Blue Cross Network P Last Updated: 12/14/2021  Amount We Estimate You Will Owe *  To Search for a service Click "CTRL"  + "F"  CMS  De-Identified  Payer-	
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Required Shoppable Discounted Negotiated Negotiated Negotiated	stimate Type
Exclu Cardiac valve and other major Profe	se Rate- cluding ofessional
cardiac catheterization with major Service Service Service are p	arges which paid by T/HCPCS
Exclusive professions of the control	se Rate- cluding ofessional arges which
	Г/НСРСЅ
Exclusion except cervical Exclusion except exc	se Rate- cluding ofessional arges which
without major comorbid conditions Hospital Inpatient Stay Hospital Inpatient  DRG Hospital Inpatient  Without major comorbid conditions  Yes \$ 89,541.22 \$ 16,237.64 \$ 58,989.92 \$43,715.60 CPT/I	paid by F/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		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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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	<b>Estimate Type</b>
										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	\$31,780.98	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	\$28,254.77	CPT/HCPCS
										Case Rate-
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										Professional
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Henrital Innations Store	Heavital Invetions	DRC	402	HIP FEMUR PROCEDURES EXCEPT	No	6 25 722 50	¢ 6745.73	ć 27.721.25	624 252 64	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	482	MAJOR JOINT W/O CC/MCC	No	\$ 35,/33.50	\$ 6,/45./3	\$ 37,731.25	\$21,353.64	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				LOWER EXTREM HUMER PROC						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	493	EXCEPT HIP, FOOT, FEMUR W CC	No	\$ 46 392 82	\$ 9,438.20	\$ 41,283.64	\$24 029 79	CPT/HCPCS
nospital inpatient stay	Hospital Inhariellt	סוום	733	EXCEPT THE, LOOT, PEIVIOR W CC	140	y 40,332.03	02،004رد ب	y 71,203.04	727,023.70	GF 1/ HCFC3

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Service Category	Service Setting	Type	coue	Description	<u>Service:</u>	Casii Fiice	Charge	<u>Charge</u>	Charge	Estillate Type
										Case Rate-
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										Professional
				LOWER EXTREM HUMER PROC						Charges which
				EXCEPT HIP, FOOT, FEMUR W/O						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	494	CC/MCC	No	\$ 34,304.81	\$ 7,426.74	\$ 43,066.25	\$16,403.31	CPT/HCPCS
				•			, ,			-
										Case Rate-
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				Manter and advancement of						
				Uterine and adnexa procedures for						Professional
				non-malignancy without comorbid						Charges which
				conditions (CC) or major comorbid						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	743	conditions or complications (MCC)	Yes	\$ 18,033.90	\$ 3,828.29	\$ 28,968.03	\$8,188.95	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	\$ 4.255.02	\$ 31,015.82	\$9,103.71	CPT/HCPCS
Hospital Impatient Stay	nospital inpatient	שאט	OTT	WICC	IVU	23,221.02 ب	4,255.35	φ 31,013.0Z	33,103./1	CF 1/HCFC3

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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		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		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		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		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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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
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										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	\$98,363.27	CPT/HCPCS
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Hasnital Innations Stave	Heavitel Investigat	DDC	057		No	ć 120 120 72	ć 20 000 17	ć 200 000 00	¢72 C22 41	CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	957	W MCC	No	\$ 139,128.72	\$ 30,888.17	\$ 200,000.00	\$73,632.41	CP1/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	w cc	No	\$ 73,933.71	\$ 17,182.69	\$ 125,000.00	\$49,656.92	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	\$19,655.79	CPT/HCPCS

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W O.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	\$18,335.63	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	\$20,160.53	CPT/HCPCS
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Mataraity/Daliyary	Hespital Innationt	DRG	784	STERILIZATION W CC	No	\$ 9,940.40	¢ 2 570 00	¢ 27.065.12	\$12,729.26	CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DKG	704	STERILIZATION W CC	No	\$ 9,940.40	\$ 3,570.00	\$ 27,865.12	\$12,729.20	CP1/HCPC3
										Casa Bota
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W		l				are paid by
Maternity/Delivery	Hospital Inpatient	DRG	785	STERILIZATION W/O CC/MCC	No	\$ 8,988.27	\$ 3,519.44	\$ 25,870.71	\$9,765.53	CPT/HCPCS
										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	\$17,957.94	CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	786	STERILIZATION W MCC	No	\$ 12,696.27	\$ 3,570.00	\$ 35,011.06	\$17,957.94	CPT/HCPCS

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										Professional
										<b>Charges which</b>
				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	\$12,486.71	CPT/HCPCS
indeniney, belivery	Troopital Impatient	DITO	707	STERRED TO TO CO	110	ÿ 11,522.55	Ψ 2,000.00	φ 27,000.02	<b>712</b> )400171	Ci 1/11Ci Co
										Corre Botto
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										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	\$10,403.09	CPT/HCPCS
iviateriity/ Delivery	nospital inpatient	DING	700	STERIEIZATION W/O CC/MCC	140	\$ 3,020.23	3 3,242.44	\$ 20,381.00	\$10,403.03	CF 1/HCFC3
										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	\$1,340.96	CPT/HCPCS
iviateriity/ Delivery	nospital inpatient	DING	755	NORWAL NEWBORN	140	\$ 1,400.10	ÿ 020.83	3 18,703.30	\$1,3 <del>4</del> 0.50	CF 1/HCFC3
										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	\$9,781.70	CPT/HCPCS
Materinty/ Delivery	nospital inpatient	סוום	131	JIEMELEATION, DAC W CC	140	7 12,703.73	y 2,404.00	÷ 23,317.03	\$3,701.7U	Gr 1/11crc3
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W						are paid by
Matamity/Daliyany	Hespital Innationt	DRC	700		No	¢ 10 907 11	¢ 2.464.00	ć 2E 017 C0	Ć0 701 70	
Maternity/Delivery	Hospital Inpatient	DRG	798	STERILIZATION/D&C W/O CC/MCC	No	71./89/.11 خ	2,464.UU	\$ 25,917.69	\$9,781.70	CPT/HCPCS

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					Required		Minimum	Maximum	Specific	
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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	<u>Charge</u>	Estimate Type
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										Charges which
				WAGINAL DELIVERY W/O						
				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	\$11,817.96	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	\$8,170.47	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	\$7,091.70	CPT/HCPCS
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										Cose Boto
										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital										are paid by
Stay	Inpatient Rehabilitation Hospital	DRG	945	REHABILITATION W CC/MCC	No	N/A	\$ 14 552 00	\$ 14,553.00	N/A	CPT/HCPCS
Stay	inpution Nellabilitation (10spital	סווכ	343	TELIABLETATION W CC/WCC	140	14/75	7 14,333.00	7 14,333.00	N/A	Ci 1/HCFC3
										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital										
			0.46	DELLA DILLETA TIONI IN 10 00/2-2-2			A 40 070 00	A 40.070.00	21/2	are paid by
Stay	Inpatient Rehabilitation Hospital	DKG	946	REHABILITATION W/O CC/MCC	No	N/A	\$ 10,870.00	\$ 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			\$826 Per Diem	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	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Casa Bata
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM & CONNECTIVE TISSUE						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
-	-	DDC	LTC100		Ne	N1 / A	ć 74 021 40	ć 74.021.40	NI / A	
Stay	Hospital	DRG	LTC189	railure	No	N/A	\$ 74,931.49	\$ 74,931.49	N/A	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	N/A	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	\$1,929 Per	Per Diem Per
	_	UB	200	Room & Board	No	diem)	Diem	Diem	Diem	
Stay	Hospital	OB	200	NOUTE & DUCTU	INO	uiemj	Dieiii	Dieili	Diem	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &						\$1,109.30 Per			\$253 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			nimum		ximum	Specific	
		Code			Shoppable	Discounted		otiated		otiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price		narge		narge	Charge	Estimate Type
Service dategory	<u>service setting</u>	турс	couc	<u> </u>	<u>JCIVICC.</u>	CUSTITIEC	<u> </u>	luige	5	large	charge	Estimate Type
						52% Charges						
						Estimated at						
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		\$1,109.30 Per					\$333 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	Ś	299.70	Ġ	850.00	Diem	Day
Board	impatient skinea ransing	00	132	comprehensive care	110	Dicili	7	233.70	7	030.00	Dicili	Day
						52% Charges						
						Estimated at						
Skilled Nursing Inpatient Room &				Subacute Care Level 3- Complex		\$1,109.30 Per					\$564 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	193	Care	No	Diem	Ś	370.00	ć	850.00	Diem	Day
Board	impatient Skined Nursing	ОВ	193	Care	NO	Dieiii	٦	370.00	Ą	830.00	Dielli	Day
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	ė	161.58	ė 1	1,803.41	\$1,381.00	Case Rate
nospital Outpatient Procedure	Hospital Outpatient	CFI	11102	Biopsy - Tangential Biopsy of Skill	NO	\$ 550.90	٦	101.56	φ.	1,803.41	\$1,381.00	Case Nate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	ė	167.15	ė 1	1,829.27	\$1,381.00	Case Rate
Tiospital Outpatient Procedure	nospital outpatient	CFT	11104	Biopsy - Functi Biopsy of Skill	140	3 304.32	7	107.13	<b>,</b>	1,023.27	\$1,381.00	Case Nate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	ė	157.92	ė 1	1,634.10	\$1,433.56	Case Rate
Tiospital Outpatient Flocedule	nospital Outpatient	CFI	17000	Destruction of Lesion (outpatient)	140	7 1,131.70	7	131.32	. ب	1,034.10	71,433.30	Case Nate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	s	381.25	\$ 2	2,964.36	\$1,923.78	Case Rate
	op.isi outpution		15005	and the state of t		7 3,032.42	7	302.23	7 '	-,504.50	<b>41,323.70</b>	
						N/A No					N/A No	
				Removal of 1 or more breast		Service					Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	10120	growth, open procedure	Yes	Volume	Ś	_	\$		Volume	Case Rate
nospital Outpatient Procedure	nospital Outpatient	CPT	12170	growth, open procedure	162	voiume	P	-	Ģ	-	voiume	Case rate

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u>Service Category</u>	Jervice Setting	туре	coue	Description	<u>Jervice:</u>	casii Fiice	Charge	charge	charge	LStilliate Type
Injections	<b>Hospital Outpatient</b>	CPT	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$1,455.44	Case Rate
<b>Hospital Outpatient Procedure</b>	Hospital Outpatient	CPT	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$2,346.09	Case Rate
						N/A No			N/A No	
						Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	29826	Arthroscopic Shoulder Surgery	Yes	Volume	\$ -	\$ -	Volume	Case Rate
				The state of the s			<b>Y</b>	<u> </u>	7010	
						N/A No			N/A No	
				Authoracoula Kona Company		-			-	
				Arthroscopic Knee Surgery		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	29881	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	31575	Laryngoscopy - Diagnostic	No	\$ 449.87	\$ 135.86	\$ 1,978.02	\$1,487.72	Case Rate
Hospital Outpatient Procedure	<b>Hospital Outpatient</b>	CPT	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$1,556.58	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	(outputions)		volune	7	7	- Columb	Case Hate
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43235	Diagnostic	Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$1,580.53	Case Rate

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Santica Satting	<u>Code</u>	Codo	Description	CMS Required Shoppable	<u>Discounted</u>	Minimum Negotiated	Maximum Negotiated	Payer- Specific Negotiated	Estimate Type
Service Setting	туре	coue	Description	Servicer	Casii Price	Charge	Charge	Charge	Estimate Type
Hornital Outpatient	CDT	42220	Upper Gastrointestinal Endoscopy -	Vos	Ć 125024	¢ 272.00	¢ 2220 40	\$1,505,94	Case Rate
Hospital Outpatient	CPI	43233	With Biopsy	res	\$ 1,259.54	\$ 372.00	\$ 2,229.46	\$1,000.84	Case Rate
Hamital Outrations	CDT	45270	Colonoscopy - Diagnostic	Vac	Ĉ 2447.0C	ć 225.70	ć 2.220.00	Ć1 C01 C1	Cose Bate
Hospital Outpatient	CPI	453/8	(outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$1,681.61	Case Rate
Hospital Outpatient	СРТ	45380	Colonoscopy - With Biopsy (outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$1,984.84	Case Rate
			Colonoscopy - With Polyp Removal						
Hospital Outpatient	CPT	45385	(outpatient)	Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	\$2,072.65	Case Rate
Hospital Outpatient	CPT	<b>45201</b>	Ultrasound examination of lower	Ver	N/A No Service	ć	ć	N/A No Service	Case Rate
		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	Service Setting  Code Type Code Description  CPT A3239  Upper Gastrointestinal Endoscopy - Yes  Colonoscopy - Diagnostic (outpatient)  CPT A5378  Colonoscopy - Diagnostic (outpatient)  CPT A5380  Colonoscopy - With Biopsy  Yes  Colonoscopy - With Biopsy  Yes  Colonoscopy - With Biopsy  Yes  Colonoscopy - With Polyp Removal (outpatient)  Yes  Ultrasound examination of lower	Code   Description   Code   Description   Code   Description   Discounted   Shoppable   Service?   Cash Price   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 Setting Description Service Service Service Service Description Service Service Service Service Service Service Service Description Service

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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
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	47562	Gall Bladder Surgery (outpatient)	Yes	\$ 12,062.52	\$ 504.75	\$ 18,374.88	\$3,786.99	Case Rate
Hamital Outpationt Presedure	Hospital Outpotiont	CDT	40440	Diago gostrostomu tubo novo	No	¢ 2.111.60	¢ AAE 12	¢ 2.166.61	¢1 006 46	Casa Pata
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$1,996.46	Case Rate
Harrisal Customations Durandous	Hamital Outrations	CDT	40505	Repair of groin hernia patient age 5	Vac	\$ 9,867.85	ć 470.00	Ć 45 040 03	ć2 240 20	Cons Bata
Hospital Outpatient Procedure	Hospital Outpatient	CPT	49505	years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$3,240.28	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 97.04	\$ -	\$ 1,579.20	\$1,410.20	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$1,574.61	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	\$ 284.76	\$ 2,631.84	\$2,134.74	Case Rate
				Surgical removal of prostate and surrounding lymph nodes using an		N/A No Service	N/A No Service	N/A No Service	N/A No Service	
<b>Hospital Outpatient Procedure</b>	<b>Hospital Outpatient</b>	СРТ	55866	endoscope	Yes	Volume	Volume	Volume	Volume	Case Rate

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Service Category	Service Setting	Туре	Code	Description	Service?	_	ash Price	_	Charge	<u> </u>	Charge	Charge	Estimate Type
<u>service eategory</u>	<u>service setting</u>	Турс	Couc	<u>Description</u>	<u>JCI VICC:</u>	_	d311111CC		Charge		Charge	charge	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58100	Biopsy - Endometrial (Uterus)	No	\$	375.83	Ġ	144.00	خ	1,697.39	\$1,521.00	Case Rate
Trospital Outpatient Frocedure	Tiospital Outputient	Ci i	30100	Biopsy - Endometrial (Oteras)	140	7	373.03	7	144.00	7	1,037.33	71,321.00	case nate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	Ś	632.24	Ġ	48.93	خ	1,749.37	\$1,739.84	Case Rate
Trospital Outpatient Frocedure	nospital outputient	Ci i	30300	msere meradeerine device	140	7	032.24	7	40.55	7	1,743.37	71,733.04	case nate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58301	Remove intrauterine device	No	\$	273.85	\$	32.34	\$	1,495.58	\$1,489.15	Case Rate
Tiospital Outpatient Procedure	nospital outpatient	CFT	36301	Remove intracterine device	140	7	273.03	7	32.34	7	1,433.30	\$1,465.15	Case Nate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	59025	Fetal Non-Stress Test	No	Ś	260.79	\$	118.53	٥	1,596.22	\$1,427.22	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CFI	33023	retai Non-Stress Test	NU	Ą	200.79	ş	110.55	Ą	1,550.22	31,427.22	Case Nate
				Routine obstetric care for vaginal									
Professional Services Associated				delivery, including pre-and post-									
with Inpatient Stay	Professional Services	СРТ	59400	delivery care	Yes	\$	4,496.21	خ	242.00	\$	3,278.48	\$3,278.48	Case Rate
with inpatient stay	1 TOTESSIONAL SELVICES	CF I	33400	delivery care	163	۶	7,730.21	٠	272.00	ب	3,270.40	73,270.40	Case nate
Professional Services Associated													
with Inpatient Stay	Professional Services	СРТ	59/10	Obstetrical care	No	\$	2,230.06	ć	133.91	\$	1,625.81	\$1,625.81	Case Rate
with inpatient Stay	1 TOTCSSTOTIAL SELVICES	CFT	33410	Obstatical care	140	7	2,230.00	7	133.31	٧	1,023.01	91,023.01	case nate
				Routine obstetric care for cesarean									
Professional Services Associated				delivery, including pre-and post-									
with Inpatient Stay	Professional Services	СРТ	50510	delivery care	Yes	\$	4,966.56	ė	246.05	ė	3,619.13	\$3,619.13	Case Rate
with inpatient Stay	Professional Services	CPT	22210	delivery care	res	Þ	4,900.56	Þ	240.05	?	3,019.13	35,019.13	case Rate

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					Required		<u>Minimum</u>	Maximum	Specific	
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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
		3/100								
				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	\$3,429.34	Case Rate
				Injection of substance into spinal						
				canal of lower back or sacrum using						<b> </b>
<b>Hospital Outpatient Procedure</b>	Hospital Outpatient	CPT	62322	imaging guidance	Yes	\$ 1,055.18	\$ 379.33	\$ 1,880.39	\$1,525.26	Case Rate
				Injection of substance into spinal						
				canal of lower back or sacrum using						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	62222	imaging guidance	Yes	\$ 1,665.98	\$ 20E.01	\$ 1,988.33	\$1,546.09	Case Rate
nospital Outpatient Procedure	nospital Outpatient	CPT	02323	imaging guidance	res	₹.500,1 ب	305.01 د	1,500.33 د	\$1,540.US	Case nate

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					Required		<u>Minimum</u>	<u>Maximum</u>	<u>Specific</u>	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Service dategory	<u></u>	-770		<u> </u>	<u> </u>		<u>Gridings</u>	<u>Gridings</u>	<u> </u>	
				Injections of anesthetic and/or						
				steroid drug into lower or sacral						
				spine nerve root using imaging						
Harrital Outrations Burnedons	Unanital Cotton at land	CDT	C4403		W	\$ 1,776.21	ć 250.4C	ć 4.000.40	ć4 044 03	C D-t-
Hospital Outpatient Procedure	Hospital Outpatient	CPT	64483	guidance	Yes	\$ 1,776.21	\$ 358.46	\$ 1,980.49	\$1,841.82	Case Rate
						N/A No			N/A No	
				Removal of recurring cataract in		Service			Service	
Unanital Coductions Durant	Uit-1 0ttit	CDT	CC024		W			*		C D-t-
Hospital Outpatient Procedure	Hospital Outpatient	CPT	66821	lens capsule using laser	Yes	Volume	\$ -	\$ -	Volume	Case Rate
						NI/A NI=			NI / C NI -	
						N/A No			N/A No	
				Removal of cataract with insertion		Service			Service	
<b>Hospital Outpatient Procedure</b>	<b>Hospital Outpatient</b>	CPT	66984	of lens	Yes	Volume	\$ -	\$ -	Volume	Case Rate
•	· · · · · ·									
Hospital Outpatient Procedure	Hospital Outpatient	CPT	69210	Remove impacted ear wax	No	\$ 168.99	\$ 48.93	\$ 1,604.78	\$1,433.87	Case Rate
				CT Scan - Head/Brain, without						
Radiology Services	Hospital Outpatient	CPT	70450	Contrast	No	\$ 901.06	\$ 127.22	\$ 1,318.18	\$183.83	Per Unit
	pitai outputient	J	, 5 450		.40	7 301.00	7 127.22	+ 1,510.10	9203.03	. 5. 5

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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
<u> Jervice Category</u>	<u> </u>	Туре	code	Description	Service:	Casii Fiice	Charge	Charge	Charge	Littillate Type
				CT Scan - Head/Brain, without						
Radiology Services	<b>Hospital Outpatient</b>	CPT	70450	Contrast	Yes	\$ 901.06	\$ 127.22	\$ 1,318.18	\$183.83	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	\$567.45	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	\$307.43	reronit
Radiology Services	Hospital Outpatient	CPT	70486	Ct maxillofacial w/o dye	No	\$ 1,668.57	\$ 127.52	\$ 2,259.85	\$338.25	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	CPT	70496	Ct angiography head	No	\$ 1,871.05	\$ 223.05	\$ 1,996.31	\$811.93	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$ 1,632.72	\$ 223.05	\$ 1,677.63	\$851.33	Per Unit
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Padialogy Consists	Hospital Outpotions	CDT	70554	MADI DOMINI CTEM W/O DVE	NI-	ć 1 F10 10	ć 252.20	¢ 2.370.20	¢200 F0	Dor Unit
Radiology Services	Hospital Outpatient	CPT	/0551	MRI BRAIN STEM W/O DYE	No	\$ 1,518.19	\$ 252.20	\$ 2,270.30	\$386.50	Per Unit
Radiology Services	Hospital Outpatient	CPT	70553	MRI - Brain (outpatient)	Yes	\$ 2,314.59	\$ 406.50	\$ 3,409.54	\$629.38	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$ 138.11	\$ 19.91	\$ 181.37	\$24.00	Per Unit
-07		-		,					,	
Padialani Camina	Hamital Outmations	CDT	71046	V. Boy. Chast (autmationt)	N.	ć 140.00	ć 21 FO	ć 102.55	Ć44.25	Don Huit
Radiology Services	Hospital Outpatient	CPT	/1046	X-Ray - Chest (outpatient)	No	\$ 148.99	\$ 31.50	\$ 193.55	\$44.25	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?		scounted	Mir Neg	dentified nimum otiated narge	N	e-Identified Maximum legotiated 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	\$62.40	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$	1,024.52	\$	141.11	\$	1,468.48	\$317.33	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71260	CT Scan - Chest, with Contrast (outpatient)	No	\$	1,448.52	\$	200.76	\$	2,034.88	\$400.18	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71275	Ct angiography chest	No	\$	1,935.65	\$	226.19	\$	2,092.27	\$626.95	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72040	X-Ray - Neck, Cervical Spine	No	\$	154.65	\$	37.93	\$	204.42	\$55.15	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$	251.61	\$	33.93	\$	338.99	\$51.13	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	\$	199.60	\$	37.93	\$	265.13	\$55.15	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	72110	X-Ray, lower back, minimum four views	Yes	\$	213.64	Ś	52.80	Ś	284.93	\$76.08	Per Unit
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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	scounted	M Ne	Identified inimum gotiated Charge	N	e-Identified Maximum legotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$ 1,459.37	\$	136.86	\$	1,750.92	\$321.35	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72126	Ct neck spine w/dye	No	\$ 1,293.16	\$	260.86	\$	1,821.59	\$402.58	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72127	Ct neck spine w/o & w/dye	No	\$ 1,815.93	\$	201.73	\$	2,118.48	\$500.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72129	Ct chest spine w/dye	No	\$ 1,520.66	\$	199.82	\$	1,805.90	\$402.58	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/dye	No	\$ 1,518.43	\$	260.86	\$	1,805.90	\$400.98	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72133	Ct lumbar spine w/o & w/dye	No	\$ 1,904.42	\$	201.90	\$	2,238.70	\$501.50	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72141	MRI NECK SPINE W/O DYE	No	\$ 1,441.84	\$	252.20	\$	2,177.11	\$380.88	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72148	MRI - Back (outpatient)	Yes	\$ 1,381.13	\$	252.20	\$	2,137.12	\$380.88	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$ 249.04	\$	28.72	\$	327.10	\$44.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$ 208.53	\$	39.60	\$	264.73	\$72.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	\$ 1,536.96	\$	197.29	\$	2,142.05	\$400.18	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	Mi Neg	dentified nimum gotiated harge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	72197	MRI - Pelvis (outpatient)	No	\$ 2,448.7	\$	402.71	\$ 3,522.33	\$916.48	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$ 147.5	9 \$	22.40	\$ 185.92	\$47.13	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73010	X-ray exam of shoulder blade	No	\$ 196.9	3 \$	26.01	\$ 251.93	\$51.13	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$ 149.5	5 \$	28.33	\$ 196.92	\$47.93	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$ 147.6	2 \$	29.40	\$ 195.82	\$46.30	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$ 146.8	3 \$	25.07	\$ 191.42	\$46.30	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73080	X-RAY EXAM OF ELBOW	No	\$ 122.8	3 \$	26.72	\$ 154.02	\$56.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$ 117.1	5 \$	26.40	\$ 151.82	\$44.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$ 156.5	2 \$	30.72	\$ 196.19	\$66.43	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$ 192.0	3 \$	24.40	\$ 249.73	\$43.90	Per Unit

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<u>Service Category</u>	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?		ounted h Price	Mini Nego	entified imum otiated arge	N.	e-Identified Maximum egotiated Charge	Payer- Specific Negotiated Charge	_Estimate Type
Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$	151.54	\$	32.72	\$	198.42	\$55.15	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73221	MRI - Shoulder, Elbow, or Wrist	No	\$ :	1,211.82	\$	246.65	\$	1,702.46	\$419.48	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$	129.58	\$	37.77	\$	197.91	\$67.18	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$	150.51	\$	29.51	\$	189.38	\$51.10	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$	201.92	\$	32.40	\$	266.82	\$48.73	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$	263.50	\$	36.52	\$	351.25	\$62.40	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$	239.62	\$	32.40	\$	321.48	\$43.10	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$	191.55	\$	31.98	\$	278.60	\$46.30	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73610	X-Ray - Ankle (outpatient)	No	\$	239.05	\$	25.72	\$	311.14	\$56.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$	196.24	\$	29.81	\$	262.21	\$44.70	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$	216.05	\$	33.95	\$	289.60	\$52.75	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	\$	134.01	\$	1,400.92	\$317.33	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73721	MRI - Knee (outpatient)	Yes	\$	1,224.32	\$	246.65	\$	1,828.36	\$420.28	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	145.61	\$	28.31	\$	189.76	\$41.03	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$	977.64	\$	142.38	\$	1,446.99	\$213.60	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$	1,824.18	\$	207.86	\$	2,144.29	\$468.53	Per Unit
				CT Scan - Abdomen and Pelvis, with									
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$	2,748.11	\$	286.79	\$	3,568.86	\$526.43	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74177	CT Scan - Abdomen and Pelvis, with Contrast	Yes	\$	2,748.11	\$	286.79	\$	3,568.86	\$526.43	Per Unit
		СРТ				Ś	394.10			\$	563.71	\$157.30	Per Unit
Radiology Services	Hospital Outpatient	CFT	14220	X-ray xm esophagus 1cntrst	No	Ą	334.10	Ą	30.36	۶	505.71	3137.3U	r er omt

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Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$ 521.72	\$ :	79.34	\$	578.01	\$283.55	Per Unit
						205.04				222.20	4474.00	
Radiology Services	Hospital Outpatient	CPT	75571	Ct hrt w/o dye w/ca test	No	\$ 306.04	\$ :	59.00	<b>&gt;</b>	323.39	\$174.98	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76536	Ultrasound - Head and Neck	No	\$ 460.62	\$ :	78.79	\$	386.50	\$212.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$ 152.68	\$ 7	78.52	\$	249.30	\$123.28	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$ 361.43	\$ 9	91.69	\$	433.80	\$228.08	Per Unit
Radiology Services	Hospital Outpatient	CPT	76705	Ultrasound - Abdominal, Limited	No	\$ 327.93	\$ 4	46.05	\$	372.20	\$179.80	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$ 456.58	\$ :	76.54	\$	400.80	\$217.60	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$ 391.57	\$ 8	86.65	\$	396.27	\$174.98	Per Unit

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				Illians and Brancher									
5 11 1 5 1		CD=	76005	Ultrasound - Pregnancy								4040.00	
Radiology Services	Hospital Outpatient	CPT	76805	(outpatient)	Yes	\$ 3	67.73	\$ 10	0.36	\$ 4:	37.10	\$219.23	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76811	OB US DETAILED SNGL FETUS	No	\$ 5	22.04	\$ 19	8.65	\$ 58	87.50	\$203.13	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76815	OB US LIMITED FETUS(S)	No	\$ 3	09.95	\$ 5	4.75	\$ 38	84.30	\$131.55	Per Unit
										-		-	
Padiology Somicos	Hospital Outpatient	СРТ	76016	Ultrasound - Pregnancy Follow-Up	No	\$ 4	106.54	ė e	4.37	¢ 20	84.30	\$166.95	Per Unit
Radiology Services	Hospital Outpatient	CFI	70810	Ottrasound - Fregulaticy Follow-Op	INO	۶ 4	100.54	<b>3</b> 0	4.37	3 30	54.30	\$100.55	rei Ollit
Maternity/Delivery	Hospital Outpatient	CPT	76818	FETAL BIOPHYS PROFILE W/NST	No	\$ 4	76.50	\$ 8	2.20	\$ 38	87.27	\$156.50	Per Unit
Maternity/Delivery	<b>Hospital Outpatient</b>	CPT	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$ 4	107.39	\$ 9	7.44	\$ 39	98.34	\$114.68	Per Unit
								-					
Radiology Services	Hospital Outpatient	СРТ	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$ 3	370.14	\$ 8	8.69	\$ 39	91.69	\$132.35	Per Unit
	The second second					,						,	
				Ultrasound - Transvaginal (non-	1	l .							
Radiology Services	Hospital Outpatient	CPT	76830	maternity)	Yes	\$ 4	175.43	\$ 9	8.63	\$ 40	63.90	\$207.95	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	76856	Ultrasound - Pelvic (outpatient)	No	\$	344.00	\$	70.34	\$	408.50	\$203.95	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$	546.40	\$	107.57	\$	501.03	\$213.65	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$	383.79	\$	135.81	\$	629.70	\$273.40	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	Ś	406.73	Ś	109.22	Ś	504.02	\$225.75	Per Unit
						•							
Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$	247.25	\$	56.29	Ş	393.45	\$87.33	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$	116.84	\$	33.80	\$	171.64	\$37.48	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$	1,010.04	\$	336.74	\$	2,091.45	\$911.45	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	80048	Blood Test - Basic Metabolic Panel	Yes	\$ 158.03	\$ 11.84	\$ 221.33	\$23.53	Per Unit
				Blood Test - Comprehensive						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80053	Metabolic Panel	Yes	\$ 93.73	\$ 14.78	\$ 136.89	\$29.40	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	Panel	Yes	Volume	Volume	Volume	Volume	Per Unit
				Blood Test - Cholesterol Test, Lipid						
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	80061	Panel	Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$45.68	Per Unit
				Disad Test, Devel (Wides)						
Laboratory & Dathalogy Comission	Hasnital Outpations	СРТ	90060	Blood Test - Renal (Kidney) Function Panel	Vos	\$ 17.24	\$ 8.68	\$ 34.59	\$23.53	Dorlinit
Laboratory & Pathology Services	Hospital Outpatient	CPT	00009	Function Paller	Yes	<i>ې</i> 17.24	80.08	ş 34.59	\$23.55	Per Unit
				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$23.53	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
Laboratory & Pathology Services	Hospital Outpatient	CPT	80307	Drug test prsmv chem anlyzr	No	\$ 128.65	-		\$199.53	Per Unit
						N/A No	N/A No	N/A No	N/A No	
						Service	Service	Service	Service	
<b>Laboratory &amp; Pathology Services</b>	Hospital Outpatient	CPT	81000	Urinalysis nonauto w/scope	Yes	Volume	Volume	Volume	Volume	Per Unit
				Urine Test - Automated with						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81001	Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$10.80	Per Unit
,									,	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	21002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	#N/A	Per Unit
Laboratory & Pathology Services	nospital Outpatient	CFT	81002	Office rest - Officerysis, Maridai rest	163	7 7.24	\$ 2.07	3 14.00	#IN/A	reronit
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	CPT	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$7.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$21.58	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$17.10	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$101.00	Per Unit

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Service Category Service Setting Type Code Description Service? Cash Price Charge Charge	<u>Charge</u> <u>Estima</u>	nate Type
Laboratory & Pathology Services Hospital Outpatient CPT 82330 Assay of calcium No \$ 35.11 \$ 12.31 \$ 6	7.00 \$46.63 Per Un	nit
Laboratory & Pathology Services Hospital Outpatient CPT 82375 Assay carboxyhb quant No \$ 114.13 \$ 11.09 \$ 15	3.64 \$42.03 Per Uni	nit
Laboratory & Pathology Services Hospital Outpatient CPT 82465 Assay bld/serum cholesterol No \$ 15.28 \$ 3.92 \$ 2	3.76 \$14.83 Per Un	nit
Laboratory & Pathology Services Hospital Outpatient CPT 82550 Assay of ck (cpk) No \$ 12.70 \$ 5.86 \$ 3	5.53 \$22.20 Per Uni	nit
Laboratory & Pathology Services Hospital Outpatient CPT 82552 Assay of cpk in blood No \$ 26.14 \$ 12.05 \$ 7	5.41 #N/A Per Uni	nit
Laboratory & Pathology Services Hospital Outpatient CPT 82565 Assay of creatinine No \$ 124.50 \$ 7.17 \$ 7	0.25 \$17.48 Per Uni	nit
Laboratory & radiology Services Hospital Outpatient Crit 02303 Assay of cleatimine No 3 124.30 3 7.17 3 7	.25 317.48 Fel Oll	.iic
Blood Test - Vitamin B-12		
Laboratory & Pathology Services Hospital Outpatient CPT 82607 (Cyanocobalamin) Level No \$ 29.40 \$ 13.57 \$ 8	2.73 \$51.40 Per Uni	nit
Laboratory & Pathology Services Hospital Outpatient CPT 82610 Cystatin c No \$ 140.40 \$ 14.17 \$ 40	5.00 \$33.03 Per Uni	nit
	75555	-
Laboratory & Pathology Services Hospital Outpatient CPT 82668 Assay of erythropoietin No \$ 36.68 \$ 16.91 \$ 9	20 664.12 064.14	mit
Laboratory & Pathology Services Hospital Outpatient CPT 82668 Assay of erythropoietin No \$ 36.68 \$ 16.91 \$ 9	9.20 \$64.13 Per Uni	II C
Laboratory & Pathology Services Hospital Outpatient CPT 82670   Assay of estradiol No \$ 54.51   \$ 25.15   \$ 15	2.33 \$95.30 Per Uni	nit

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			00.00			4 20 20		40.44	40.00	425.40	
Laboratory & Pathology Services	Hospital Outpatient	CPT	82693	Assay of ethylene glycol	No	\$ 20.29	9 \$	13.41	\$ 40.08	\$35.48	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82728	Blood Test - Ferritin (Blood Protein) Level	No	\$ 33.53	3 \$	19.09	\$ 96.63	\$46.48	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82746	Blood Test - Folic Acid Level	No	\$ 37.75	5 \$	13.23	\$ 79.52	\$50.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82803	Blood gases any combination	No	\$ 73.40	\$	20.17	\$ 106.16	\$66.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34.04	\$	5.51	\$ 49.42	\$13.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82962	Glucose blood test	No	\$ 45.5	5 \$	3.89	\$ 61.82	\$8.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83018	Heavy metal quant each nes	No	\$ 172.97	7 \$	19.76	\$ 498.96	#N/A	Per Unit
				Blood Test - Blood Glucose Control							
Laboratory & Pathology Services	Hospital Outpatient	CPT	83036	(Hemoglobin A1C)	No	\$ 71.27	7   \$	8.74	\$ 95.94	\$33.10	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?		ounted h Price	De-Identified Minimum Negotiated Charge	N	e-Identified Maximum legotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83088	Assay of histamine	No	Ś	75.84	\$ 26.58	Ś	218.76	\$100.73	Per Unit
			55555			*	70.01	7 20.00	_	220.70	720000	1 6. 6
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83518	Immunoassay dipstick	No	\$	147.09	\$ 6.55	\$	424.29	#N/A	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83540	Blood Test - Iron Level	No	\$	51.90	\$ 9.06	\$	75.77	\$22.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$	27.44	\$ 10.41	\$	58.05	\$36.43	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690	Blood Test - Lipase (fat enzyme) Level	No	\$	69.47	\$ 6.20	\$	93.51	\$23.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83735	Assay of magnesium	No	\$	53.82	\$ 9.38	\$	78.56	\$22.85	Per Unit
Laboratory & Dathology Comicos	Hospital Outpations	СРТ	92990	Account natriumatic nantida	No	ė	172 55	¢ 25.22	ć	222.27	¢11E 70	Dorllnit
Laboratory & Pathology Services	Hospital Outpatient	CFI	03000	Assay of natriuretic peptide	No	\$	172.55	\$ 35.33	\$	232.27	\$115.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$	61.73	\$ 6.64	\$	87.67	\$14.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$	43.23	\$ 6.66	\$	62.65	\$15.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$	43.23	\$ 6.66	\$	62.65	\$15.68	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
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 52.59	\$ 18.77	\$ 96.68	\$71.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84153	Blood Test - Prostate Specific Antigen (PSA) Level	Yes	\$ 74.21	\$ 25.75	\$ 116.68	\$62.73	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84154	PSA (prostate specific antigen)	Yes	\$ 106.34	\$ 16.55	\$ 143.15	\$62.73	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84182	Protein western blot test	No	\$ 382.72	\$ 18.76	\$ 588.80	#N/A	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$ 42.10	\$ 4.33	\$ 56.67	\$16.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Blood Test - Thyroxine (Thyroid Chemical) Level, Free	No	\$ 66.21	\$ 8.12	\$ 89.13	\$30.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Blood Test - Thyroid Stimulating Hormone (TSH) Level	No	\$ 64.07	\$ 23.52	\$ 119.09	\$57.33	Per Unit

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				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Hormone (TSH) Level	Yes	\$ 64.07	\$ 23.52	\$ 119.09	\$57.33	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84480	Assay triiodothyronine (t3)	No	\$ 96.31	\$ 12.76	\$ 129.65	\$48.35	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84484	Assay of troponin quant	No	\$ 81.70	\$ 10.26	\$ 121.45	\$33.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84702	Chorionic gonadotropin test	No	\$ 125.77	\$ 11.54	\$ 169.31	\$51.35	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85014	Hematocrit	No	\$ 26.95	\$ 2.13	\$ 36.27	\$8.08	Per Unit
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	CPT	85025	Count and Automated WBC	Yes	\$ 77.98	\$ 10.88	\$ 112.06	\$26.53	Per Unit
				Blood Test - Complete Blood Cell				<b>A 24 25</b>	400.00	
Laboratory & Pathology Services	Hospital Outpatient	CPT	85027	Count (Hemoglobin)	Yes	\$ 60.79	\$ 5.82	\$ 81.83	\$22.08	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	85240	Clot factor viii ahg 1 stage	No	\$ 45.9	7 6	16.11	\$ 95.56	\$61.08	Per Unit
Euboratory & Fathology Services	nospital outputient	Ci i	03240	Clot ractor viii ang 1 stage	140	7 43.3	7	10.11	33.30	301.00	T CT OTHE
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	85378	Fibrin degrade semiquant	No	\$ 53.5	7 \$	7.44	\$ 72.11	\$24.33	Per Unit
7				The state of the s			<u> </u>				
Laboratory & Pathology Services	Hospital Outpatient	CPT	85610	Blood Test - Clotting Time	Yes	\$ 44.83	L \$	6.01	\$ 64.27	\$13.43	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85613	Russell viper venom diluted	No	\$ 24.6	L Ş	8.24	\$ 70.98	\$32.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85660	RBC SICKLE CELL TEST	No	\$ 53.32	2 5	4.96	\$ 71.77	\$18.83	Per Unit
	Trooping Carpanent	<u> </u>	35555			<b>V</b> 55.5.	· ·		Ψ / 2.77	720.00	
				Blood Test - Coagulation							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85730	Assessment	Yes	\$ 46.0	ا د	5.41	\$ 61.94	\$20.48	Per Unit
Laboratory & Fathology Services	1103pital Outpatient	CF I	33730	A3C33IIICIIL	163	7 -0.0.		3.71	9 01.34	320. <del>4</del> 0	1 Cr Offic
<b>Laboratory &amp; Pathology Services</b>	<b>Hospital Outpatient</b>	CPT	85732	Thromboplastin time partial	No	\$ 12.63	\$	5.82	\$ 36.42	#N/A	Per Unit
							T .				
Laboratoria (I. Dati I. C. C. C.	Hamital Outrati	CDT	000.00	C			ي ا	4.55	A	647.57	Devilled:
Laboratory & Pathology Services	Hospital Outpatient	CPT	86140	C-reactive protein	No	\$ 48.49	\$	4.66	\$ 65.28	\$17.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86360	T cell absolute count/ratio	No	\$ 65.00	s	42.28	\$ 211.59	\$160.25	Per Unit
Laboratory & Fathology Services	Hospital Outpatient	OF I	00300	i cen absolute coulit/Tatio	140	ال.دن ب	٠ ٢	74.40	y 211.39	7100.23	i ei oiiit

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Service Category	Service Setting	Туре	Code	Description	Service?		h Price	Charge	Charge	Charge	Estimate Type
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86361	T cell absolute count	No	\$	132.78	\$ 24.10	\$ 383.03	\$91.33	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86431	Rheumatoid factor quant	No	\$	52.70	\$ 5.10	\$ 70.95	\$19.35	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$	37.81	\$ 3.84	\$ 50.90	\$14.03	Per Unit
,								-			
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$	37.81	\$ 3.84	\$ 50.90	\$14.03	Per Unit
Laboratory & Fathology Screeces	Tiospital Outputient	Ci i	00332	Syphinis test non-trep quar	110	7	37.01	ÿ 3.04	30.30	Ş14.03	T CT OTHE
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86611	Bartonella antibody	No	\$	57.37	\$ 9.16	\$ 165.50	\$34.73	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86615	Bordetella antibody	No	\$	25.74	\$ 11.87	\$ 81.45	#N/A	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86651	Encephalitis californ antbdy	No	\$	25.74	\$ 11.87	\$ 110.13	#N/A	Per Unit
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Laboratory & Dathology Consises	Hospital Outpations	СРТ	96653	Enconhaltic past cano anhali	No	\$	25.74	\$ 11.87	\$ 110.13	#N1/A	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80032	Encephaltis east eqne anbdy	No	Ş	25.74	3 11.8/	φ 110.13	#N/A	rei Ullit
			00000				25.51	A			5
Laboratory & Pathology Services	Hospital Outpatient	CPT	86653	Encephaltis st louis antbody	No	\$	25.74	\$ 11.87	\$ 110.13	#N/A	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	86654	Encephaltis west eqne antbdy	No	\$	25.74	\$ 11.87	\$ 110.13	#N/A	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86663	Epstein-barr antibody	No	Ś	25.60	\$ 11.81	\$ 83.21	#N/A	Per Unit
Education y of 1 atmonegy services	riospital Outputient	U	30003	Epotem buil unubouy	140	7	23.00	y 11.01	9 03.21	mily A	. c. ome

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	counted h Price	Min Nego	lentified iimum otiated parge	De-Identified  Maximum  Negotiated  Charge	Payer- Specific Negotiated Charge	_Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86677	Helicobacter pylori antibody	No	\$ 30.68	\$	15.13	\$ 63.03	\$49.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86692	Hepatitis delta agent antbdy	No	\$ 29.16	\$	15.44	\$ 50.98	\$50.98	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$ 79.65	\$	12.41	\$ 107.23	\$42.63	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 86.11	\$	10.85	\$ 115.92	\$41.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86705	HEP B CORE ANTIBODY IGM	No	\$ 22.98	\$	10.59	\$ 57.38	\$40.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$ 98.98	\$	9.67	\$ 133.25	\$36.63	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86707	Hepatitis be antibody	No	\$ 22.56	\$	10.41	\$ 65.09	#N/A	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$ 22.71	\$	11.15	\$ 56.71	\$39.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	\$ 78.19	\$	12.95	\$ 225.56	\$49.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	\$ 25.14	\$	11.59	\$ 72.53	\$43.95	Per Unit

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Service Category	Service Setting	туре	code	Description	<u>Service:</u>	Casii Fiice	Charge	Charge	Charge	Estimate Type
				86769 - SARS-COV-2 COVID-19						
Laboratory & Pathology Services	Hospital Outpatient	CPT	86769	ANTIBODY	No	\$ 51.48	\$ -	\$ 112.07	\$105.33	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$43.95	Per Unit
				Planet Tare Hamataia C Austhauta						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	Blood Test - Hepatitis C Antibody Level	No	\$ 67.64	\$ 12.84	\$ 91.06	\$48.68	Per Unit
,						•				
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	#N/A	Per Unit
Laboratory at ruthology services	nospital outputient	Ci i	00004	The busicest committee	110	Ţ 25.05	Ų 23.54	ψ 00.02	mily A	T CI OIIIC
			00000	B1 411 1		Å	<b>.</b>	4 65.00	400.50	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$38.60	Per Unit
Laboratory & Dathology Convices	Hospital Outpatient	СРТ	0600E	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$19.53	Per Unit
Laboratory & Pathology Services	nospital Outpatiellt	CF I	00003	Coombo test munect qual	140	y 244.72	y 5.05	y 323.43	919.33	i ei Oiiit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$10.18	Per Unit
				1 km 0	130	, 255.55	,	, 237.30	7-3:20	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$10.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$10.18	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 itiated arge	Ne	-Identified laximum 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	\$10.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$	4.84	\$	383.37	\$10.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$	13.44	\$	344.22	\$55.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$ 133.90	\$	9.29	\$	180.25	\$35.23	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$ 138.63	\$	7.76	\$	186.61	\$29.38	Per Unit
									_		4	
Laboratory & Pathology Services	Hospital Outpatient	CPT	87077	Bacterial Culture - Aerobic Isolates	No	\$ 60.43	\$	7.27	Ş	81.35	\$27.58	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	\$22.63	Per Unit

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<u>Service category</u>	<u>Service Setting</u>	туре	coue	Description	<u>Jervice:</u>	Cas	SITFICE	Cila	ge		Charge	charge	LStilliate Type
				Urine Test - Bacterial Culture,									
Laboratory & Pathology Services	Hospital Outpatient	CPT	87086	Quantitative Colony Count	No	\$	82.16	\$	7.26	\$	110.60	\$27.53	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87088	Urine Test - Bacterial Culture	No	\$	15.80	\$	7.28	\$	43.86	\$27.63	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	07110	Chlamydia culture	No	\$	130.74	ć	17.64	\$	175.99	\$66.83	Per Unit
Laboratory & Pathology Services	nospital Outpatient	CFI	8/110	Ciliamydia culture	IVO	٦	130.74	ş	17.04	Ą	173.33	300.63	rei Ollit
				Evaluation of Antimicrobial Drug									
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87186	(antibiotic, antifungal, antiviral)	No	\$	69.16	\$	7.79	\$	93.10	\$29.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87205	Lab Test - Smear for Microorganism	No	\$	49.93	\$	3.84	\$	67.21	\$14.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87340	Lab Test - Detection test for Hepatitis B Surface Antigen	No	\$	63.55	s	9.30	\$	85.55	\$29.83	Per Unit
Law or a conjugation of the conj	nospital Outputient	51.1	37340	richards p saliace villageil	140	7	03.33	7	5.50	7	03.33	723.03	. c. ome
				Lab Tost Detection test for 1974									
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87389	Lab Test - Detection test for HIV-1 and HIV-2	No	Ś	110.43	\$	21.67	\$	148.66	\$82.15	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87425	Rotavirus ag ia	No	\$ 37.4	4 S	10.78	\$ 108.00	#N/A	Per Unit
Eustratory & Facilities y Services	1.00pital Outputient	S	0,423	notavii us ug iu	.40	9 37.4	٠, ٠	10.70	Ç 100.00	#14/A	. cr ome
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	87491	Urine Test - Chlamydia	No	\$ 108.4	3 \$	31.58	\$ 171.03	\$119.68	Per Unit
7				,,,,			† ·				
				Urine Test - Gonorrhoeae							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$ 90.1	3 \$	31.58	\$ 171.03	\$119.68	Per Unit
				87635 - SARS-COV-2 COVID-19							
<b>Laboratory &amp; Pathology Services</b>	<b>Hospital Outpatient</b>	CPT	87635	AMP PRB	No	\$ 53.3	6 \$	_	\$ 136.48	\$128.28	Per Unit
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										444	
Laboratory & Pathology Services	Hospital Outpatient	CPT	87798	Detect agent nos dna amp	No	\$ 90.1	3 \$	31.58	\$ 171.03	\$119.68	Per Unit
				Lab Tark Bakastian kask fa							
				Lab Test - Detection test for		l .					
Laboratory & Pathology Services	Hospital Outpatient	CPT	87804	Influenza Virus	No	\$ 37.5	8 \$	19.82	\$ 70.50	\$39.05	Per Unit
			07000	S. T. (6)				40.05		400.00	
Laboratory & Pathology Services	Hospital Outpatient	CPT	87880	Strep Test (Streptococcus, group A)	No	\$ 101.5	b \$	19.87	\$ 143.48	\$39.05	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	СРТ	88185	Flowcytometry/tc add-on	No	\$ 68.8	1 5	_	\$ 120.30	\$120.30	Per Unit
Education y & 1 actionogy services	Hospital Outputient	<b>5</b> 1.1	00103	r to trey to metry/ to add-on	140	y 00.0	- 17		y 120.30	7120.30	. Cr Omt

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<u>Service Category</u>	<u>Jervice Jetting</u>	туре	coue	Description	<u>Jervice:</u>	Casii Fiice	Charge	Charge	Charge	
				Immunization Administration First						
Vaccinations	Physician Office	CPT	90460	Component	No	\$ 40.10	\$ 11.68	\$ 75.93	\$23.68	Per Unit
				Immunization Administration Each						
Vaccinations	Physician Office	CPT	90461	Additional Component	No	\$ 25.13	\$ 10.49	\$ 38.51	\$11.70	Per Unit
Massinations	Hamital Outrations	CDT	00471	Incompanie de la desimienta de la constante de	No	\$ 44.49	7.03	ć 01.00	Ć00 C1	Dou I Init
Vaccinations	Hospital Outpatient	CPT	904/1	Immunization Administration	No	\$ 44.49	9 \$ 7.02	\$ 81.80	\$99.61	Per Unit
				Immunization Administration Each						
Vaccinations	Hospital Outpatient	СРТ	90472	Additional Component	No	\$ 12.50	s s -	\$ 38.51	\$50.21	Per Unit
					_		1			
Vaccinations	<b>Hospital Outpatient</b>	СРТ	90651	9V HPV Vaccine 2/3 Dose	No	\$ 142.32	\$ 9.56	\$ 227.93	\$205.28	Per Unit
				Vaccine - Pneumococcal Conjugate			1.			
Vaccination	Hospital Outpatient	CPT	90670	for Injection into Muscle	No	\$ 285.59	9 \$ 9.56	\$ 345.21	\$411.91	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Ca	sh Price	Ch	narge	<u>Charge</u>	<u>Charge</u>	Estimate Type
				Vaccine - Tetanus, Diptheria								
				Toxoids, and Acellular Pertussis								
				(Whooping Cough) for Injection								
Vessinstian	Heavital Outrations	CDT	00715		No	4	F7 74	4		\$ 77.73	Ć0.00	Doublait
Vaccination	Hospital Outpatient	CPT	90/15	into Muscle	No	\$	57.74	Þ	-	\$ 77.73	\$0.00	Per Unit
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	90791	Psychiatric Diagnostic Evaluation	No	\$	308.81	\$	118.93	\$ 198.74	\$172.38	Per Unit
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	00022	Psychotherapy - 30 Minutes	Yes	\$	88.03	\$	57.92	\$ 99.25	\$94.06	Per Unit
Evaluation & Management Services	r i oressionar services	CFI	20022	r sychotherapy - 30 Millutes	162	٠	00.03	ې	37.32	25.25 پ	<b>⇒</b> 54.00	r er Offit
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	90834	Psychotherapy - 45 Minutes	Yes	\$	116.77	\$	77.37	\$ 132.34	\$125.34	Per Unit
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<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	90837	Psychotherapy - 60 Minutes	Yes	\$	174.90	Ş	116.00		\$188.40	Per Unit
							N/A No			N/A No	N/A No	
						9	Service			Service	Service	
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	90846	Family psytx w/o pt 50 min	Yes	1	/olume	\$	_	Volume	Volume	Per Unit
Evaluation & Management Services	. To restrict services	- · ·	20040	ranny payor w/o pr so min	103	<u> </u>	- Ciuille	7		Volunic	Volume	. c. ome
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	90847	Psychotherapy - Family Session	Yes	Ś	146.15	Ś	97.13	\$ 166.18	\$157.61	Per Unit
or with a management services		·	30047	. Janes are appropriately session		Υ	1-10:13	7	37.123	÷ 100.10	9257.02	

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<u>Service Category</u>	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	<u>Discou</u>		Mini Nego	entified imum otiated arge	De-Identified  Maximum  Negotiated  Charge	Payer- Specific Negotiated Charge	Estimate Type
						N/A Serv				N/A No Service	N/A No Service	
Evaluation & Management Services	Professional Services	СРТ	90853	Psychotherapy - Group Session	Yes	Volu		\$	-	Volume	Volume	Per Unit
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$	52.00	\$	17.40	\$ 251.43	\$251.43	Per Unit
Medicine Cardiovascular	Professional Services	СРТ	93000	Electrocardiogram, routine, with interpretation and report	Yes	\$	36.27	\$	28.12	\$ 95.52	\$28.61	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$ :	142.29	\$	-	\$ 295.26	\$39.33	Per Unit
Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$ 4	471.40	\$	61.00	\$ 634.57	\$115.27	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	\$ 1,4	404.83	\$	322.26	\$ 1,593.05	\$589.21	Per Unit
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	93452	Insertion of catheter into left heart for diagnosis	Yes	\$ 8,8	847.45	Ś	579.93	\$ 12,920.92	\$2,834.21	Case Rate
						, 3,				, ,=====	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Medicine Other	Hospital Outpatient	СРТ	93971	Extremity study	No	\$ :	240.64	\$	92.64	\$ 400.67	\$302.66	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
Medicine Other	Hospital Outpatient	CPT	95044	Allergy patch tests	No	\$ 189.82	•	\$ 1,229.53	\$273.77	Per Unit
						N/A No	N/A No	N/A No	N/A No	
Medicine Neurology and						Service	Service	Service	Service	
Neuromuscular	Hospital Outpatient	CPT	95810	Sleep study	Yes	Volume	Volume	Volume	Volume	Per Unit
Injections	<b>Hospital Outpatient</b>	CPT	96402	Chemo hormon antineopl sq/im	No	\$ 110.26	\$ 66.86	\$ 196.20	\$138.73	Case Rate
				Physical Therapy - Manual						
Medicine Physical Medicine and				Electrical Stimulation Therapy, 15						
Rehabilitation	Hospital Outpatient	СРТ	97032	minutes	No	\$ 31.26	\$ 12.56	\$ 59.90	\$59.90	Per Unit
	and the second s								,	
Medicine Physical Medicine and				Physical Therapy - Ultrasound						
Rehabilitation	Hospital Outpatient	СРТ	97035	Therapy	No	\$ 26.92	\$ 11.95	\$ 40.29	\$40.29	Per Unit
	- Cop. Corporer	-	3,003	· · · · · · · · · · · · · · · · · · ·		÷ 20.32	7 11.55	7 40123	Ç-10.25	
Medicine Physical Medicine and				Physical Therapy - Therapeutic						
Rehabilitation	Hospital Outpatient	СРТ	97110	Exercises	Yes	\$ 88.74	\$ 17.40	\$ 119.46	\$100.52	Per Unit
nenabilitation	1103pital Outpatielit	CFT	37110	LACI CISCS	163	y 00.74	7 17.40	7 115.40	\$100.3Z	. er omt
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Medicine Physical Medicine and	Us suited Contracti	CDT	07445	Physical Therapy - Neuromuscular		A 50.55		404 ===	6404.70	Day Hait
Rehabilitation	Hospital Outpatient	CPT	97112	Reeducation	No	\$ 69.93	\$ 26.14	\$ 104.78	\$104.78	Per Unit
Medicine Physical Medicine and						== ==			400.00	5
Rehabilitation	Hospital Outpatient	CPT	97116	GAIT TRAINING THERAPY	No	\$ 77.61	\$ 22.90	\$ 104.48	\$89.30	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	\$131.78	Per Unit
			0	The state of the s		*		*		*		7-0-110	
Medicine Physical Medicine and				Physical Therapy - Low Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97161	Evaluation	No	\$	168.06	Ś	71.97	Ś	252.78	\$252.78	Per Unit
			57252			_		_	7 2.07	_		<del>+</del> 202.70	
Medicine Physical Medicine and				Physical Therapy - Moderate									
Rehabilitation	Hospital Outpatient	СРТ	97162		No	Ś	62.40	Ś	71.97	Ś	252.78	\$252.78	Per Unit
			37232			<u> </u>		Ť	7 2.07	_		<del></del>	
Medicine Physical Medicine and				Physical Therapy - High Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97163	Evaluation	No	Ś	168.06	Ś	71.97	Ś	252.78	\$252.78	Per Unit
	proof waspendone		5.100			Ť		Ť	. 2.57	7	_32.73	Ţ	
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	\$	113.34	Ś	48.67	Ś	170.97	\$170.97	Per Unit
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Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$	180.88	Ś	77.05	Ś	245.32	\$245.32	Per Unit
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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	counted sh Price	Min Nego	entified imum otiated arge	No.	e-Identified Maximum egotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$ 62.40	\$	72.00	\$	245.32	\$245.32	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic								
Rehabilitation	Hospital Outpatient	CPT	97530	Activities	No	\$ 92.45	\$	17.40	\$	124.45	\$108.90	Per Unit
Medicine Physical Medicine and				Physical Therapy - Self-care or		50.00				400.00	4	
Rehabilitation	Hospital Outpatient	СРТ	97535	Home Management Training	No	\$ 68.89	\$	-	\$	109.03	\$152.71	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99024	Postop follow-up visit	No	\$ -	\$	-	\$	14.27	\$0.00	Per Unit
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99202	Office Visit - New Patient, Minor	No	\$ 167.93	\$	90.34	\$	200.08	\$70.42	Per Unit
				Office Visit - New Patient, Low								
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99203	Complexity	Yes	\$ 182.06	\$	132.54	\$	273.99	\$107.40	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Pri	ce	Charge	Charge	Charge	Estimate Type
Evaluation & Management Services	Professional Services	СРТ	99204	Office Visit - New Patient, Moderate Complexity	Yes	\$ 25	0.69	\$ 177.01	\$ 432.49	\$183.43	Per Unit
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Fundament Commission	Dueforsional Comitaes	CDT	00305	New patient office of other	Vac	\$ 44	. 04	ć 15C 20	ć FF2 70	622C 2E	Dou I Init
Evaluation & Management Services	Professional Services	CPT	99205	outpatient visit, typically 60 min	Yes	\$ 44	8.04	\$ 156.38	\$ 553.76	\$236.25	Per Unit
Evaluation & Management Services	Professional Services	СРТ	00212	Office Visit - Basic	No	\$ 5	8.74	\$ 46.41	\$ 133.24	\$35.19	Per Unit
Evaluation & Management Services	Froiessional Services	CFI	33212	Office visit - basic	NO	, J	5.74	3 40.41	\$ 133.24	333.13	rei Ollit
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	СРТ	99213	Low Complexity	No	\$ 9	9.67	\$ 81.71	\$ 201.59	\$71.56	Per Unit
				Office Visit - Established Patient,							
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99214	Moderate Complexity	No	\$ 15	1.19	\$ 140.90	\$ 279.47	\$110.46	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-Identi Maximu Negotiat 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	5.34 \$155.63	Per Unit
Professional Services Associated with Inpatient Stay	Professional Services	СРТ	99232	Subsequent hospital care	No	\$ 159.88	\$ 50.60	\$ 111	1.92 \$101.44	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99243	Patient office consultation, typically 40 min	Yes	\$ 212.43	\$-	\$ 142	2.18 \$135.07	Per Unit
				Patient office consultation,						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99244	typically 60 min	Yes	\$ 338.80	\$-	\$ 226	5.38 \$215.06	Per Unit
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Emergency Department Visit - Minor (outpatient)	No	\$ 230.81	\$ 74.98	\$ 689	9.88 \$660.66	Case Rate

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<u>Service Category</u>	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
Emergency Room Visit	Hospital Outpatient	СРТ	99282	Emergency Department Visit - Low Complexity (outpatient)	No	\$ 430.38	\$ 93.52	\$ 1,114.22	\$1,037.08	Case Rate
Emergency Room Visit	Hospital Outpatient	СРТ	99283	Emergency Department Visit - Moderate Complexity (outpatient)	No	\$ 932.99	\$ 182.62	\$ 2,714.83	\$1,909.87	Case Rate
Emergency Room Visit	Hospital Outpatient	СРТ	99284	Emergency Department Visit - Higher Complexity (outpatient)	No	\$ 2,400.69	\$ 270.43	\$ 4,475.48	\$2,616.74	Case Rate
Emergency Room Visit	Hospital Outpatient	СРТ	99285	Emergency Department Visit - High Complexity (outpatient)	No	\$ 3,149.91	\$ 458.20	\$ 5,806.95	\$5,782.17	Case Rate

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Service Category	Service Setting	Type	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	\$12,048.67	Case Rate
Emergency Room visit	nospital outputient	Ci i	33231	Critical Care (outpatient)	140	7 17,000.01	7 425.50	ÿ 0,300.07	712,040.07	Case Nate
				Office Visit - Comprehensive						
				-						
				Preventive Medicine Evaluation						
				and Management, New Patient,						
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99381	Younger than 1 Year Old	No	\$ 156.75	\$ -	\$ 225.38	\$111.46	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient, 1-						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	00383	4 Years Old	No	\$ 163.82	Ś -	\$ 236.91	\$118.40	Per Unit
Evaluation & Ivianagement Services	Froiessional Services	CPT	22382	4 Teals Olu	140	203.82 ب	7	250.91	Ş118.4U	rei Onit

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<u>Service Category</u>	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, 5- 11 Years Old	No	\$ 170.96	\$ -	\$ 413.46	\$125.89	Per Unit
Evaluation & Management Services	Trotessional services	CIT	33363	III rears old	110	7 170.50	<u> </u>	<del>-</del> 413.40	<b>VIES.03</b>	Terome
				Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 12-						
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99384	17 Years Old	No	\$ 193.58	\$ -	\$ 280.75	\$148.37	Per Unit

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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
Professional Services	СРТ		Preventive Medicine Evaluation and Management, New Patient, 18-	Yes	\$ 187.80	\$ 59.23	\$ 347.60	\$142.69	Per Unit
Duefood and Condess	CDT		Preventive Medicine Evaluation and Management, New Patient, 40-	Ve	6 247.00	6 04 70	é 4202 FC	\$472.C2	Per Unit
	Professional Services	Professional Services CPT	Service Setting Type Code  Professional Services CPT 99385	Professional Services  CPT  Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 18- 39 Years Old  Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 48- April 18- April 29385	Service Setting  Code Type Code Description  Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 18- 39 Years Old  Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 18- 40 Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 40-	Service Setting  Code Type Code Description  Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 18- 39 Years Old  Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 18- Type  Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 18- Type  Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 40-	Code Type Code Description Service?  Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 18-  Office Visit - Comprehensive Preventive Medicine Evaluation and Management of Man	Service Setting  Code Type Code Description  Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 18-  Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 18-  Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 18-  Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 18-  Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 40-	Code Code Description  Code Type Code Description  Code Preventive Medicine Evaluation and Management, New Patient, 40-  Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 40-  Office Visit - Comprehensive Preventive Medicine Evaluation and Management, Perventive Medicine Evaluation and Management, New Patient, 40-

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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					4	
Evaluation & Management Services	Professional Services	СРТ	99391	Year Old	No	\$ 141.19	\$ -	\$ 267.83	\$101.43	Per Unit
				Office Visit - Comprehensive Preventive Medicine Reevaluation						
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99392	and Management, 1-4 Years Old	No	\$ 150.93	Ş -	\$ 305.91	\$111.46	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	<b>Estimate Type</b>
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99393	and Management, 5-11 Years Old	No	\$ 150.44	\$ -	\$ 305.91	\$111.46	Per Unit
						-	-	-	-	
				Office Visit - Comprehensive						
				<b>Preventive Medicine Reevaluation</b>						
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99394	and Management, 12-17 Years Old	No	\$ 165.14	\$ -	\$ 398.57	\$125.89	Per Unit
				Office Visit - Comprehensive						
				<b>Preventive Medicine Reevaluation</b>						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99395	and Management, 18-39 Years Old	No	\$ 168.81	\$ 37.07	\$ 304.60	\$129.50	Per Unit
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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	<u>Cash Price</u>	Charge	Charge	Charge	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99396	and Management, 40-64 Years Old	No	\$ 180.12	\$ 64.57	\$ 429.79	\$140.87	Per Unit
									Covered	
									Service	
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Positions		CDT	02007	Farmed Illenance d	NI-	ć 22.420.EC	ć 44 272 00	ć 44.272.00		Cara Bata
Exablate	Hospital Outpatient	CPT	03981	Focused Ultrasound	No	\$ 32,139.56	\$ 11,272.90	\$ 11,272.90	Established	Case Rate
Vaccinations	Hospital Outpatient	CPT	G0008	Admin influenza virus vaccine	No	\$ 70.15	\$ -	\$ 126.95	\$99.61	Per Unit
Vaccinations	Hospital Outpatient	СРТ	G0009	Admin pneumococcal vaccine	No	\$ 27.43	\$ -	\$ -	\$99.61	Per Unit
				F 22 222222	·-		-	•		
Bandtete - Holesch - 1	Hamital Outrati	CDT	C0277	Ubak fall bada ab 1 20			A	A 4.00.00	6405.00	Deville?
Medicine Hyberbaric	Hospital Outpatient	CPT	G0277	Hbot, full body chamber, 30m	No	\$ 773.99	\$ 46.24	\$ 1,424.46	\$195.39	Per Unit
<b>Hospital Observation Per Hour</b>	Hospital Outpatient	CPT	G0378	Hospital observation per hr	No	\$ 15,685.71	\$ 605.00	\$ 24,131.86	\$6,572.84	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Evaluation & Management Services	Hospital Outpatient	СРТ	emes	Hospital outpt clinic visit	No	\$ 130.00	\$ 74.02	\$ 200.00	\$0.00	Per Unit
Evaluation & Ivianagement Services	nospital Outpatient	CFI	00403	nospital outpt clinic visit	INO	3 130.00	3 74.02	\$ 200.00	30.00	rei oiiit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 476.03	\$ -	\$ 732.35	\$199.85	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$ 0.22	\$ 0.03	\$ 0.34	\$0.00	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$ 2.13	\$ 0.78	\$ 3.27	\$0.00	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$ 26.95	\$ -	\$ 89.11	\$12.35	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$ 2,818.54	\$ -	\$ 4,336.21	\$228.71	Per Unit