.00	703,222.20	Ci i/iici cs
										Case Rate-
										Excluding
										Professional
				OTHER O.R. PROCEDURES FOR						Charges which
				MULTIPLE SIGNIFICANT TRAUMA						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	958	W CC	No	¢ 72 022 71	¢ 17 192 60	\$ 125,000.00	\$45,327.29	CPT/HCPCS
nospital inpatient stay	nospital inpatient	סאפ	230		140	7 73,333.71	7 17,102.03	7 123,000.00	\$ 73,321.23	G I/Heres
										Case Rate-
										Excluding
										Professional
										Charges which
				OTHER MULTIPLE SIGNIFICANT						
Hospital Inpations Stav	Hospital Innations	DRG	064		No	¢ 24.761.05	¢ 6122.25	¢ E0 000 00	\$2E 126 12	are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	964	TRAUMA W CC	No	\$ 34,/61.85	5 6,123.35	\$ 50,000.00	\$25,136.12	CP1/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
				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	\$18,939.73	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	783	STERILIZATION W MCC	No	\$ 11 015 22	\$ 3 570 00	\$ 39,605.25	\$27,313.97	CPT/HCPCS
Waterinty/ Delivery	nospital inpatient	DING	703	STERIEIZATION WINCC	140	\$ 11,515.22	\$ 3,370.00	3 33,003.23	327,313.37	CF 1/TICF C3
										Corre Dotte
										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	\$19,217.33	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Polivery	Hospital Innations	DRG	70E		No	\$ 8,988.27	¢ 2 E10 44	\$ 25,870.71	\$17,841.87	CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	טאט	785	STERILIZATION W/O CC/MCC	No	φ 0,388.27	3,515.44	φ 25,8/U./1	\$17,641.87	CF1/HCFC3
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	786	STERILIZATION W MCC	No	\$ 12,696.27	\$ 3,570.00	\$ 35,011.06	\$24,145.56	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
<u> </u>	<u> </u>	-770	-	<u> </u>	<u> </u>		<u>Girange</u>	<u>Girange</u>	<u></u>	200
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										Case Rate-
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										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	787	STERILIZATION W CC	No	\$ 11,322.59	\$ 2,835.00	\$ 27,868.32	\$19,219.53	CPT/HCPCS
indeninely, belivery	Troopital Impatient	Ditto	707	STERREIZATION W CC	110	ÿ 11,522.55	Ψ 2,000.00	φ 27,000.02	\$13,E13.33	Ci 1/11Ci Co
										Corre Dotte
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	788	STERILIZATION W/O CC/MCC	No	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$18,193.83	CPT/HCPCS
inaternity, benvery	Troopital Impatient	Ditto	700	STERRED TO TO TO CONTINUE	110	\$ 3,020.23	ψ 3)L-121-1-1	Ç 20,501.00	710,133.03	Ci 1/11Ci Co
										Case Rate-
										Excluding
										Professional
										Charges which
										are paid by
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	No	\$ 1,400.10	\$ 626.89	\$ 18,705.56	\$12,900.38	CPT/HCPCS
inaccinity, beneaty	Troopical impactoric	Ditto	733	TOTAL TELEVISION OF THE PROPERTY OF THE PROPER	110	7 1,400110	ψ 020.03	Ç 10,703.30	\$12,500.50	Ci 1/11Ci Co
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	797	STERILIZATION/D&C W CC	No	\$ 12,785.73	\$ 2,464,00	\$ 25,917.69	\$17,874.27	CPT/HCPCS
		55		T. I.		Ţ 12,703.73	÷ 2,404.00	÷ 25,517.05	727,074.27	c. 1/11c1 co
										Corre Bot
										Case Rate-
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										Professional
										Charges which
				VAGINAL DELIVERY W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	798	STERILIZATION/D&C W/O CC/MCC	No	\$ 10 997 11	\$ 2,464,00	\$ 25,917.69	\$17 974 27	CPT/HCPCS
materinty/ Denvery	nospital inpatient	טווט	130	STERREIZATION DOC W/O CC/WICC	140	4 10,037.11	4 404.00	7 23,711،03	711,014.21	Ci 1/HCrC3

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Comitoe Cotonomi	Samilar Sattina		0-4-	Description						Father to Tone
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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1										Professional
										Charges which
				V4.000.41 DELIVEDY.14.40						_
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	805	STERILIZATION/D&C W MCC	No	\$ 10,518.03	\$ 2,464.00	\$ 27,817.08	\$19,184.19	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	806	STERILIZATION/D&C W CC	No	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	\$16,743.27	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	807	STERILIZATION/D&C W/O CC/MCC	No	\$ 7,318.91	\$ 2,464.00	\$ 23,397.98	\$16,136.54	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
1										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
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										Charges which
Inpatient Rehabilitation Hospital										are paid by
	Innationt Pohabilitation Hospital	DRG	046	DEHABILITATION W/O CC/MCC	No	N/A	\$ 10,970,00	\$ 10,970,00	NI/A	
Stay	Inpatient Rehabilitation Hospital	מאמ	946	REHABILITATION W/O CC/MCC	INO	IV/A	0.070,00 €	\$ 10,870.00	N/A	CPT/HCPCS

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Inpatient Rehabilitation Hospital Stay	Inpatient Rehabilitation Hospital	UB	118	Inpatient Rehabilitation Hospital Room & Board	No	52% Charges Estimated at \$2,341.96 Per Diem			100% Medicare	Per Diem Per Day
										Case Rate- Excluding Professional
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	559	AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC	No	N/A	\$ 18,018.00	\$ 18,018.00		Charges which are paid by CPT/HCPCS
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	560	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	No	N/A	\$ 10,435.00	\$ 10,435.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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					Required		Minimum	<u>Maximum</u>	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
				AETERCARE MUSCUI OSVELETAL						Charges which
				AFTERCARE, MUSCULOSKELETAL						_
		220		SYSTEM & CONNECTIVE TISSUE		21.6	A 7.474.00	A 7.474.00	21/2	are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	561	W/O CC/MCC	No	N/A	\$ 7,474.00	\$ 7,474.00	N/A	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Pulmonary edema respiratory						are paid by
Stay	Hospital	DRG	LTC189	failure	No	N/A	\$ 74,931.49	\$ 74,931.49	\$37,703.24	CPT/HCPCS
										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	\$74,931.49	CPT/HCPCS
Stay	Hospital	DIG	LICZUI	ventuator support >30 nours	140	N/A	\$ 37,703.24	3 37,703.24	\$74,531.45	CF 1/TICF C3
						70% Charges				
						_				
						(Estimated as	44.040.0	44 000 0		
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	N/A	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &						\$1,109.30 Per			100%	Per Diem Per
Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	Diem	\$ 227.70	\$ 850.00	Medicare	Day
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		Code			Shoppable	Discounted		otiated		gotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price		harge		Charge	Charge	Estimate Type
Service Category	Service Setting	туре	code	Description	<u>Servicer</u>	Cash Price	<u></u>	narge		narge	Charge	Estimate Type
						52% Charges						
						_						
						Estimated at					4.000/	
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		\$1,109.30 Per					100%	Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	\$	299.70	\$	850.00	Medicare	Day
						52% Charges						
						Estimated at						
Skilled Nursing Inpatient Room &				Subacute Care Level 3- Complex		\$1,109.30 Per					100%	Per Diem Per
Board	Inpatient Skilled Nursing	UB	193	Care	No	Diem	\$	370.00	\$	850.00	Medicare	Day
Hospital Outpatient Procedure	Hospital Outpatient	CPT	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$	161.58	\$	1,803.41	\$195.16	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$	167.15	\$	1,829.27	\$204.72	Case Rate
										-	-	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	Ś	157.92	Ś	1,634.10	\$208.53	Case Rate
nospital outputient i roccuure	nospital outputient	C	17000	Destruction of Lesion (outputient)		7 1,131.70	~	137132	7	1,0041110	Q200.33	cuse nate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19082	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$	381.25	\$	2,964.36	\$1,392.47	Case Rate
Tiospital Outputient Frocedure	nospital Outputient		15005	DA DI CUSE ESE LESION US HINGE	110	9 3,032.42	7	301.23	7	2,304.30	Y1,332.47	case nate
						N/A No					N/A No	
				Removal of 1 or more breast		Service	١.		١.		Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19120	growth, open procedure	Yes	Volume	\$	-	\$	-	Volume	Case Rate

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	9	Cash Price	<u>C</u>	harge		Charge	Charge	Estimate Type
Injections	Hospital Outpatient	СРТ	20610	Arthrocentesis (outpatient)	No	\$	370.58	Ś	182.39	Ś	1,461.73	\$280.05	Case Rate
						-		-		-		72000	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	27818	Treatment of ankle fracture	No	\$	1,243.48	\$	395.00	\$	2,581.00	\$1,634.13	Case Rate
							N/A No Service					N/A No	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	29826	Arthroscopic Shoulder Surgery	Yes		Volume	Ś	_	\$	_	Service Volume	Case Rate
nospital outputient i loccuure	nospital outputient	Ci i	23020	Artifioscopie siloulaer surgery	103		Volume	7		7		Volume	cuse nate
							N/A No					N/A No	
				Arthroscopic Knee Surgery			Service					Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	29881	(outpatient)	Yes		Volume	\$	-	\$	-	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	31575	Laryngoscopy - Diagnostic	No	\$	449.87	Ś	135.86	Ś	1,978.02	\$204.50	Case Rate
				, 6,		Ė		•		Ė	,		
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	СРТ	42820	-	Yes		Volume	\$	_	\$	-	Volume	Case Rate
-				-									
				Upper Gastrointestinal Endoscopy -									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43235	Diagnostic	Yes	\$	2,027.21	\$	61.00	\$	1,867.74	\$827.47	Case Rate
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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
Hospital Outpatient	СРТ	43239	Upper Gastrointestinal Endoscopy - With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$842.87	Case Rate
Hospital Outpatient	СРТ	45378	Colonoscopy - Diagnostic	Yes	\$ 2.117.86	\$ 335.79	\$ 2.220.88	\$868.43	Case Rate
nospital outpution	C	43370	(outputient)	103	Ç 2,117.00	ψ 333.73	ψ 2,220.00	4000140	cuse nate
Hospital Outpatient	СРТ	45380	Colonoscopy - With Biopsy (outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$1,100.53	Case Rate
			Colonoscopy - With Polyp Removal						
Hospital Outpatient	СРТ	45385		Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	\$1,153.24	Case Rate
Hospital Outpatient	СРТ	4E2Q1	Ultrasound examination of lower	Yes	N/A No Service Volume	\$ -	\$ -	N/A No Service Volume	Case Rate
	Hospital Outpatient Hospital Outpatient Hospital Outpatient	Hospital Outpatient CPT Hospital Outpatient CPT Hospital Outpatient CPT Hospital Outpatient CPT	Hospital Outpatient CPT 43239 Hospital Outpatient CPT 45378 Hospital Outpatient CPT 45380 Hospital Outpatient CPT 45385	Code Description CPT Code Description	Service Setting Code Type Code Description CPT 43239 Upper Gastrointestinal Endoscopy - Yes Hospital Outpatient CPT 45378 (outpatient) CPT 45380 (outpatient) CPT 45385 (Outpatient) Colonoscopy - With Biopsy Yes Colonoscopy - With Biopsy Yes Colonoscopy - With Polyp Removal (outpatient) Yes Ultrasound examination of lower	Code Description Code Description Description Description Discounted Shoppable Discounted Shoppable Discounted Cash Price	Code Description Service Discounted Shoppable Discounted Shoppable Service Cash Price Cas	Code Description Service Setting Code Description Property Code Description Service Cash Price Charge Cha	Service Setting Type Code Description Service Setting Description Service Shoppable Discounted Shoppable Discounted Shoppable Discounted Shoppable Discounted Charge Cash Price Cash Price Cash Price Charge

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		Code			Required Shoppable	Discounted	Minimum Negotiated	Maximum Negotiated	Specific Negotiated	
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	\$4,984.16	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$1,605.86	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49505	Repair of groin hernia patient age 5 years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$3,298.20	Case Rate
nospital Outpatient Procedure	nospital outpatient	CFT	49303	years or order	163	3,807.83	Ş 470.56	7 13,040.03	73,238.20	case nate
Hasnital Outpatient Presedure	Hospital Quitnotions	СРТ	E1700	Uring Canacity Magazyramant	No	\$ 97.04	\$ -	\$ 1.579.20	\$58.86	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	31/96	Urine Capacity Measurement	No	\$ 37.04	, -	\$ 1,579.20	\$30.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$580.47	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	\$ 284.76	\$ 2,631.84	\$1,725.00	Case Rate
				Surgical removal of prostate and		N/A No	N/A No	N/A No	N/A No	
Hospital Outpatient Presedure	Hospital Outpationt	CDT	EEOCC	surrounding lymph nodes using an	Vos	Service	Service	Service	Service	Casa Pata
Hospital Outpatient Procedure	Hospital Outpatient	CPT	33806	endoscope	Yes	Volume	Volume	Volume	Volume	Case Rate

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Service Category	Service Setting	Type	Code	Description	Service?	Ci	ash Price		harge		Charge	Charge	Estimate Type
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Hospital Outpatient Procedure	Hospital Outpatient	CPT	58100	Biopsy - Endometrial (Uterus)	No	\$	375.83	\$	144.00	\$	1,697.39	\$211.79	Case Rate
									40.00	_	4 740 07	40.45	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58300	Insert intrauterine device	No	\$	632.24	\$	48.93	\$	1,749.37	\$8.45	Case Rate
			E0004				272.05		22.24	_	4 405 50	4000.00	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58301	Remove intrauterine device	No	\$	273.85	Ş	32.34	\$	1,495.58	\$309.32	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	59025	Fetal Non-Stress Test	No	\$	260.79	Ş	118.53	Ş	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	CPT	59400	delivery care	Yes	\$	4,496.21	\$	242.00	\$	3,278.48	\$1,997.58	Case Rate
Professional Services Associated													
with Inpatient Stay	Professional Services	CPT	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

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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				Routine obstetric care for vaginal						
				delivery after prior cesarean						
Professional Services Associated				delivery including pre-and post-						
with Inpatient Stay	Professional Services	CPT	59610	delivery care	Yes	\$ 4,706.58	\$ 305.08	\$ 3,429.34	\$2,090.62	Case Rate
				Injection of substance into spinal						
				canal of lower back or sacrum using						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	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 Bresedura	Hospital Outpatient	CDT	62222			¢ 1.665.00	¢ 20E 04	¢ 1,000,33	\$660.42	Casa Pata
Hospital Outpatient Procedure	Hospital Outpatient	CPT	02323	imaging guidance	Yes	\$ 1,665.98	φ 305.01	\$ 1,988.33	\$660.43	Case Rate

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Service Category	Service Setting	<u>Code</u> 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
				Injections of anesthetic and/or steroid drug into lower or sacral						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	64483	spine nerve root using imaging guidance	Yes	\$ 1,776.21	\$ 358.46	\$ 1,980.49	\$840.76	Case Rate
				Removal of recurring cataract in		N/A No Service			N/A No Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66821	lens capsule using laser	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66984	Removal of cataract with insertion of lens	Yes	N/A No Service Volume	\$ -	\$ -	N/A No Service Volume	Case Rate
			22304			2 3.31110	Ŧ	Ŧ	- Control	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	69210	Remove impacted ear wax	No	\$ 168.99	\$ 48.93	\$ 1,604.78	\$81.69	Case Rate
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	No	\$ 901.06	\$ 127.22	\$ 1,318.18	\$97.92	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u> Jervice Category</u>	<u> </u>	Туре	coue	Description	Service:	Casii File	Charge	Charge	Charge	Littillate Type
				CT Scan - Head/Brain, without						
Radiology Services	Hospital Outpatient	CPT	70450	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	Tiospital Outpatient	CFT	70402	ct orbit/ear/1033a w/ 00cw/ dye	140	\$ 2,333.00	\$ 207.75	7 2,037.02	\$220.10	reronit
Radiology Services	Hospital Outpatient	CPT	70486	Ct maxillofacial w/o dye	No	\$ 1,668.57	\$ 127.52	\$ 2,259.85	\$143.02	Per Unit
Radiology Services	Hospital Outpatient	CPT	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
				ar angregicapiny mean		7 2,0022	,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7=10100	
Padialam: Caminas	Heavital Outrations	CDT	70554	MADI DDAINI STEMA WAYO DVE	No	ć 1 F10 10	ć 252.20	ć 2.270.20	¢202.04	Day Unit
Radiology Services	Hospital Outpatient	СРТ	/0551	MRI BRAIN STEM W/O DYE	No	\$ 1,518.19	\$ 252.20	\$ 2,270.30	\$282.84	Per Unit
Radiology Services	Hospital Outpatient	CPT	70553	MRI - Brain (outpatient)	Yes	\$ 2,314.59	\$ 406.50	\$ 3,409.54	\$456.53	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$ 138.11	\$ 19.91	\$ 181.37	\$80.92	Per Unit
-07		-		,						
Padialani Camina	Hamital Outmations	CDT	71046	V. Boy. Chast (autmationt)	N.	ć 140.00	ć 21 FO	ć 102.55	¢02.60	Don Huit
Radiology Services	Hospital Outpatient	CPT	/1046	X-Ray - Chest (outpatient)	No	\$ 148.99	\$ 31.50	\$ 193.55	\$82.68	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	 scounted ash Price	Mir Neg	dentified nimum otiated narge	M Ne	-Identified laximum egotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
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
Radiology Services	Hospital Outpatient	СРТ	71260	CT Scan - Chest, with Contrast (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
Radiology Services	Hospital Outpatient	СРТ	72040	X-Ray - Neck, Cervical Spine	No	\$ 154.65	\$	37.93	\$	204.42	\$83.01	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72070	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	СРТ	72110	_	Yes	\$ 213.64	\$	52.80	\$	284.93	\$113.87	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	C	ash Price	9	<u>Charge</u>		<u>Charge</u>	<u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$	1,459.37	\$	136.86	\$	1,750.92	\$150.06	Per Unit
Radiology Services	nospital Outpatient	CFT	72123	ct neck spine w/o dye	140	7	1,433.37	7	130.00	7	1,730.32	\$130.00	reronic
Radiology Services	Hospital Outpatient	CPT	72126	Ct neck spine w/dye	No	\$	1,293.16	\$	260.86	\$	1,821.59	\$404.05	Per Unit
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Radiology Services	Hospital Outpatient	CPT	72127	Ct neck spine w/o & w/dye	No	\$	1,815.93	\$	201.73	\$	2,118.48	\$226.48	Per Unit
De dielens Comitee	Harrist Contractions	CDT	72420	Challes to an income of the	N.	_	4 530 66	_	400.03	_	4 005 00	6224.02	Per Unit
Radiology Services	Hospital Outpatient	CPT	/2129	Ct chest spine w/dye	No	\$	1,520.66	Ģ	199.82	Ģ	1,805.90	\$224.03	Per Unit
Radiology Services	Hospital Outpatient	CPT	72132	Ct lumbar spine w/dye	No	\$	1,518.43	Ś	260.86	Ś	1,805.90	\$404.05	Per Unit
7,000		-				*	_,	*		-	_,	¥ 10 1100	
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
Padialana Cambas	Harristal Contractions	CDT	724.44	MADI MECK COINE W/O DVE	N -	_	4 444 04		252.20	_	2 4 7 7 4 4	6202.04	Dan Haite
Radiology Services	Hospital Outpatient	CPT	/2141	MRI NECK SPINE W/O DYE	No	>	1,441.84	\$	252.20	>	2,177.11	\$282.84	Per Unit
Radiology Services	Hospital Outpatient	CPT	72148	MRI - Back (outpatient)	Yes	\$	1,381.13	Ś	252.20	Ś	2,137.12	\$282.84	Per Unit
- Carrier - Carr			722.0	- Duck (outputions)		_		Ť		_		7202.0 .	
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Radiology Services	Hospital Outpatient	CPT	72170	X-Ray - Pelvis	No	\$	249.04	\$	28.72	\$	327.10	\$109.65	Per Unit
Dadialasu Samiasa	Hamital Outrations	CDT	72100	V DAV EVANA OF BELVIE	No.		200.53	٠,	20.00	٠,	264.72	Ć112 F1	Dou Huit
Radiology Services	Hospital Outpatient	CPT	/2190	X-RAY EXAM OF PELVIS	No	\$	208.53	Þ	39.60	\$	264.73	\$113.51	Per Unit
Padiology Somicos	Hospital Outpatient	СРТ	72102	CT scan polyis with contrast	Yes	خ	1,536.96	ė	197.29	ė	2,142.05	\$221.03	Per Unit
Radiology Services	Hospital Outpatient	CPT	/2133	CT scan, pelvis, with contrast	162	P	1,330.96	Ģ	137.29	Ģ	2,142.05	3221.U3	rei Ullit

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u> </u>		3775							-	
Radiology Services	Hospital Outpatient	CPT	72197	MRI - Pelvis (outpatient)	No	\$ 2,448.72	\$ 402.71	\$ 3,522.33	\$451.62	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$ 147.59	\$ 22.40	\$ 185.92	\$80.19	Per Unit
						· -	7	7	700.20	
Radiology Services	Hospital Outpatient	CPT	73010	X-ray exam of shoulder blade	No	\$ 196.93	\$ 26.01	\$ 251.93	\$109.98	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$ 149.50	\$ 28.33	\$ 196.92	\$81.24	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	/3060	X-RAY EXAM OF HUMERUS	No	\$ 147.62	\$ 29.40	\$ 195.82	\$80.19	Per Unit
Radiology Services	Hospital Outpatient	CPT	73070	X-ray exam of elbow	No	\$ 146.83	\$ 25.07	\$ 191.42	\$80.19	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73080	X-RAY EXAM OF ELBOW	No	\$ 122.83	\$ \$ 26.72	\$ 154.02	\$80.55	Per Unit
naaiology services	1103pital Outpatient	CF I	73000	A-NAT EARING OF ELDOW	140	7 122.03	20.72	7 134.02	300.33	i ei oiiit
Radiology Services	Hospital Outpatient	CPT	73090	X-RAY EXAM OF FOREARM	No	\$ 117.10	\$ 26.40	\$ 151.82	\$80.19	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$ 156.52	\$ 30.72	\$ 196.19	\$80.55	Per Unit
37		1	3 2 2 2 2			÷ 250131	7 33172	7 253125	755.55	
B 11 1 6 1		6DE		V BAV 5VAA 05					44.00	
Radiology Services	Hospital Outpatient	CPT	73120	X-RAY EXAM OF HAND	No	\$ 192.03	\$ 24.40	\$ 249.73	\$109.29	Per Unit

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Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	De-Identified Minimum Negotiated Charge	De-Identif Maximus Negotiate Charge	<u>Specific</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	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
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$ 129.58	\$ 37.77	\$ 197	.91 \$83.01	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$ 150.51	\$ 29.51	\$ 189	.38 \$80.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$ 201.92	\$ 32.40	\$ 266	.82 \$80.19	Per Unit
Radiology Services	Hospital Outpatient	СРТ	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
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$ 191.55	\$ 31.98	\$ 278	.60 \$80.19	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73610	X-Ray - Ankle (outpatient)	No	\$ 239.05	\$ 25.72	\$ 311	.14 \$80.55	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$ 196.24	\$ 29.81	\$ 262	.21 \$79.55	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	l —	scounted	Mi Neg	dentified nimum otiated harge	N	e-Identified Maximum legotiated Charge	Payer- Specific 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	\$80.23	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	\$	134.01	\$	1,400.92	\$150.06	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73721	MRI - Knee (outpatient)	Yes	\$	1,224.32	\$	246.65	\$	1,828.36	\$276.48	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	145.61	\$	28.31	\$	189.76	\$80.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$	977.64	\$	142.38	\$	1,446.99	\$159.36	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$	1,824.18	\$	207.86	\$	2,144.29	\$232.83	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74177	CT Scan - Abdomen and Pelvis, with Contrast	No	\$	2,748.11	4	286.79	\$	3,568.86	\$433.70	Per Unit
nationally services	inospital Outpatient	CFI	741//	Contrast	NO	۶	2,740.11	7	200.75	ş	3,300.00	3433.7 €	rei Ollit
Radiology Services	Hospital Outpatient	СРТ	74177	CT Scan - Abdomen and Pelvis, with Contrast	Yes	\$	2,748.11	\$	286.79	\$	3,568.86	\$433.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$	394.10	\$	56.38	\$	563.71	\$193.66	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	Discount Cash Pri	ed_	De-Identified Minimum Negotiated Charge	M Ne	Identified aximum egotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$ 521	.72	\$ 79.34	\$	578.01	\$215.08	Per Unit
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$ 306	.04	\$ 59.00	¢	323.39	\$100.25	Per Unit
Radiology Services	Trospital Outpatient	CFT	73371	ct iii t w/o dye w/ca test	140	у 300	.04	33.00	Ţ	323.33	3100.23	reronit
Radiology Services	Hospital Outpatient	СРТ	76536	Ultrasound - Head and Neck	No	\$ 460	.62	\$ 78.79	\$	386.50	\$128.63	Per Unit
Radiology Services	Hospital Outpatient	СРТ	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
Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$ 327	.93	\$ 46.05	\$	372.20	\$129.71	Per Unit
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Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$ 456	.58	\$ 76.54	\$	400.80	\$137.07	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$ 391	.57	\$ 86.65	\$	396.27	\$149.69	Per Unit

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Service Category	Service Setting	Type	Code	Description	Service?	Cash	Price	Ch	arge	С	harge	Charge	Estimate Type
				Ultrasound - Pregnancy									
Padiology Comises	Hespital Outpations	СРТ	76905		Vos	\$	367.73	ė	100.36	ė	437.10	\$149.69	Per Unit
Radiology Services	Hospital Outpatient	CPT	76805	(outpatient)	Yes	Ş	307.73	Ģ	100.30	Ş	437.10	\$149.09	Per Onit
Maternity/Delivery	Hospital Outpatient	CPT	76811	OB US DETAILED SNGL FETUS	No	\$	522.04	\$	198.65	\$	587.50	\$303.13	Per Unit
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
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Maternity/Delivery	Hospital Outpatient	СРТ	76919	FETAL BIOPHYS PROFILE W/NST	No	\$	476.50	ċ	82.20	ċ	387.27	\$152.46	Per Unit
materiney, beneaty	Troopital Output/Cit		,0010	TETAL BIOLITIST NOTICE W/NST	140	7	-170.30	7	02.20	7	307.27	9102.40	. Cr Ome
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Maternity/Delivery	Hospital Outpatient	CPT	/6819	FETAL BIOPHYS PROFIL W/O NST	No	\$	407.39	>	97.44	>	398.34	\$138.80	Per Unit
Radiology Services	Hospital Outpatient	CPT	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$	370.14	\$	88.69	\$	391.69	\$135.12	Per Unit
				Ultrasound - Transvaginal (non-									
Radiology Services	Hospital Outpatient	СРТ	76830	maternity)	Yes	\$	475.43	Ś	98.63	Ś	463.90	\$134.94	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	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
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$ 383.79	\$	135.81	\$	629.70	\$156.97	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$ 406.73	\$	109.22	Ś	504.02	\$126.94	Per Unit
Radiology Services	Hospital Outpatient	СРТ	/7080	Bone Density Scan (outpatient)	No	\$ 247.25	Ş	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
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$ 1,010.04	\$	336.74	\$	2,091.45	\$1,224.96	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$ 158.03	\$ 11.84	\$ 221.33	\$16.92	Per Unit
	nospital outputient	C	00040	Dioda rest Busic Metabolic runer	103	7 130.03	V 11.04	V 221.55	\$10.52	T CT OTHE
				Blood Test - Comprehensive						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80053	Metabolic Panel	Yes	\$ 93.73	\$ 14.78	\$ 136.89	\$21.12	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	CPT	80055		Yes	Volume	Volume	Volume	Volume	Per Unit
				Pland Test Chalestoral Test Linid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80061	Blood Test - Cholesterol Test, Lipid	Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$13.39	Per Unit
Laboratory & Fathology Scrvices	Tiospital outputient	Ci i	00001	Tanci	103	7 40.40	7 12.03	y 101.77	Ģ13.33	T CT OTHE
				Blood Test - Renal (Kidney)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80069	Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$17.36	Per Unit
				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$16.34	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	80307	Drug test prsmv chem anlyzr	No	\$ 128.65	\$ 55.93	\$ 199.53	\$62.14	Per Unit
		J	55507	=		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
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Laborata de O Dathala de Camila de	Handital Outrations	CDT	04.004	Urine Test - Automated with	W	ć 22.46	ć a.a.	ć 24.47	66.24	Day Heit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81001	Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$6.34	Per Unit
							4		40.00	
Laboratory & Pathology Services	Hospital Outpatient	CPT	81002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$3.48	Per Unit
				Urine Test - Automated without						
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	CPT	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$5.02	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$29.60	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	Charge	Estimate Type
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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	CPT	82465	Assay bld/serum cholesterol	No	\$ 15.28	\$ 3.92	\$ 23.76	\$4.35	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of ck (cpk)	No	\$ 12.70	\$ 5.86	\$ 35.53	\$6.51	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82552	Assay of cpk in blood	No	\$ 26.14	\$ 12.05	\$ 75.41	\$13.39	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	02332	Assay of cpk in blood	140	ÿ 20.14	ÿ 12.03	7 73.41	ÿ13.33	reronic
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82505	Assay of creatinine	No	\$ 124.50	\$ 7.17	\$ 70.25	\$10.24	Per Unit
				Blood Test - Vitamin B-12						
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
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82670	Assay of estradiol	No	\$ 54.51	\$ 25.15	\$ 152.33	\$27.94	Per Unit
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<u>Service Category</u>	<u>Service Setting</u>	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82693	Assay of ethylene glycol	No	\$ 20.29	\$ 13.41	\$ 40.08	\$14.90	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82728	Blood Test - Ferritin (Blood Protein) Level	No	\$ 33.53	\$ 19.09	\$ 96.63	\$27.26	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82746	Blood Test - Folic Acid Level	No	\$ 37.75	\$ 13.23	\$ 79.52	\$14.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82803	Blood gases any combination	No	\$ 73.40	\$ 20.17	\$ 106.16	\$26.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34.04	\$ 5.51	\$ 49.42	\$7.86	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82962	Glucose blood test	No	\$ 45.55	\$ 3.89	\$ 61.82	\$6.56	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83018	Heavy metal quant each nes	No	\$ 172.97	\$ 19.76	\$ 498.96	\$21.96	Per Unit
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				Blood Test - Blood Glucose Control						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83036	(Hemoglobin A1C)	No	\$ 71.27	\$ 8.74	\$ 95.94	\$9.71	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounte	<u>d</u>	De-Identified Minimum Negotiated Charge	<u>N</u>	e-Identified Maximum egotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83088	Assay of histamine	No	\$ 75.	84 \$	26.58	\$	218.76	\$29.53	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83518	Immunoassay dipstick	No	\$ 147.	09 \$	6.55	\$	424.29	\$9.64	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83540	Blood Test - Iron Level	No	\$ 51.	90 \$	9.06	\$	75.77	\$12.94	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$ 27.	14 \$	10.41	\$	58.05	\$11.57	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690	Blood Test - Lipase (fat enzyme) Level	No	\$ 69.	47 \$	6.20	\$	93.51	\$6.89	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83735	Assay of magnesium	No	\$ 53.	82 \$	9.38	\$	78.56	\$13.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83880	Assay of natriuretic peptide	No	\$ 172.	55 \$	35.33	\$	232.27	\$39.26	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	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
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 43.	23 5	6.66	Ś	62.65	\$9.52	Per Unit

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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	СРТ	84153	Antigen (PSA) Level	Yes	\$ 74.2	\$	25.75	\$ 116.68	\$36.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84154	PSA (prostate specific antigen)	Yes	\$ 106.3	\$	16.55	\$ 143.15	\$18.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84182	Protein western blot test	No	\$ 382.7	2 \$	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
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Blood Test - Thyroxine (Thyroid Chemical) Level, Free	No	\$ 66.23	L \$	8.12	\$ 89.13	\$9.02	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Blood Test - Thyroid Stimulating Hormone (TSH) Level	No	\$ 64.0	\$	23.52	\$ 119.09	\$33.60	Per Unit

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Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
				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
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84480	Assay triiodothyronine (t3)	No	\$ 96.31	\$ 12.76	\$ 129.65	\$14.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84484	Assay of troponin quant	No	\$ 81.70	\$ 10.26	\$ 121.45	\$12.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84702	Chorionic gonadotropin test	No	\$ 125.77	\$ 11.54	\$ 169.31	\$15.05	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	85014	Hematocrit	No	\$ 26.95	\$ 2.13	\$ 36.27	\$2.37	Per Unit
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85025	Count and Automated WBC	Yes	\$ 77.98	\$ 10.88	\$ 112.06	\$15.54	Per Unit
Johannton (Path-law Comi	Hamital Outratit	CDT	95027	Blood Test - Complete Blood Cell	Vee	<u> </u>	6 500	6 24 55	66.47	Par Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85027	Count (Hemoglobin)	Yes	\$ 60.79	\$ 5.82	\$ 81.83	\$6.47	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	85240	Clot factor viii ahg 1 stage	No	\$ 45.97	\$ 16.11	\$ 95.56	\$17.90	Per Unit
Education y & 1 athology services	nospital outputient	CIT	03240	Clot ractor viii ang 1 stage	140	7 43.37	7 10.11	33.30	Ş17.50	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	CPT	85378	Fibrin degrade semiquant	No	\$ 53.57	\$ 7.44	\$ 72.11	\$9.72	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85610	Blood Test - Clotting Time	Yes	\$ 44.81	\$ 6.01	\$ 64.27	\$8.58	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CFI	83010	Blood rest - Clotting Time	163	\$ 44.01	\$ 0.01	3 04.27	30.30	rei oiiit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85613	Russell viper venom diluted	No	\$ 24.61	\$ 8.24	\$ 70.98	\$9.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85660	RBC SICKLE CELL TEST	No	\$ 53.32	\$ 4.96	\$ 71.77	\$5.51	Per Unit
Education y de l'attrology services	nospital outputient	C	05000	NDC STOKEE CEEE TEST		ÿ 33.32	7 4.50	7 72.77	V 3.31	i ci oiiic
				Blood Test - Coagulation						
Laboratory & Pathology Services	Hospital Outpatient	CPT	85730	Assessment	Yes	\$ 46.01	\$ 5.41	\$ 61.94	\$6.01	Per Unit
lahawatawa 8 Bath I - C - C	Hamital Outrati	CDT	05700	The same beautional at the state of					66.47	Devilled:
Laboratory & Pathology Services	Hospital Outpatient	CPT	85/32	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
Laboratori Q Dathalam Carrier	Heavital Outrations	CDT	00200	T cell checkute count /retic	No	¢ (F.00	6 42 20	6 211 50	¢4C 00	Dou I Init
Laboratory & Pathology Services	Hospital Outpatient	CPT	86360	T cell absolute count/ratio	No	\$ 65.00	\$ 42.28	\$ 211.59	\$46.98	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	86361	T cell absolute count	No	\$	132.78	\$ 24.10	\$	383.03	\$26.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86431	Rheumatoid factor quant	No	\$	52.70	\$ 5.10	Ś	70.95	\$5.67	Per Unit
			30.01	The state of the s		Ť	02.70	y 5.125	_	70.50	Ψο.σ.	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$	37.81	\$ 3.84	\$	50.90	\$4.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$	37.81	\$ 3.84	\$	50.90	\$4.27	Per Unit
				- April - Apri		-		,	7		· · · · · ·	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86611	Bartonella antibody	No	\$	57.37	\$ 9.16	\$	165.50	\$10.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86615	Bordetella antibody	No	\$	25.74	\$ 11.87	Ś	81.45	\$13.19	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86651	Encephalitis californ antbdy	No	\$	25.74	\$ 11.87	\$	110.13	\$13.19	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	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
		J	30033		110	~	23.74	Ţ 11.07	7	110.13	Y20.23	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86654	Encephaltis west eqne antbdy	No	\$	25.74	\$ 11.87	\$	110.13	\$13.19	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86663	Epstein-barr antibody	No	\$	25.60	\$ 11.81	\$	83.21	\$13.12	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86677	Helicobacter pylori antibody	No	\$ 30.68	\$	15.13	\$ 63.	3 \$16.85	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86692	Hepatitis delta agent antbdy	No	\$ 29.16	\$	15.44	\$ 50.	98 \$17.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$ 79.65	\$	12.41	\$ 107.	23 \$13.79	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 86.11	\$	10.85	\$ 115.	92 \$12.05	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86705	HEP B CORE ANTIBODY IGM	No	\$ 22.98	\$	10.59	\$ 57.	\$11.77	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$ 98.98	\$	9.67	\$ 133.	25 \$10.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86707	Hepatitis be antibody	No	\$ 22.56	\$	10.41	\$ 65.	9 \$11.57	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$ 22.71	\$	11.15	\$ 56.	71 \$12.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	\$ 78.19	\$	12.95	\$ 225.	\$14.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	\$ 25.14	\$	11.59	\$ 72.	53 \$12.88	Per Unit

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				OCTOD SARS COV 2 COVID 10						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86769	86769 - SARS-COV-2 COVID-19 ANTIBODY	No	\$ 51.48	\$ -	\$ 112.07	\$42.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$12.88	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	Blood Test - Hepatitis C Antibody Level	No	\$ 67.64	\$ 12.84	\$ 91.06	\$14.27	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$15.49	Per Unit
Euspiratory & Futiliology Scrinces	Trospital Gatpatient	C	00004	Trep c as test commi		Ţ 25.05	Ų 13:34	V 00102	\$25.43	T CI OIIIC
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$44.61	Per Unit
Eustratory & Fathology Scrinces	nospital outputient	CIT	00030	not anabody screen	140	7 20.32	ÿ 3.00	ÿ 00.32	Ş44.01	T CI OIIIC
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$129.41	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$98.32	Per Unit
			05005			400.55	4 2	A 257.55	400.00	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$98.32	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

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	 scounted sh Price	Mini Nego	entified imum otiated arge	No.	-Identified Maximum egotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$	3.78	\$	81.10	\$30.15	Per Unit
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	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$	13.44	\$	344.22	\$129.41	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$ 133.90	\$	9.29	\$	180.25	\$10.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$ 138.63	\$	7.76	\$	186.61	\$8.62	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	8/0//	Bacterial Culture - Aerobic Isolates	No	\$ 60.43	\$	7.27	\$	81.35	\$8.08	Per Unit
				Test for Disease-Causing (Pathogenic) Organisms, Not								
Laboratory & Pathology Services	Hospital Outpatient	CPT	87081	Limited to a Specific Condition	No	\$ 81.17	\$	5.97	\$	109.26	\$6.63	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87086	Urine Test - Bacterial Culture, Quantitative Colony Count	No	\$	82.16	Ġ	7.26	\$	110.60	\$8.07	Per Unit
Education of a national of services	nospital outputient	<u> </u>	07000	quantitative colony count	110	_	02.110	Y	7.20	7	110.00	ψ0.07	r er ome
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87088	Urine Test - Bacterial Culture	No	\$	15.80	\$	7.28	\$	43.86	\$8.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87110	Chlamydia culture	No	\$	130.74	\$	17.64	\$	175.99	\$19.60	Per Unit
Laboratory & Pathology Convices	Hospital Outpatient	СРТ	87186	Evaluation of Antimicrobial Drug (antibiotic, antifungal, antiviral)	No	\$	69.16	ċ	7.79	\$	93.10	\$8.65	Per Unit
Laboratory & Pathology Services	nospital Outpatient	CPT	0/100	(antibiotic, antifungal, antiviral)	INO	7	09.10	ş	7.79	ş	95.10	\$6.05	Per Offic
Laboratory & Pathology Services	Hospital Outpatient	CPT	87205	Lab Test - Smear for Microorganism	No	\$	49.93	\$	3.84	Ş	67.21	\$4.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	972/10	Lab Test - Detection test for Hepatitis B Surface Antigen	No	\$	63.55	ċ	9.30	\$	85.55	\$10.33	Per Unit
Laboratory & Fathology Services	nospital Outpatient	CFI	37340	ricpatitis b surface Affugeri	IVO	ş	03.33	7	3.30	ş	63.35	310.33	reronit
Laboratory & Dathology Comises	Hospital Outpations	СРТ	97290	Lab Test - Detection test for HIV-1	No	Ś	110.42	ė .	21 67	ċ	1/10 66	\$24.00	Por Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	0/389	and HIV-2	No	P	110.43	ş	21.67	P	148.66	\$24.08	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87425	Rotavirus ag ia	No	\$ 37.44	\$ 10.78	\$ 108.00	\$11.98	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87491	Urine Test - Chlamydia	No	\$ 108.43	\$ 31.58	\$ 171.03	\$35.09	Per Unit
				Urine Test - Gonorrhoeae						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$ 90.13	\$ 31.58	\$ 171.03	\$35.09	Per Unit
				87635 - SARS-COV-2 COVID-19					4	
Laboratory & Pathology Services	Hospital Outpatient	CPT	87635	AMP PRB	No	\$ 53.36	\$ -	\$ 136.48	\$51.31	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87798	Detect agent nos dna amp	No	\$ 90.13	\$ 31.58	\$ 171.03	\$35.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87804	Lab Test - Detection test for Influenza Virus	No	\$ 37.58	\$ 19.82	\$ 70.50	\$33.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87880	Strep Test (Streptococcus, group A)	No	\$ 101.56	\$ 19.87	\$ 143.48	\$33.06	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	88185	Flowcytometry/tc add-on	No	\$ 68.81	\$ -	\$ 120.30	\$20.07	Per Unit

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	<u>Charge</u>	Estimate Type
				Immunization Administration First						
Vaccinations	Physician Office	CPT	90460	Component	No	\$ 40.10	\$ 11.68	\$ 75.93	\$13.44	Per Unit
				Immunization Administration Each						
Vaccinations	Physician Office	СРТ	90461		No	\$ 25.13	\$ 10.49	\$ 38.51	\$12.07	Per Unit
	- II,					,	,	7 55.52	,	
Vaccinations	Hospital Outpatient	CPT	90471	Immunization Administration	No	\$ 44.49	\$ 7.02	\$ 81.80	\$67.97	Per Unit
				Immunization Administration Each						
Vaccinations	Hospital Outpatient	СРТ	90472	Additional Component	No	\$ 12.56	\$ -	\$ 38.51	\$24.14	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90651	9V HPV Vaccine 2/3 Dose	No	\$ 142.32	\$ 9.56	\$ 227.93	\$0.00	Per Unit
				Vaccine - Pneumococcal Conjugate						
Vaccination	Hospital Outpatient	СРТ	90670	for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 345.21	\$230.14	Per Unit

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				Vaccine - Tetanus, Diptheria								
				Toxoids, and Acellular Pertussis								
				(Whooping Cough) for Injection								
Massination	Heavital Outrations	CDT	00715		No		F7 74	4		\$ 77.73	¢24.20	Doublait
Vaccination	Hospital Outpatient	CPT	90/15	into Muscle	No	\$	57.74	Þ	-	\$ 77.73	\$34.28	Per Unit
Evaluation & Management Services	Professional Services	CPT	90791	Psychiatric Diagnostic Evaluation	No	\$	308.81	\$	118.93	\$ 198.74	\$124.21	Per Unit
										<u> </u>		
Evaluation & Management Services	Professional Services	СРТ	00000	Psychotherapy - 30 Minutes	Yes	Ś	88.03	\$	57.92	\$ 99.25	\$62.03	Per Unit
Evaluation of ivialiagement services	r i oressionar services	CFI	2002	r sychotherapy - 30 Millutes	162	P	00.03	Ģ	31.32	25.25 پ	302.03	reronit
Evaluation & Management Services	Professional Services	CPT	90834	Psychotherapy - 45 Minutes	Yes	\$	116.77	\$	77.37	\$ 132.34	\$82.71	Per Unit
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Evaluation & Management Services	Professional Services	CPT	90837	Psychotherapy - 60 Minutes	Yes	\$	174.90	\$	116.00		\$123.89	Per Unit
						1	N/A No			N/A No	N/A No	
						S	ervice			Service	Service	
Evaluation & Management Services	Professional Services	СРТ	90846	Family psytx w/o pt 50 min	Yes	V	olume	\$	_	Volume	Volume	Per Unit
Evaluation & Management Services	. To restrict services	- · ·	20040	ranny payor w/o pr so min	103	_ ·	o.amc	7		Volunic	Volume	. c. ome
Evaluation & Management Services	Professional Services	СРТ	90847	Psychotherapy - Family Session	Yes	Ś	146.15	Ś	97.13	\$ 166.18	\$103.86	Per Unit
Crivical Control of Vices		·	30047	. Janes are appropriately session		Υ	1-10.13	7	37.123	÷ 100.10	9100.00	

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Evaluation & Management Services	Professional Services	СРТ	90853	Psychotherapy - Group Session	Yes	1	olume	\$	-	Volume	Volume	Per Unit
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$	52.00	\$	17.40	\$ 251.43	\$76.97	Per Unit
Medicine Cardiovascular	Professional Services	СРТ	93000	Electrocardiogram, routine, with interpretation and report	Yes	\$	36.27	\$	28.12	\$ 95.52	\$15.89	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$	142.29	\$	-	\$ 295.26	\$57.24	Per Unit
Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	\$	61.00	\$ 634.57	\$228.24	Per Unit
Madicine Other	Hospital Outpotions	CDT	02206	Tto w/donalor complete	No	ė .	1 404 92	ć	222.26	Ć 1 502 05	ÉFOG FO	Doy Unit
Medicine Other	Hospital Outpatient	CPT	333Ub	Tte w/doppler complete	No	\$:	1,404.83	Þ	322.26	\$ 1,593.05	\$506.50	Per Unit
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	93452	Insertion of catheter into left heart for diagnosis	Yes	\$ 8	8,847.45	\$	579.93	\$ 12,920.92	\$2,797.49	Case Rate
Medicine Other	Hospital Outpatient	СРТ	93971	Extremity study	No	\$	240.64	\$	92.64	\$ 400.67	\$122.72	Per Unit

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Medicine Other	Hospital Outpatient	CPT	95044	Allergy patch tests	No	\$ 189.82		\$ 1,229.53	\$819.69	Per Unit
L						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	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	СРТ	97112	Reeducation	No	\$ 69.93	\$ 26.14	\$ 104.78	\$33.95	Per Unit
									,	
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	СРТ	97116	GAIT TRAINING THERAPY	No	\$ 77.61	\$ 22.90	\$ 104.48	\$29.23	Per Unit
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Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97140	Physical Therapy - Manual Therapy	No	\$	56.20	\$	23.73	Ś	93.92	\$27.22	Per Unit
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Medicine Physical Medicine and				Physical Therapy - Low Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97161	Evaluation	No	\$	168.06	Ġ	71.97	Ġ	252.78	\$82.43	Per Unit
Renadilitation	nospital outputient	Ci i	37101	Evaluation	110	7	100.00	7	71.57	7	232.70	302.43	i ci oiiic
Medicine Physical Medicine and				Physical Therapy - Moderate									
Rehabilitation	Hospital Outpatient	СРТ	97162		No	Ś	62.40	\$	71.97	Ś	252.78	\$82.43	Per Unit
Nerradina di Grandia d	Trospital Gatpatient	C	37102	Complexity Evaluation	110	~	02140	~	72.37	~	232170	VOL. 110	T CI OIIIC
Medicine Physical Medicine and				Physical Therapy - High Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97162	Evaluation	No	Ś	168.06	5	71.97	Ġ	252.78	\$82.43	Per Unit
Terraditation	Troopital Outputient	51 1	37103	2.01000011	140	7	100.00	7	71.37	7	232.70	702.43	. c. ome
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	\$	113.34	Ś	48.67	Ś	170.97	\$56.43	Per Unit
		5	3,104			7	113.34	7	-3.07	7	2.0.57	450.43	. 5. 5
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$	180.88	\$	77.05	Ś	245.32	\$87.28	Per Unit
meanine occupational merapy	Hospital Outputient	U 1	21103	O. LUME FOR COMILETY 20 MIN	140	7	100.00	7	, , , , , ,	7	243.32	707.20	. Cr Omt

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Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$	62.40	Ś	72.00	Ś	245.32	\$86.96	Per Unit
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Medicine Physical Medicine and				Physical Therapy - Therapeutic									
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									
		CDT					60.00	_			400.00	400 70	5 11 11
Rehabilitation	Hospital Outpatient	CPT	9/535	Home Management Training	No	\$	68.89	\$	-	\$	109.03	\$32.79	Per Unit
Evaluation & Management Services	Professional Services	CPT	99024	Postop follow-up visit	No	\$	-	\$	-	\$	14.27	\$0.00	Per Unit
Evaluation & Management Services	Professional Services	СРТ	00202	Office Visit - New Patient, Minor	No	\$	167.93	ė	90.34	ė	200.08	\$48.49	Per Unit
Evaluation & Ivianagement Services	FIGUESSIONAL SERVICES	CPT	33202	Office visit - New Patient, Milhor	NU	ş	107.93	Þ	30.34	Þ	200.08	340.45	rei Ullit
				Office Visit - New Patient, Low									
Evaluation & Management Services	Professional Services	СРТ	99203	Complexity	Yes	\$	182.06	Ś	132.54	Ġ	273.99	\$72.73	Per Unit
Evaluation & Management Services	i i oressional services	GF I	33203	Complexity	163	7	102.00	7	132.34	7	213.33	712.13	i ci oiiit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash P	rice	Charge	Charge	Charge	Estimate Type
Evaluation & Management Services	Professional Services	СРТ	99204	Office Visit - New Patient, Moderate Complexity	Yes	\$ 2	50.69	\$ 177.01	\$ 432.49	\$124.44	Per Unit
0					100			,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· ·	
Fundament Commission	Duefoccional Comicos	CDT	00305	New patient office of other	Vaa	\$ 4	40.04	ć 1FC 20	ć FF2.70	ć162.60	Dou I Init
Evaluation & Management Services	Professional Services	СРТ	99205	outpatient visit, typically 60 min	Yes	\$ 4	48.04	\$ 156.38	\$ 553.76	\$162.60	Per Unit
Evaluation & Management Services	Professional Services	СРТ	00212	Office Visit - Basic	No	\$!	58.74	\$ 46.41	\$ 133.24	\$24.72	Per Unit
Evaluation & Management Services	Froiessional Services	CFI	33212	Office visit - basic	NO	y	30.74	3 40.41	3 133.24	324.72	rei Ollit
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	СРТ	99213	Low Complexity	No	\$	99.67	\$ 81.71	\$ 201.59	\$49.43	Per Unit
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	CPT	99214	Moderate Complexity	No	\$ 1	51.19	\$ 140.90	\$ 279.47	\$76.23	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	ounted 1 Price	De-Identified Minimum Negotiated Charge	De-Identif Maximus Negotiate Charge	m Specific ed Negotiated	Estimate Type
				Office Visit - Established Patient,						
Evaluation & Management Services	Professional Services	CPT	99215	High Complexity	No	\$ 315.87	\$ 192.33	\$ 385	\$.34 \$107.72	Per Unit
Professional Services Associated with Inpatient Stay	Professional Services	СРТ	99232	Subsequent hospital care	No	\$ 159.88	\$ 50.60	\$ 111	92 \$69.95	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99243	Patient office consultation, typically 40 min	Yes	\$ 212.43	\$-	\$ 142	2.18 \$0.00	Per Unit
				Patient office consultation,						
Evaluation & Management Services	Professional Services	СРТ	99244	typically 60 min	Yes	\$ 338.80	\$-	\$ 226	\$0.00	Per Unit
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Emergency Department Visit - Minor (outpatient)	No	\$ 230.81	\$ 74.98	\$ 689	88 \$85.57	Case Rate

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<u> </u>	<u>Service Setting</u>	туре	Code	Description	Service:	Casii Fiice	Charge	Charge	Charge	Littiliate Type
				Emergency Department Visit - Low						
Emergency Room Visit	Hospital Outpatient	СРТ	00292	Complexity (outpatient)	No	\$ 430.38	\$ 93.52	\$ 1,114.22	\$201.14	Case Rate
Emergency Room visit	nospital Outpatient	CFI	33282	Complexity (outpatient)	INO	3 430.36	3 33.32	3 1,114.22	3201.14	Case Nate
				Emergency Department Visit -						
Emanage Pages Visit	Hassital Outrations	CDT	00202		No	\$ 932.99	ć 100.C0	ć 2.714.02	\$288.93	Cose Boto
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						
F	Hamital Outrati	CDT	00224	Emergency Department Visit -		A 2 400 55	ć 270.45	A	6422 = 4	Cara Bat
Emergency Room Visit	Hospital Outpatient	CPT	99284	Higher Complexity (outpatient)	No	\$ 2,400.69	\$ 270.43	\$ 4,475.48	\$432.54	Case Rate
				F						
				Emergency Department Visit - High						
Emergency Room Visit	Hospital Outpatient	CPT	99285	Complexity (outpatient)	No	\$ 3,149.91	\$ 458.20	\$ 5,806.95	\$1,279.05	Case Rate

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	Charge	Charge	Estimate Type
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	CPT	99291	Critical Care (outpatient)	No	\$ 17,860.61	\$ 425.50	\$ 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

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Evaluation & Management Services	Professional Services	СРТ	99383	Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 5- 11 Years Old	No	\$ 170.96	\$ -	\$ 413.46	\$0.00	Per Unit
Evaluation & Management Services	Professional Sonices	СРТ	00294	Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 12- 17 Years Old	No	\$ 193.58	\$ -	\$ 280.75	\$0.00	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Evaluation & Management Services	Professional Services	СРТ		Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 18- 39 Years Old	Yes	\$ 187.80	\$ 59.23	\$ 347.60	\$68.65	Per Unit
Evaluation & Management Services	Professional Services	CFT	33383	33 Tears Old	Tes	187.80	33.23	347.00	308.03	recont
				Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 40-						
Evaluation & Management Services	Professional Services	CPT	99386	64 Years Old	Yes	\$ 217.32	\$ 91.72	\$ 1,293.56	\$91.72	Per Unit

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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
				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	CPT	99392	and Management, 1-4 Years Old	No	\$ 150.93	\$ -	\$ 305.91	\$0.00	Per Unit

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		Code			<u>Shoppable</u>	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	CPT	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
<u> </u>				, , , , , , , , , , , , , , , , , , , ,						
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99305	and Management, 18-39 Years Old	No	\$ 168.81	\$ 37.07	\$ 304.60	\$37.07	Per Unit
Evaluation & ivialiagement services	r i diessidilai sei VICES	CFI	22323	and Management, 10-33 fedis Old	140	10.61 ب	37.07	304.00 ب	937.UI	recount

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Evaluation & Management Services	Professional Services	СРТ	99396	Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 40-64 Years Old	No	\$ 180.12	\$ 64.57	\$ 429.79	\$64.57	Per Unit
			33030			,	<u> </u>		yoor	
Exablate	Hospital Outpatient	CPT	0398T	Focused Ultrasound	No	\$ 32,139.56	\$ 11,272.90	\$ 11,272.90	\$11,272.90	Case Rate
Vaccinations	Hospital Outpatient	СРТ	G0008	Admin influenza virus vaccine	No	\$ 70.15	\$ -	\$ 126.95	\$46.26	Per Unit
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

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	<u>Charge</u>	Estimate Type
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	J7325	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