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Blue Cross Network S	Last Updated: 12/14/2021									
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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified Minimum Negotiated <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	Yes	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	\$ 13,710.15	\$ 5,517.78	\$ 31,074.55	\$11,243.37	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		Spinal fusion except cervical without major comorbid conditions or complications (MCC)	Yes	\$ 89,541.22	\$ 16,237.64	\$ 58,989.92	\$40,218.35	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Service category	Service Setting	туре	coue	Description	Service:	<u>Casil Flice</u>	charge	charge	charge	<u>Estimate rype</u>
										Case Rate-
										Excluding
				Major joint replacement or						Professional
				reattachment of lower extremity						Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		or complications (MCC).	Yes	\$ 26 747 32	\$ 8 070 11	\$ 37,721.88	\$28,411.80	CPT/HCPCS
nospital inpatient Stay	nospital inpatient	DING	470	or complications (wee).	163	\$ 20,747.32	\$ 8,070.44	\$ 37,721.00	\$20,411.00	cr i/ficr c5
										Case Rate-
										Excluding
				Cervical spinal fusion without						Professional
				comorbid conditions (CC) or major						Charges which
				comorbid conditions or						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		complications (MCC).	Yes	\$ 37,083.10	\$ 10.123.74	\$ 62,430.00	\$25,951.88	CPT/HCPCS
				compressions (moop	100	÷ 57,000.10	+ 10,110,114	+ 01,400,000	<i>410,001.00</i>	

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
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										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay H	lospital Inpatient	DRG	480	MAJOR JOINT W MCC	No	\$ 58,727.97	\$ 12,375.85	\$ 48,933.51	\$29,238.50	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay H	lospital Inpatient	DRG	481	MAJOR JOINT W CC	No	\$ 48,507.14	\$ 8,559.98	\$ 38,996.68	\$25,994.38	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay H	lospital Inpatient	DRG	482	MAJOR JOINT W/O CC/MCC	No	\$ 35,733.50	\$ 6,745.73	\$ 37,731.25	\$19,645.35	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				LOWER EXTREM HUMER PROC			1			are paid by
										CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_Estimate Ty
Hospital Inpatient Stay	Hospital Inpatient	DRG	494	LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	Νο	\$ 34,304.81	\$ 7,426.74	\$ 43,066.25	\$15,091.05	Case Rate- Excluding Professional Charges whicl are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	743	Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	Yes	\$ 18,033.90	\$ 3,828.29	\$ 28,968.03	\$7,533.83	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
				RED BLOOD CELL DISORDERS W						Case Rate- Excluding Professional Charges whic are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	MCC	No	\$ 23,221.02	\$ 4,255.93	\$ 31,015.82	\$8,375.41	CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
				LIMB REATTACHMENT, HIP						Case Rate- Excluding Professional 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	\$90,494.20	CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	No	\$ 139,128.72	\$ 30,888.17	\$ 200,000.00	\$67,741.81	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	No	\$ 73,933.71	\$ 17,182.69	\$ 125,000.00	\$45,684.36	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	Νο	\$ 34,761.85	\$ 6,123.35	\$ 50,000.00	\$18,083.33	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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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	\$16,868.78	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	\$18,547.68	CPT/HCPCS
										Corres Data
										Case Rate-
										Excluding Professional
										Charges which
				CESAREAN SECTION W						are paid by
Matamity (Daliyany	Hospital Inpatient	DRG		STERILIZATION W CC	No	\$ 9,940.40	\$ 3,570.00	\$ 27,865.12	\$11,710.91	CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DKG	704	STERILIZATION W CC	NO	\$ 9,940.40	\$ 5,570.00	\$ 27,005.12	\$11,710.91	CP1/HCPC3
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG		STERILIZATION W/O CC/MCC	No	\$ 8,988.27	\$ 3,519.44	\$ 25,870.71	\$8,984.28	CPT/HCPCS
, benner y						÷ 0,500.27	- 0,010.44	+ 20,070771	<i>J</i> JJJJJJJJJJJJJ	
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG		STERILIZATION W MCC	No	\$ 12,696,27	\$ 3,570,00	\$ 35,011.06	\$16,521.30	CPT/HCPCS
materiney/ benvery	noopital inpatient	2110	,00		140	Ψ 16,030.67	φ 3,370.00	÷ 33,011.00	910,321.30	or tyricr co

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<u>Service Category</u>	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG		CESAREAN SECTION W/O STERILIZATION W CC	No	\$ 11,322.59	\$ 2,835.00	\$ 27,868.32	\$11,487.77	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG		CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	No	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$9,570.84	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	No	\$ 1,400.10	\$ 626.89	\$ 18,705.56	\$1,233.68	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG		VAGINAL DELIVERY W STERILIZATION/D&C W CC	No	\$ 12,785.73	\$ 2,464.00	\$ 25,917.69	\$8,999.16	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG		VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	C No	\$ 10,897.11	\$ 2,464.00	\$ 25,917.69	\$8,999.16	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	805	VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	No	\$ 10,518.03	\$ 2,464.00	\$ 27,817.08	\$10,872.52	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	806	VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	No	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	\$7,516.83	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	807	VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	No	\$ 7,318.91	\$ 2,464.00	\$ 23,397.98	\$6,524.36	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Rehabilitation Hospital Stay	Inpatient Rehabilitation Hospital	DRG	945	REHABILITATION W CC/MCC	No	N/A	\$ 14,553.00	\$ 14,553.00	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Rehabilitation Hospital Stay	Inpatient Rehabilitation Hospital	DRG	946	REHABILITATION W/O CC/MCC	Νο	N/A	\$ 10,870.00	\$ 10,870.00	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Coherent	Convice Cotting	Code	Code	Description		Cash Price				Estimate Tures
Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge_	Charge_	Charge	Estimate Type
						52% Charges				
						Estimated at				
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per			\$826 Per	Per Diem Per
Stay	Inpatient Rehabilitation Hospital	UB	118	Room & Board	No	Diem			Diem	Day
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM AND CONNECTIVE TISSUE						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG		WITH MCC	No	N/A	¢ 19 019 00	\$ 18,018.00	N/A	CPT/HCPCS
inpatient Skilleu Nulsing	inpatient Skillen Nursing	DNG	333	with wee	NU	N/M	\$ 10,010.00	\$ 10,010.00	IN/A	
										Corres Data
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM & CONNECTIVE TISSUE W						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	560	CC	No	N/A	\$ 10,435.00	\$ 10,435.00	N/A	CPT/HCPCS

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge_	Charge	Charge	Estimate Type
										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
	Hospital	DRG	LTC189		No	N/A	\$ 74,931.49	\$ 74,931.49	N/A	CPT/HCPCS
Stay	позрітаї	DKG	LICIOS		NO	N/A	\$ 74,551.45	\$ 74,551.45	N/A	CF I/HCFC3
										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	\$1,832 Per	Per Diem Per
Stay	Hospital	UB	200	Room & Board	No	diem)	Diem	Diem	Diem	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &						\$1,109.30 Per			\$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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Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?	Cash Price	Charge_	<u>Charge</u>	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	\$ 299.70	\$ 850.00	Diem	Day
							+	+	2.011	
						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	\$ 370.00	\$ 850.00	Diem	Day
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$1,243.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$1,243.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$1,291.36	Case Rate
			11000	bestruction of Lesion (outpatient)	NU	φ 1,131.70	÷ 157.32	γ 1,034.1U	31,231.30	Case nale
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$1,738.57	Case Rate
								, _,		
						N/A No			N/A No	
				Removal of 1 or more breast		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19120	growth, open procedure	Yes	Volume	\$-	\$-	Volume	Case Rate

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Injections	Hospital Outpatient	СРТ	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$1,312.19	Case Rate
-										
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$2,131.52	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
						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	\$ 135.86	\$ 1,978.02	\$1,342.01	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$1,405.89	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
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43235	Diagnostic	Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$1,428.11	Case Rate

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> Service?		scounted	<u>Mi</u> Neg	dentified nimum otiated harge	M Ne	<u>-Identified</u> laximum egotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43239	Upper Gastrointestinal Endoscopy - With Biopsy	Yes	\$	1,259.34	\$	372.00	\$	2,229.48	\$1,452.52	Case Rate
Hospital Outpatient Procedure	Hagnital Outpatient	CDT	45279	Colonoscopy - Diagnostic	Yes	\$	2 117 96	ć	225 70	ć	2 220 99	¢1 521 00	Casa Pata
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45378	(outpatient)	Yes	>	2,117.86	\$	335.79	\$	2,220.88	\$1,521.88	Case Rate
				Colonoscopy - With Biopsy									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45380	(outpatient)	Yes	\$	3,082.66	\$	343.06	\$	4,110.45	\$1,795.21	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45385	Colonoscopy - With Polyp Removal (outpatient)	Yes	\$	3,317.89	\$	354.50	\$	4,434.15	\$1,876.68	Case Rate
								-					
						•	N/A No					N/A No	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	15201	Ultrasound examination of lower large bowel using an endoscope	Yes		Service /olume	Ś	_	Ś		Service Volume	Case Rate
nospital outpatient Procedure	nospital Outpatiellt	UP I	40001	naise nowel using all endoscope	165		oluille	?	-	?	-	volume	case nate

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Hospital Outpatient Procedure H	lospital Outpatient	СРТ	47562	Gall Bladder Surgery (outpatient)	Yes	\$ 12,062.52	\$ 504.75	\$ 18,374.88	\$3,435.56	Case Rate
Hospital Outpatient Procedure H	lospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$1,805.99	Case Rate
Usersited Outpatient Dress dama	lessited Outputient	CDT	40505	Repair of groin hernia patient age 5	Mara	¢ 0.007.05	¢ 470.00	¢ 45 040 00	62 027 00	Corres Data
Hospital Outpatient Procedure H	lospital Outpatient	CPT	49505	years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$2,937.86	Case Rate
Hospital Outpatient Procedure H	lospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 97.04	s -	\$ 1,579.20	\$1,270.09	Case Rate
nospital Outpatient Procedure		CFT	51750	office capacity weasurement	NU	\$ 57.04	ş -	\$ 1,375.20	\$1,270.05	Case Nate
Hospital Outpatient Procedure H	lospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$1,422.61	Case Rate
	restriction and an and the	5				÷ _,1,0,12	+ 101170	,5550.52	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	
Hospital Outpatient Procedure H	lospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	\$ 284.76	\$ 2,631.84	\$1,927.29	Case Rate
	• • • • • • • • • • • •									
				Surgical removal of prostate and		N/A No	N/A No	N/A No	N/A No	
				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	

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	cription Service? Cash Price		Charge Estimate Typ
Hospital Outpatient Procedure Hospital Outpatient CPT 58100 Biopsy - Endor	etrial (Uterus) No \$ 375.	33 \$ 144.00 \$ 1,697.39	\$1,373.11 Case Rate
Hospital Outpatient Procedure Hospital Outpatient CP1 58100 Blopsy - Endor		55 \$ 144.00 \$ 1,697.55	
Hospital Outpatient Procedure Hospital Outpatient CPT 58300 Insert intraute	ne device No \$ 632.3	24 \$ 48.93 \$ 1,749.37	\$1,568.06 Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 58301 Remove intrat	erine device No \$ 273.	35 \$ 32.34 \$ 1,495.58	\$ \$1,343.52 Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 59025 Fetal Non-Stree	s Test No \$ 260.	79 \$ 118.53 \$ 1,596.22	\$1,285.96 Case Rate
	ic care for vaginal		
	ng pre-and post-		
with Inpatient Stay Professional Services CPT 59400 delivery care	Yes \$ 4,496.2	21 \$ 242.00 \$ 3,278.48	\$ \$3,047.06 Case Rate
Professional Services Associated			
with Inpatient Stay Professional Services CPT 59410 Obstetrical car	No \$ 2,230.0	133.91 \$ 1,625.8 1	\$1,511.05 Case Rate
	ic care for cesarean		
Professional Services Associated delivery, inclu			
with Inpatient Stay Professional Services CPT 59510 delivery care	ng pre-and post- Yes \$ 4,966.	56 \$ 246.05 \$ 3,619.13	\$3,363.66 Case Rate

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Service Category	<u>Service Setting</u>	туре	coue	Description	Service:	Casil Flice	charge	Charge	charge	Estimate Type
				Routine obstetric care for vaginal						
				delivery after prior cesarean						
Professional Services Associated				delivery including pre-and post-						
with Inpatient Stay	Professional Services	СРТ		delivery care	Yes	\$ 4,706.58	\$ 305.08	\$ 3,429.34	\$3,187.27	Case Rate
		-				, ,		,		
				Intention of substance into extend						
				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	\$1,377.08	Case Rate
				Injection of substance into spinal						
				canal of lower back or sacrum using						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ		imaging guidance	Yes	\$ 1,665.98	\$ 305.01	\$ 1,988.33	\$1,396.43	Case Rate
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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
				Injections of anesthetic and/or steroid drug into lower or sacral						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ		spine nerve root using imaging guidance	Yes	\$ 1,776.21	\$ 358.46	\$ 1,980.49	\$1,662.85	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ		Removal of recurring cataract in lens capsule using laser	Yes	N/A No Service Volume	\$-	\$-	N/A No Service Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ		Removal of cataract with insertion of lens	Yes	N/A No Service Volume	\$-	\$-	N/A No Service Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	69210	Remove impacted ear wax	No	\$ 168.99	\$ 48.93	\$ 1,604.78	\$1,292.05	Case Rate
				CT Scan - Head/Brain, without						
Radiology Services	Hospital Outpatient	СРТ		Contrast	No	\$ 901.06	\$ 127.22	\$ 1,318.18	\$180.15	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	Yes	\$ 901.06	\$ 127.22	\$ 1,318.18	\$180.15	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	\$556.10	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$ 1,668.57	\$ 127.52	\$ 2,259.85	\$331.49	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70496	Ct angiography head	No	\$ 1,871.05	\$ 223.05	\$ 1,996.31	\$795.69	Per Unit
Radiology Services	Hospital Outpatient	СРТ		Ct angiography neck	No	\$ 1,632.72		\$ 1,677.63	\$834.30	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$ 1,518.19	\$ 252.20	\$ 2,270.30	\$378.77	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$ 2,314.59	\$ 406.50	\$ 3,409.54	\$616.79	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$ 138.11	\$ 19.91	\$ 181.37	\$23.52	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$ 148.99	\$ 31.50	\$ 193.55	\$43.37	Per Unit

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Service Category	Service Setting	Type	<u>Code</u>	Description	Service?	Ca	sh Price	<u>c</u>	harge		Charge_	Charge_	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$	205.20	ć	38.07	\$	271.73	\$61.15	Per Unit
Radiology Services		CFT	/1110	A-ray examinus bir 5 views	NU	?	205.20	2	38.07	ş	2/1./3	301.15	Per Offic
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$	1,024.52	Ś	141.11	\$	1,468.48	\$310.98	Per Unit
						+	-,	•		-		7	
				CT Scan - Chest, with Contrast									
Radiology Services	Hospital Outpatient	СРТ	71260	(outpatient)	No	\$	1,448.52	\$	200.76	\$	2,034.88	\$392.17	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71275	Ct angiography chest	No	\$	1,935.65	\$	226.19	\$	2,092.27	\$614.41	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72040	X-Ray - Neck, Cervical Spine	No	\$	154.65	\$	37.93	\$	204.42	\$54.05	Per Unit
Padialam: Comisso	Upprited Outpotient	CDT	72070	V Day Middle Deals Therease Spine	No	Ś	251 61	~	33.93	\$	338.99	\$50.10	Devilatio
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	Ş	251.61	Ş	33.93	>	338.99	\$50.10	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	Ś	199.60	Ś	37.93	\$	265.13	\$54.05	Per Unit
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1			1			1							
				X-Ray, lower back, minimum four									

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Typ
Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$ 1,459.37	\$ 136.86	\$ 1,750.92	\$314.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72126	Ct neck spine w/dye	No	\$ 1,293.16	\$ 260.86	\$ 1,821.59	\$394.52	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72127	Ct neck spine w/o & w/dye	No	\$ 1,815.93	\$ 201.73	\$ 2,118.48	\$490.69	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72129	Ct chest spine w/dye	No	\$ 1,520.66	\$ 199.82	\$ 1,805.90	\$394.52	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/dye	No	\$ 1,518.43	\$ 260.86	\$ 1,805.90	\$392.96	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72133	Ct lumbar spine w/o & w/dye	No	\$ 1,904.42	\$ 201.90	\$ 2,238.70	\$491.47	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72141	MRI NECK SPINE W/O DYE	No	\$ 1,441.84	\$ 252.20	\$ 2,177.11	\$373.26	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72148	MRI - Back (outpatient)	Yes	\$ 1,381.13	\$ 252.20	\$ 2,137.12	\$373.26	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$ 249.04	\$ 28.72	\$ 327.10	\$43.81	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$ 208.53	\$ 39.60	\$ 264.73	\$70.61	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	\$ 1,536.96	\$ 197.29	\$ 2,142.05	\$392.17	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	Code	Description	CMS Required Shoppable Service?	scounted	<u>M</u> Ne	Identified inimum gotiated Charge	Ν	e-Identified Maximum legotiated Charge	<u>Payer-</u> Specific Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	72197	MRI - Pelvis (outpatient)	No	\$ 2,448.72	\$	402.71	\$	3,522.33	\$898.15	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$ 147.59	\$	22.40	\$	185.92	\$46.18	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73010	X-ray exam of shoulder blade	No	\$ 196.93	\$	26.01	\$	251.93	\$50.10	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$ 149.50	\$	28.33	\$	196.92	\$46.97	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$ 147.62	\$	29.40	\$	195.82	\$45.37	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$ 146.83	\$	25.07	\$	191.42	\$45.37	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73080	X-RAY EXAM OF ELBOW	No	\$ 122.83	\$	26.72	\$	154.02	\$55.64	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$ 117.10	\$	26.40	\$	151.82	\$43.81	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$ 156.52	\$	30.72	\$	196.19	\$65.10	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$ 192.03	\$	24.40	\$	249.73	\$43.02	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	_	iscounted ash Price	<u>Mi</u> Nej	dentified nimum gotiated harge	N	e-Identified Maximum legotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_Estimate Type
Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$	151.54	\$	32.72	\$	198.42	\$54.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73221	MRI - Shoulder, Elbow, or Wrist	No	\$	1,211.82	\$	246.65	\$	1, 702.4 6	\$411.09	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$	129.58	\$	37.77	\$	197.91	\$65.83	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$	150.51	\$	29.51	\$	189.38	\$50.08	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$	201.92	\$	32.40	\$	266.82	\$47.75	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$	263.50	\$	36.52	\$	351.25	\$61.15	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$	239.62	\$	32.40	\$	321.48	\$42.24	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$	191.55	\$	31.98	\$	278.60	\$45.37	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73610	X-Ray - Ankle (outpatient)	No	\$	239.05	\$	25.72	\$	311.14	\$55.64	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$	196.24	\$	29.81	\$	262.21	\$43.81	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	Shoppable Service?	Discounted Cash Price	Negotiated Charge	Negotiated Charge	Negotiated Charge	Estimate Type
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Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$ 216.05	\$ 33.95	\$ 289.60	\$51.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$ 1,231.00	\$ 134.01	\$ 1,400.92	\$310.98	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	/3/21	MRI - Knee (outpatient)	Yes	\$ 1,224.32	\$ 246.65	\$ 1,828.36	\$411.87	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$ 145.61	\$ 28.31	\$ 189.76	\$40.20	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$ 977.64	\$ 142.38	\$ 1,446.99	\$209.33	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$ 1,824.18	\$ 207.86	\$ 2,144.29	\$459.15	Per Unit
				CT Scan - Abdomen and Pelvis, with						
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$ 2,748.11	\$ 286.79	\$ 3,568.86	\$515.90	Per Unit
				CT Scan - Abdomen and Pelvis, with						
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	Yes	\$ 2,748.11	\$ 286.79	\$ 3,568.86	\$515.90	Per Unit
Radiology Services	Hospital Outpatient	CPT	74220	X-ray xm esophagus 1cntrst	No	\$ 394.10	\$ 56.38	\$ 563.71	\$154.15	Per Unit

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified <u>Minimum</u> <u>Negotiated</u> Charge	De-Identified <u>Maximum</u> <u>Negotiated</u> Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> Charge	Estimate Type
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Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$ 521.72	\$ 79.34	\$ 578.01	\$277.88	Per Unit
				•						
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$ 306.04	\$ 59.00	\$ 323.39	\$171.48	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76536	Ultrasound - Head and Neck	No	\$ 460.62	\$ 78.79	\$ 386.50	\$208.52	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$ 152.68	\$ 78.52	\$ 249.30	\$120.81	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$ 361.43	\$ 91.69	\$ 433.80	\$223.51	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$ 327.93	\$ 46.05	\$ 372.20	\$176.20	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$ 456.58	\$ 76.54	\$ 400.80	\$213.25	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$ 391.57	\$ 86.65	\$ 396.27	\$171.48	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Service category	<u>Service Setting</u>	туре	coue	Description	<u>Service:</u>	casirrice	charge	charge	charge	Lotinate Type
				Literacian December 2						
			-	Ultrasound - Pregnancy		<u> </u>	A 100.00	<u> </u>	4044.04	B 11 11
Radiology Services	Hospital Outpatient	СРТ	76805	(outpatient)	Yes	\$ 367.73	\$ 100.36	\$ 437.10	\$214.84	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76811	OB US DETAILED SNGL FETUS	No	\$ 522.04	\$ 198.65	\$ 587.50	\$199.06	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76815	OB US LIMITED FETUS(S)	No	\$ 309.95	\$ 54.75	\$ 384.30	\$128.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76816	Ultrasound - Pregnancy Follow-Up	No	\$ 406.54	\$ 64.37	\$ 384.30	\$163.61	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76818	FETAL BIOPHYS PROFILE W/NST	No	\$ 476.50	\$ 82.20	\$ 387.27	\$153.37	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$ 407.39	\$ 97.44	\$ 398.34	\$112.38	Per Unit
		1								
Radiology Services	Hospital Outpatient	СРТ	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$ 370.14	\$ 88.69	\$ 391.69	\$129.70	Per Unit
		1								
		1		Ultrasound - Transvaginal (non-						
Radiology Services	Hospital Outpatient	СРТ	76830	maternity)	Yes	\$ 475.43	\$ 98.63	\$ 463.90	\$203.79	Per Unit
Hadrology Scivices	nospital outputient	U 1	10030	indecimely)	1 63	Y 7/0.40	y 30.03	y 403.30	9203.13	. crome

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Service Category	Service Setting	<u>Code</u> Туре	Code	Description	CMS Required Shoppable Service?		ounted Price	<u>Mi</u> Neg	dentified nimum gotiated harge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	_Estimate Typ
Radiology Services	Hospital Outpatient	СРТ	76856	Ultrasound - Pelvic (outpatient)	No	\$	344.00	\$	70.34	\$ 408.50	\$199.87	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$	546.40	\$	107.57	\$ 501.03	\$209.38	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$	383.79	\$	135.81	\$ 629.70	\$267.93	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$	406.73	\$	109.22	\$ 504.02	\$221.24	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$	247.25	\$	56.29	\$ 393.45	\$85.58	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$	116.84	\$	33.80	\$ 171.64	\$36.73	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$ 1,	,010.04	\$	336.74	\$ 2,091.45	\$893.22	Per Unit

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yr Image: service category Service Setting Service Category Service Setting Service Category Service Setting Service Category Service Setting											
Service Category Service Setting Code Type Code Type Code Type Description Realised Structure Service Minimum Code Charge Maximum Sectific Charge Sectific Charge aboratory & Pathology Services Hospital Outpatient CPT 8004 Blood Test - Basic Metabolic Panel Yes \$ 158.0 \$ 11.8 \$ 221.3 \$ 23.0 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 8004 Blood Test - Comprehensive Panel Yes \$ 93.7 \$ 14.8 \$ 21.3 \$ 23.00 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 8005 Blood Test - Comprehensive Panel Yes \$ 93.7 \$ 14.78 \$ 136.80 \$ 28.81 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 8005 Blood Test - Cholesterol Test, Lipid Yes \$ 93.70 \$ 14.78 \$ 101.77 \$ 24.76 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 8005 Blood Test - Cholesterol Test, Lipid Yes \$ 46.86 \$ 11.07 \$ 41.76 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 8006 Blood Test - Cholesterol Test, Lipid Yes \$ 46.86 \$ 11.07 \$ 54.76 Per Unit	To Search for a service Click "CTRL" + "F"										
Laboratory & Pathology Services Hospital Outpatient CPT 80053 Blood Test - Comprehensive Yes \$ 93,73 \$ 14.78 \$ 136.89 \$28.81 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 80053 Metabolic Panel Yes \$ 93,73 \$ 14.78 \$ 136.89 \$28.81 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 80055 Panel Yes \$ 46.48 \$ 12.05 \$ 101.77 \$44.76 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 80061 Panel Yes \$ 46.48 \$ 12.05 \$ 101.77 \$44.76 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 80061 Panel Yes \$ 46.48 \$ 12.05 \$ 101.77 \$ 44.76 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 80069 Function Panel Yes \$ 17.24 \$ 8.68 \$ 34.59 \$ 22.05 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 80069 Function Panel Yes \$ 17.24 <td< th=""><th>Service Category</th><th>Service Setting</th><th></th><th><u>Code</u></th><th>Description</th><th>Required Shoppable</th><th></th><th><u>Minimum</u> <u>Negotiated</u></th><th><u>Maximum</u> Negotiated</th><th>Specific Negotiated</th><th>_Estimate Type</th></td<>	Service Category	Service Setting		<u>Code</u>	Description	Required Shoppable		<u>Minimum</u> <u>Negotiated</u>	<u>Maximum</u> Negotiated	Specific Negotiated	_Estimate Type
.aboratory & Pathology Services Hospital Outpatient CPT 80053 Blood Test - Comprehensive Yes \$ 93,73 \$ 14.78 \$ 136.89 \$28.81 Per Unit .aboratory & Pathology Services Hospital Outpatient CPT 80053 Blood Test - Pregnancy (Obstetric) Yes \$ 93,73 \$ 14.78 \$ 136.89 \$28.81 Per Unit .aboratory & Pathology Services Hospital Outpatient CPT 80055 Panel Yes \$ 46.48 \$ 12.05 \$ 101.77 \$44.76 Per Unit .aboratory & Pathology Services Hospital Outpatient CPT 80061 Blood Test - Cholesterol Test, Lipid Yes \$ 46.48 \$ 12.05 \$ 101.77 \$44.76 Per Unit .aboratory & Pathology Services Hospital Outpatient CPT 80069 Blood Test - Cholesterol Test, Lipid Yes \$ 46.48 \$ 12.05 \$ 101.77 \$ 44.76 Per Unit .aboratory & Pathology Services Hospital Outpatient CPT 80069 Function Panel Yes \$ 17.24 \$ 8.68 \$ 34.59 \$ 22.05 Per Unit .aboratory & Pathology Services Hospital Outpatient CPT 80069											
Laboratory & Pathology Services Hospital Outpatient CPT 80053 Metabolic Panel Yes \$ 93.73 \$ 14.78 \$ 136.89 \$ 28.81 Per Unit Laboratory & Pathology Services Rospital Outpatient CPT 80055 Blood Test - Pregnancy (Obstetric) Yes N/A No N/A No N/A No N/A No Service Volume Volume Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 8005 Blood Test - Cholesterol Test, Lipid Yes S 46.48 S 12.05 S 101.77 Ş44.76 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 8006 Fest - Cholesterol Test, Lipid Yes S 46.48 S 12.05 S 101.77 Ş44.76 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 8006 Fest - Cholesterol Test, Lipid Yes S 17.24 S 8.68 S 34.59 Ş23.05 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 8006 Fest - Renal (Kidney) Yes S 17.24 S 8.68 S 34.59 Ş23.05 Per Unit Laboratory & Pathology Services	Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$ 158.03	\$ 11.84	\$ 221.33	\$23.05	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 80053 Metabolic Panel Yes \$ 93.73 \$ 14.78 \$ 136.89 \$ 28.81 Per Unit Laboratory & Pathology Services Rospital Outpatient CPT 80055 Blood Test - Pregnancy (Obstetric) Yes N/A No N/A No N/A No N/A No Service Volume Volume Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 8005 Blood Test - Cholesterol Test, Lipid Yes S 46.48 S 12.05 S 101.77 Ş44.76 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 8006 Fest - Cholesterol Test, Lipid Yes S 46.48 S 12.05 S 101.77 Ş44.76 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 8006 Fest - Cholesterol Test, Lipid Yes S 17.24 S 8.68 S 34.59 Ş23.05 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 8006 Fest - Renal (Kidney) Yes S 17.24 S 8.68 S 34.59 Ş23.05 Per Unit Laboratory & Pathology Services											
Laboratory & Pathology Service Hospital Outpatient CPT Blood Test - Pregnancy (Obstetric) Yes Service Service Service Service Volume Volume Volume Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 8006 Blood Test - Cholesterol Test, Lipid Yes \$ 46.48 \$ 12.05 \$ 101.77 \$ \$44.76 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 8006 Blood Test - Cholesterol Test, Lipid Yes \$ 46.48 \$ 12.05 \$ 101.77 \$ \$44.76 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 8006 Blood Test - Renal (Kidney) Yes \$ 17.24 \$ 8.68 \$ 34.59 \$ 23.05 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	СРТ	80053	-	Yes	\$ 93.73	\$ 14.78	\$ 136.89	\$28.81	Per Unit
Laboratory & Pathology Service Hospital Outpatient CPT Blood Test - Pregnancy (Obstetric) Yes Service Service Service Service Volume Volume Volume Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 8006 Blood Test - Cholesterol Test, Lipid Yes \$ 46.48 \$ 12.05 \$ 101.77 \$ \$44.76 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 8006 Blood Test - Cholesterol Test, Lipid Yes \$ 46.48 \$ 12.05 \$ 101.77 \$ \$44.76 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 8006 Blood Test - Renal (Kidney) Yes \$ 17.24 \$ 8.68 \$ 34.59 \$ 23.05 Per Unit											
Laboratory & Pathology Services Hospital Outpatient CPT 80061 Blood Test - Cholesterol Test, Lipid Yes \$ 46.48 \$ 12.05 \$ 101.77 \$44.76 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 80069 Blood Test - Renal (Kidney) Laboratory & Pathology Services Hospital Outpatient CPT 80069 Function Panel Yes \$ 17.24 \$ 8.68 \$ 34.59 \$23.05 Per Unit							-	Service	Service	Service	
Laboratory & Pathology ServicesHospital OutpatientCPT80061PanelYes\$ 46.48\$ 12.05\$ 101.77\$44.76Per UnitLaboratory & Pathology ServicesHospital OutpatientCPT80069Blood Test - Renal (Kidney) Function PanelYes\$ 17.24\$ 8.68\$ 34.59\$ 23.05Per UnitBlood Test - Hepatic (Liver)Blood Test - Hepatic (Liver)Image: Service S	Laboratory & Pathology Services	Hospital Outpatient	СРТ	80055	Panel	Yes	Volume	Volume	Volume	Volume	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 80069 Function Panel (Kidney) Blood Test - Renal (Kidney) Blood Test - Hepatic (Liver)					-						
Laboratory & Pathology Services Hospital Outpatient CPT 80069 Function Panel Yes \$ 17.24 \$ 8.68 \$ 34.59 \$23.05 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	СРТ	80061	Panel	Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$44.76	Per Unit
Blood Test - Hepatic (Liver)	Laboratory & Dath Jami's and	Hernitel Outpatient	CDT	80000		Ver	6 17 24	é ara	Č 24 50	633.05	Dor Unit
	Laboratory & Pathology Services		CPI	80069		res	ə 17.24	ə 8.68	ə 34.59	\$23.05	Per Unit
aboratory & Pathology Services Hospital Outpatient CPT 80076 Function Panel Yes \$ 146.77 \$ 11.44 \$ 205.84 \$23.05 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	СРТ	80076		Yes	Ś 146.77	\$ 11 //	\$ 205.84	\$23.05	Per Unit

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge_	Charge_	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80307	Drug test prsmv chem anlyzr	No	\$ 128.65			\$195.53	Per Unit
						N/A No	N/A No	N/A No	N/A No	
						Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81000	Urinalysis nonauto w/scope	Yes	Volume	Volume	Volume	Volume	Per Unit
				Urine Test - Automated with						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	91001	Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$10.58	Per Unit
Laboratory & Pathology Services		CFI	01001		Tes	ş 23.40	Ş 4.44	Ş 34.47	\$10.56	Peronit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	#N/A	Per Unit
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$7.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$21.14	Per Unit
					-					
Laboratory & Pathology Services	Hospital Outpatient	СРТ	822/17	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$16.76	Per Unit
Laboratory & Pathology Services		CFI	32247		NU	y 41.02	÷ 4.52	y 55.22	\$10.70	rei Unit
Laboratory 0 Dati 1 - C - 1		CDT	00000	Pland Test Mites 1, D. C. L.		¢		A	¢00.00	Des Halt
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$98.98	Per Unit

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

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		<u>Code</u>			<u>CMS</u> <u>Required</u> <u>Shoppable</u>	Disc	counted	De-Identified Minimum Negotiated	De-Identified Maximum Negotiated	<u>Payer-</u> Specific Negotiated	
Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cas	h Price	Charge_	Charge_	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82330	Assay of calcium	No	\$	35.11	\$ 12.31	\$ 67.00	\$45.69	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82375	Assay carboxyhb quant	No	\$	114.13	\$ 11.09	\$ 153.64	\$41.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82465	Assay bld/serum cholesterol	No	\$	15.28	\$ 3.92	\$ 23.76	\$14.53	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of ck (cpk)	No	\$	12.70	\$ 5.86	\$ 35.53	\$21.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82552	Assay of cpk in blood	No	\$	26.14	\$ 12.05	\$ 75.41	#N/A	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82565	Assay of creatinine	No	\$	124.50	\$ 7.17	\$ 70.25	\$17.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82607	Blood Test - Vitamin B-12 (Cyanocobalamin) Level	No	\$	29.40	\$ 13.57	\$ 82.73	\$50.37	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82610	Cystatin c	No	\$	140.40	\$ 14.17	\$ 405.00	\$32.36	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ		Assay of erythropoietin	No	\$	36.68			\$62.84	Per Unit
						Ś					
Laboratory & Pathology Services	Hospital Outpatient	CPT	02070	Assay of estradiol	No	Ş	54.51	\$ 25.15	\$ 152.33	\$93.39	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>Ne</u>	-Identified Iinimum egotiated Charge	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	Payer- Specific Negotiated Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82693	Assay of ethylene glycol	Νο	\$ 20.2	9\$	13.41	\$ 40.08	\$34.77	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82728	Blood Test - Ferritin (Blood Protein) Level	Νο	\$ 33.5	3\$	19.09	\$ 96.63	\$45.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82746	Blood Test - Folic Acid Level	No	\$ 37.7	5\$	13.23	\$ 79.52	\$49.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82803	Blood gases any combination	No	\$ 73.4	D \$	20.17	\$ 106.16	\$64.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34.0	4 \$	5.51	\$ 49.42	\$13.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82962	Glucose blood test	No	\$ 45.5	5\$	3.89	\$ 61.82	\$7.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83018	Heavy metal quant each nes	No	\$ 172.9	7\$	19.76	\$ 498.96	#N/A	Per Unit
				Blood Test - Blood Glucose Control		A 					
Laboratory & Pathology Services	Hospital Outpatient	CPT	83036	(Hemoglobin A1C)	No	\$ 71.2	/ >	8.74	\$ 95.94	\$32.44	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83088	Assay of histamine	No	\$ 75.84	\$ 26.58	\$ 218.76	\$98.71	Per Unit
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	\$21.63	Per Unit
		CDT	92605	Assess of lastic sold	No	ć	ć 10.41	ć 59.05	¢25.70	Deviluit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	63003	Assay of lactic acid	No	\$ 27.44	\$ 10.41	\$ 58.05	\$35.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690	Blood Test - Lipase (fat enzyme) Level	No	\$ 69.47	\$ 6.20	\$ 93.51	\$23.03	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83735	Assay of magnesium	No	\$ 53.82	\$ 9.38	\$ 78.56	\$22.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83880	Assay of natriuretic peptide	No	\$ 172.55	\$ 35.33	\$ 232.27	\$113.46	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$ 61.73	\$ 6.64	\$ 87.67	\$14.60	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$15.36	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$15.36	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounte Cash Price		-Identified <u>Ainimum</u> egotiated <u>Charge</u>	De-Identified <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	Payer- Specific Negotiated Charge	_Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 52.	9\$	18.77	\$ 96.68	\$69.73	Per Unit
				Blood Test - Prostate Specific							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84153	Antigen (PSA) Level	Yes	\$ 74.3	1\$	25.75	\$ 116.68	\$61.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84154	PSA (prostate specific antigen)	Yes	\$ 106.3	s4 \$	16.55	\$ 143.15	\$61.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84182	Protein western blot test	No	\$ 382.	2\$	18.76	\$ 588.80	#N/A	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$ 42.:	.0 \$	4.33	\$ 56.67	\$16.07	Per Unit
				Blood Test - Thyroxine (Thyroid							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Chemical) Level, Free	No	\$ 66.2	1\$	8.12	\$ 89.13	\$30.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Blood Test - Thyroid Stimulating Hormone (TSH) Level	No	\$ 64.0	7 \$	23.52	\$ 119.09	\$56.18	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443		Yes	\$ 64.07	\$ 23.52	\$ 119.09	\$56.18	Per Unit
, 0,										
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84480	Assay triiodothyronine (t3)	No	\$ 96.31	\$ 12.76	\$ 129.65	\$47.38	Per Unit
						-		-		
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84484	Assay of troponin quant	No	\$ 81.70	\$ 10.26	\$ 121.45	\$32.88	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84702	Chorionic gonadotropin test	No	\$ 125.77	\$ 11.54	\$ 169.31	\$50.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85014	Hematocrit	No	\$ 26.95	\$ 2.13	\$ 36.27	\$7.91	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	\$25.99	Per Unit
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85027	Count (Hemoglobin)	Yes	\$ 60.79	\$ 5.82	\$ 81.83	\$21.63	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85240	Clot factor viii ahg 1 stage	No	\$ 45.97	\$ 16.11	\$ 95.56	\$59.85	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CFI	03240	Clot lactor vill ang 1 stage	NO	ş 43.57	Ş 10.11	\$ 55.50	333.83	Peronit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85378	Fibrin degrade semiquant	No	\$ 53.57	\$ 7.44	\$ 72.11	\$23.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85610	Blood Test - Clotting Time	Yes	\$ 44.81	\$ 6.01	\$ 64.27	\$13.16	Per Unit
, ,						-	-	•		
Laboratory & Pathology Services	Hospital Outpatient	СРТ	95612	Russell viper venom diluted	No	\$ 24.61	\$ 8.24	\$ 70.98	\$32.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CFI	03013	Russen viper venom unuteu	NU	Ş 24.01	Ş 0.24	\$ 70.56	332.00	Peronit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$ 53.32	\$ 4.96	\$ 71.77	\$18.45	Per Unit
				Blood Test - Coagulation						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85730	Assessment	Yes	\$ 46.01	\$ 5.41	\$ 61.94	\$20.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85732	Thromboplastin time partial	No	\$ 12.63	\$ 5.82	\$ 36.42	#N/A	Per Unit
			55752			+ 12.00	+ 5.02	+ 00142		. cronic
Laboratory & Dathology Comission	Uppritel Outpatient	CDT	00140	C reactive protein	Na	ć 40.40	¢ 4.00	ć (F 20	¢17.20	Deviluit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80140	C-reactive protein	No	\$ 48.49	\$ 4.66	\$ 65.28	\$17.30	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86360	T cell absolute count/ratio	No	\$ 65.00	\$ 42.28	\$ 211.59	\$157.05	Per Unit

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Pr		Charge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$ 13	32.78	\$ 24.10	\$ 383.03	\$89.50	Per Unit
Laboratory & Dath Jacob	User its Contraction is	CDT	00.000	Phone statistics and the state		-		A	A 70.07	640.00	Destinit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86431	Rheumatoid factor quant	No	\$ 5	52.70	\$ 5.10	\$ 70.95	\$18.96	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$ 3	37.81	\$ 3.84	\$ 50.90	\$13.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$ 3	87.81	\$ 3.84	\$ 50.90	\$13.74	Per Unit
		CIT	00552		110	φ 3		ý 3.04	Ş 30.50	913.74	T CT Offic
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$ 5	57.37	\$ 9.16	\$ 165.50	\$34.03	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86615	Bordetella antibody	No	\$ 2	25.74	\$ 11.87	\$ 81.45	#N/A	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86651	Encephalitis californ antbdy	No	\$ 2	25.74	\$ 11.87	\$ 110.13	#N/A	Per Unit
			00001			Υ -		<i>y</i> 11.0,	<i>y</i> 110.15		T CT Offic
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86652	Encephaltis east eqne anbdy	No	\$2	25.74	\$ 11.87	\$ 110.13	#N/A	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86653	Encephaltis st louis antbody	No	\$ 2	25.74	\$ 11.87	\$ 110.13	#N/A	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86654	Encephaltis west eqne antbdy	No	\$ 2	25.74	\$ 11.87	\$ 110.13	#N/A	Per Unit
Laboratory 0. Dath dams 0 and	Hermitel Outwettent	CDT	90000	Funtain haw antike to	N -	¢		ć 44.04	é 03.01	401/0	Devillet
Laboratory & Pathology Services	Hospital Outpatient	CPT	80003	Epstein-barr antibody	No	\$ 2	25.60	\$ 11.81	\$ 83.21	#N/A	Per Unit

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Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash	n Price	Cha	rge	<u>c</u>	harge	Charge_	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86677	Helicobacter pylori antibody	No	\$	30.68	\$	15.13	\$	63.03	\$48.51	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86692	Hepatitis delta agent antbdy	No	\$	29.16	Ś	15.44	s	50.98	\$49.96	Per Unit
			00052			Ŷ	25120	Ŷ	10111	Ŷ	50.50	<i>Q</i> 43.30	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$	79.65	\$	12.41	\$	107.23	\$41.77	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86704	HEP B CORE ANTIBODY TOTAL	No	\$	86.11	\$	10.85	\$	115.92	\$40.28	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86705	HEP B CORE ANTIBODY IGM	No	\$	22.98	\$	10.59	\$	57.38	\$39.37	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$	98.98	Ś	9.67	\$	133.25	\$35.89	Per Unit
Laboratory & Fathology Services		Sr I	30700		NU	Ş	50.50	¥	5.07	7	133.23	9 33. 03	
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	\$38.91	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	\$	78.19	\$	12.95	\$	225.56	\$48.12	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	\$	25.14	\$	11.59	\$	72.53	\$43.07	Per Unit

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Service Category	Service Setting	<u>Code</u> Type	<u>Code</u>	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ		86769 - SARS-COV-2 COVID-19 ANTIBODY	No	\$ 51.48	\$ -	\$ 112.07	\$103.22	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$43.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	Blood Test - Hepatitis C Antibody Level	No	\$ 67.64	\$ 12.84	\$ 91.06	\$47.70	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 & Pathology Services	Hospital Outpatient	СРТ	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$37.83	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	Νο	\$ 244.72	\$ 5.65	\$ 329.43	\$19.13	Per Unit
				_					40	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$9.97	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$9.97	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$9.97	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$9.97	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CFT	80301	Blood typing serologic m(d)	NU	\$ 00.24	\$ 5.76	\$ 81.10	33.57	Perofit
									40.07	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$ 4.84	\$ 383.37	\$9.97	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$ 344.22	\$54.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$ 133.90	\$ 9.29	\$ 180.25	\$34.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$ 138.63	\$ 7.76	\$ 186.61	\$28.79	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$ 60.43	\$ 7.27	\$ 81.35	\$27.02	Per Unit
	- •	1							-	
				Test for Disease Cousing						
				Test for Disease-Causing						
			07001	(Pathogenic) Organisms, Not		A 94.7-	A	A 400.00	400 4 7	
Laboratory & Pathology Services	Hospital Outpatient	CPT	87081	Limited to a Specific Condition	No	\$ 81.17	\$ 5.97	\$ 109.26	\$22.17	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Urine Test - Bacterial Culture,						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87086	Quantitative Colony Count	No	\$ 82.16	\$ 7.26	\$ 110.60	\$26.97	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87088	Urine Test - Bacterial Culture	No	\$ 15.80	\$ 7.28	\$ 43.86	\$27.07	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87110	Chlamydia culture	No	\$ 130.74	\$ 17.64	\$ 175.99	\$65.49	Per Unit
				Evaluation of Antimicrobial Drug						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87186	(antibiotic, antifungal, antiviral)	No	\$ 69.16	\$ 7.79	\$ 93.10	\$28.91	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87205	Lab Test - Smear for Microorganism	No	\$ 49.93	\$ 3.84	\$ 67.21	\$14.26	Per Unit
				Lab Test - Detection test for						
Laboratory & Pathology Services	Hospital Outpatient	СРТ		Hepatitis B Surface Antigen	No	\$ 63.55	\$ 9.30	\$ 85.55	\$29.23	Per Unit
	and the second								+	
				Lab Test - Detection test for HIV-1						
Laboratory & Pathology Services	Hospital Outpatient	CPT	87389	and HIV-2	No	\$ 110.43	\$ 21.67	\$ 148.66	\$80.51	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	-	<u>counted</u> sh Price	<u>Mini</u> Nego	entified imum tiated arge	<u>Max</u> Neg	dentified <u>ximum</u> otiated harge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87425	Rotavirus ag ia	Νο	Ś	37.44	Ś	10.78	Ś	108.00	#N/A	Per Unit
						Ŧ		Ŧ		T	200.00		
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87491	Urine Test - Chlamydia	No	\$	108.43	\$	31.58	\$	171.03	\$117.28	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87591	Urine Test - Gonorrhoeae (Neisseria Gonorrhoeae Bacteria)	No	\$	90.13	\$	31.58	\$	171.03	\$117.28	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87635	87635 - SARS-COV-2 COVID-19 AMP PRB	No	\$	53.36	\$	-	\$	136.48	\$125.71	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87798	Detect agent nos dna amp	No	\$	90.13	Ś	31.58	Ś	171.03	\$117.28	Per Unit
	· ·												
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87804	Lab Test - Detection test for Influenza Virus	No	\$	37.58	\$	19.82	\$	70.50	\$38.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87880	Strep Test (Streptococcus, group A)	No	\$	101.56	\$	19.87	\$	143.48	\$38.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	88185	Flowcytometry/tc add-on	Νο	\$	68.81	Ś	-	Ś	120.30	\$117.89	Per Unit

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Service Category	Service Setting	<u>Code</u> Type	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Vaccinations	Physician Office	СРТ		Immunization Administration First Component	No	\$ 40.10	\$ 11.68	\$ 75.93	\$23.68	Per Unit
Vaccinations	Physician Office	СРТ		Immunization Administration Each Additional Component	No	\$ 25.13	\$ 10.49	\$ 38.51	\$11.70	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90471	Immunization Administration	No	\$ 44.49	\$ 7.02	\$ 81.80	\$99.61	Per Unit
Vaccinations	Hospital Outpatient	СРТ		Immunization Administration Each Additional Component	No	\$ 12.56	\$ -	\$ 38.51	\$50.21	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90651	9V HPV Vaccine 2/3 Dose	No	\$ 142.32	\$ 9.56	\$ 227.93	\$205.28	Per Unit
Vaccination	Hospital Outpatient	СРТ		Vaccine - Pneumococcal Conjugate for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 345.21	\$411.91	Per Unit

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				Vaccine - Tetanus, Diptheria						
Vaccination	Hospital Outpatient	СРТ		Toxoids, and Acellular Pertussis (Whooping Cough) for Injection into Muscle	No	\$ 57.74	s -	\$ 77.73	\$0.00	Per Unit
Evaluation & Management Service	s Professional Services	СРТ	90791	Psychiatric Diagnostic Evaluation	No	\$ 308.81	\$ 118.93	\$ 198.74	\$158.77	Per Unit
Evaluation & Management Service	s Professional Services	СРТ	90832	Psychotherapy - 30 Minutes	Yes	\$ 88.03	\$ 57.92	\$ 99.25	\$86.63	Per Unit
Evaluation & Management Service	s Professional Services	СРТ	90834	Psychotherapy - 45 Minutes	Yes	\$ 116.77	\$ 77.37	\$ 132.34	\$115.44	Per Unit
Evaluation & Management Service	s Professional Services	СРТ	90837	Psychotherapy - 60 Minutes	Yes	\$ 174.90 N/A No	\$ 116.00	\$ 198.22 N/A No	\$173.53 N/A No	Per Unit
Evaluation & Management Service	s Professional Services	СРТ	90846	Family psytx w/o pt 50 min	Yes	Service Volume	\$ -	Service Volume	Service Volume	Per Unit
Evaluation & Management Service	s Professional Services	СРТ	90847	Psychotherapy - Family Session	Yes	\$ 146.15	\$ 97.13	\$ 166.18	\$145.17	Per Unit

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							N/A No Service			N/A No Service	N/A No Service	
Evaluation & Management Services	Professional Services	СРТ	90853	Psychotherapy - Group Session	Yes	V	olume	\$	-	Volume	Volume	Per Unit
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$	52.00	\$	17.40	\$ 251.43	\$251.43	Per Unit
				Electrocardiogram, routine, with								
Medicine Cardiovascular	Professional Services	СРТ	93000	interpretation and report	Yes	\$	36.27	\$	28.12	\$ 95.52	\$26.59	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$	142.29	\$	-	\$ 295.26	\$38.24	Per Unit
Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	\$	61.00	\$ 634.57	\$115.27	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	Νο	\$	1,404.83	\$	322.26	\$ 1,593.05	\$582.05	Per Unit
				Insertion of catheter into left heart								
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	93452	for diagnosis	Yes	\$	8,847.45	\$	579.93	\$ 12,920.92	\$2,561.81	Case Rate
Medicine Other	Hospital Outpatient	СРТ	93971	Extremity study	No	\$	240.64	\$	92.64	\$ 400.67	\$300.18	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Medicine Other	Hospital Outpatient	СРТ	95044	Allergy patch tests	No	\$ 189.82	\$-	\$ 1,229.53	\$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	СРТ	95810	Sleep study	Yes	Volume	Volume	Volume	Volume	Per Unit
Injections	Hospital Outpatient	СРТ	96402	Chemo hormon antineopl sq/im	No	\$ 110.26	\$ 66.86	\$ 196.20	\$138.73	Case Rate
		••••				+	+	+	+100000	
				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
Medicine Physical Medicine and				Physical Therapy - Ultrasound						
Rehabilitation	Hospital Outpatient	СРТ	97035	Therapy	No	\$ 26.92	\$ 11.95	\$ 40.29	\$40.29	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic						
Rehabilitation	Hospital Outpatient	СРТ	97110	Exercises	Yes	\$ 88.74	\$ 17.40	\$ 119.46	\$100.52	Per Unit
inclusion and the second s	nospital outputient		57110		103	y 00.74	÷ 17.40	÷ 110.40	9100.3Z	. cr onic
Medicine Physical Medicine and				Physical Therapy - Neuromuscular						
Rehabilitation	Hospital Outpatient	СРТ	97112	Reeducation	No	\$ 69.93	\$ 26.14	\$ 104.78	\$104.78	Per Unit
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	CPT	97116	GAIT TRAINING THERAPY	No	\$ 77.61	\$ 22.90	\$ 104.48	\$89.30	Per Unit
enabilitation	nospital Outpatient	CPI	9/116	GALL TRAINING THERAPY	INO	ə //.61	ə 22.90	ə 104.48	\$89 .30	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge_	Estimate Type
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	СРТ	97140	Physical Therapy - Manual Therapy	No	\$ 56.20	\$ 23.73	\$ 93.92	\$128.39	Per Unit
Medicine Physical Medicine and				Physical Therapy - Low Complexity						
Rehabilitation	Hospital Outpatient	СРТ	97161	Evaluation	No	\$ 168.06	\$ 71.97	\$ 252.78	\$252.78	Per Unit
Medicine Physical Medicine and				Physical Therapy - Moderate						
Rehabilitation	Hospital Outpatient	СРТ	97162	Complexity Evaluation	No	\$ 62.40	\$ 71.97	\$ 252.78	\$252.78	Per Unit
Medicine Physical Medicine and				Physical Therapy - High Complexity					4000-00	
Rehabilitation	Hospital Outpatient	СРТ	97163	Evaluation	No	\$ 168.06	\$ 71.97	\$ 252.78	\$252.78	Per Unit
Medicine Division Medicine and										
Medicine Physical Medicine and	Uservitel Outpatient	CDT	07464	Developed Theorem	NI -	¢	¢ 40.07	¢ 470.07	6170.07	Devilait
Rehabilitation	Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	\$ 113.34	\$ 48.67	\$ 170.97	\$170.97	Per Unit
Medicine Occupational Theorem	Upperitel Outpetient	CDT	07105	OT FWALLOW COMPLEX 30 MIN	No	ć 100.00	¢ 77.05	¢ 245.22	6245.22	Devilatio
Medicine Occupational Therapy	Hospital Outpatient	СРТ	31702	OT EVAL LOW COMPLEX 30 MIN	No	\$ 180.88	\$ 77.05	\$ 245.32	\$245.32	Per Unit

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Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$	62.40	\$ 72.0	00	\$ 245.32	\$245.32	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic								
Rehabilitation	Hospital Outpatient	СРТ	97530	Activities	No	\$	92.45	\$ 17.4	40	\$ 124.45	\$108.90	Per Unit
Medicine Physical Medicine and				Physical Therapy - Self-care or								
Rehabilitation	Hospital Outpatient	СРТ	97535	Home Management Training	No	\$	68.89	\$	-	\$ 109.03	\$148.80	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99024	Postop follow-up visit	No	\$	-	\$	_	\$ 14.27	\$0.00	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99202	Office Visit - New Patient, Minor	No	\$	167.93	\$ 90.3	34	\$ 200.08	\$64.86	Per Unit
				Office Visit - New Patient, Low			400.05			A	405.55	
Evaluation & Management Services	Protessional Services	СРТ	99203	Complexity	Yes	\$	182.06	\$ 132.	54	\$ 273.99	\$98.92	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Office Minite New Detrient						
				Office Visit - New Patient,					4	
Evaluation & Management Services	Professional Services	СРТ	99204	Moderate Complexity	Yes	\$ 250.6	9 \$ 177.0	\$ 432.49	\$168.95	Per Unit
				New patient office of other						
Evaluation & Management Services	Professional Services	СРТ	99205	outpatient visit, typically 60 min	Yes	\$ 448.0	4 \$ 156.38	3 \$ 553.76	\$217.60	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99212	Office Visit - Basic	No	\$ 58.7	4 \$ 46.41	\$ 133.24	\$32.41	Per Unit
							-			
				Office Visit - Established Patient,						
Evaluation & Management Services	Professional Services	СРТ	99213	Low Complexity	No	\$ 99.6	7 \$ 81.71	\$ 201.59	\$65.91	Per Unit
						+ 5510		+ 101100	+	
				Office Visit - Established Patient,						
Evaluation & Management Services	Professional Services	СРТ	99214	Moderate Complexity	No	\$ 151.1	9 \$ 140.90	\$ 279.47	\$101.74	Per Unit
Evaluation & management Services		U	22214	inouclute complexity	140	Y 131.1		Y 215.41	4101.74	. cronit

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Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?	Cas	h Price	Charge	Charge	Charge_	Estimate Type
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	СРТ	99215	High Complexity	No	\$	315.87	\$ 192.33	\$ 385.34	\$143.35	Per Unit
Professional Services Associated											
with Inpatient Stay	Professional Services	СРТ	99232	Subsequent hospital care	No	\$	159.88	\$ 50.60	\$ 111.92	\$93.44	Per Unit
		-		and the second se							
				Patient office consultation,							
Evolution 0 Management Comission	Professional Comission	CDT	00242		Mar	Ś	242.42	~	\$ 142.18	¢124.40	Devillet
Evaluation & Management Services	Professional Services	СРТ	99243	typically 40 min	Yes	>	212.43	Ş-	\$ 142.18	\$ \$124.40	Per Unit
				Patient office consultation,							
Evaluation & Management Services	Professional Services	СРТ	99244	typically 60 min	Yes	\$	338.80	\$-	\$ 226.38	\$\$198.09	Per Unit
				Emergency Department Visit -							
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Minor (outpatient)	No	Ś	230.81	\$ 74.98	\$ 689.88	\$595.31	Case Rate
		-	55201	in the fourput of the		Y	100.01	+ 74.50	+ 000100	4000101	

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				English Britani						
Emergency Room Visit	Hospital Outpatient	СРТ		Emergency Department Visit - Low Complexity (outpatient)	No	\$ 430.38	\$ 93.52	\$ 1,114.22	\$934.49	Case Rate
		CPT	33282	complexity (outpatient)	INO	ə 430.38	ə 93.52	ə 1,114.22	əzə4.49	Case nate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ	99283	Moderate Complexity (outpatient)	No	\$ 932.99	\$ 182.62	\$ 2,714.83	\$1,721.01	Case Rate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ		Higher Complexity (outpatient)	No	\$ 2,400.69	\$ 270.43	\$ 4,475.48	\$2,358.66	Case Rate
				Emorgonou Donortment Visite Ut-h						
Emorgonov Room Visit	Hospital Outpatient	СРТ	00295	Emergency Department Visit - High	No	\$ 3,149.91	\$ 458.20	¢ E 906 05	\$5,208.97	Case Rate
Emergency Room Visit	Hospital Outpatient	CPT	33792	Complexity (outpatient)	No	ə ə,149.91	ə 458.20	\$ 5,806.95	əə,208.97	case nate

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ	99291	Critical Care (outpatient)	No	\$ 17,860.61	\$ 425.50	\$ 6,308.07	\$6,404.08	Case Rate
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient,						
Evaluation & Management Services	Professional Services	СРТ	99381	Younger than 1 Year Old	No	\$ 156.75	\$-	\$ 225.38	\$102.89	Per Unit
1										
1				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient, 1-						
Evaluation & Management Services	Drofossional Sonvisas	СРТ		4 Years Old	No	\$ 163.82	ć	\$ 236.91	\$109.30	Per Unit
	ETUTESSIONAL SELVICES	CP I	27302	H I Cal S UIU	INO	J 103.82	Ś -	3 230.91	2103.20	rerunit

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Service Category	Service Setting	<u>Code</u> Type	<u>Code</u>	Description	Shoppable Service?	Discounted Cash Price	Negotiated Charge	Negotiated Charge	Negotiated Charge	Estimate Type
				Office Visit - Comprehensive Preventive Medicine Evaluation						
Evaluation & Management Services	Professional Services	СРТ		and Management, New Patient, 5- 11 Years Old	No	\$ 170.96	\$-	\$ 413.46	\$116. 2 1	Per Unit
				Office Visit - Comprehensive Preventive Medicine Evaluation						
Evaluation & Management Services	Professional Services	СРТ		and Management, New Patient, 12- 17 Years Old	No	\$ 193.58	\$ -	\$ 280.75	\$136.96	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
	<u>bervice betting</u>	1700	0000	Description	<u>bervice.</u>	casirritee	charge	enarge	charge	Lotinute Type
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient, 18-						
Evaluation & Management Services	Professional Services	СРТ	99385	39 Years Old	Yes	\$ 187.80	\$ 59.23	\$ 347.60	\$131.72	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
Evoluation & Management Convictor	Professional Services	CDT		and Management, New Patient, 40-	Vec	\$ 217.32	¢ 01.72	é 1 202 FC	É1E0.2E	Dor Unit
Evaluation & Management Services	Professional Services	СРТ	33290	64 Years Old	Yes	\$ 217.32	\$ 91.72	\$ 1,293.56	\$159.35	Per Unit

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> Charge	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
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Evaluation & Management Services	Professional Services	СРТ		Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, Younger than 1 Year Old	No	\$ 141.19	\$ -	\$ 267.83	\$93.63	Per Unit
				Office Visit - Comprehensive Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99392	and Management, 1-4 Years Old	No	\$ 150.93	\$-	\$ 305.91	\$102.89	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge_	Charge	Charge	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Comisse	CDT			Nie	\$ 150.44	÷	\$ 305.91	¢103.80	Devilueit
Evaluation & Management Services	Professional Services	СРТ	99393	and Management, 5-11 Years Old	No	\$ 150.44	Ş -	\$ 305.91	\$102.89	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	\$116.21	Per Unit
				Office Minite Course 1						
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Protessional Services	CPT	99395	and Management, 18-39 Years Old	No	\$ 168.81	\$ 37.07	\$ 304.60	\$119.53	Per Unit

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> Charge	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_Estimate Type
	<u>berne bernig</u>	1100		<u>Bestigiton</u>	<u>bernee.</u>		enarge	enarge	enarge	Lotinide Type
Evaluation & Management Service	s Professional Services	СРТ	99396	Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 40-64 Years Old	Νο	\$ 180.12	\$ 64.57	\$ 429.79	\$130.03	Per Unit
						÷ 100.12	÷ 04.37		Covered Service Beginning 1/1/2021 Rate Not Yet	
Exablate	Hospital Outpatient	СРТ	0398T	Focused Ultrasound	No	\$ 32,139.56	\$ 11,272.90	\$ 11,272.90	Established	Case Rate
Vaccinations	Hospital Outpatient	СРТ	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
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	No	\$ 773.99	\$ 46.24	\$ 1,424.46	\$190.33	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$ 15,685.71	\$ 605.00	\$ 24,131.86	\$7,029.33	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash	Price	Charge	2	Cha	rge	Charge	Estimate Type
Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$:	130.00	\$ 74	.02	\$	200.00	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 4	476.03	\$	-	\$	732.35	\$195.85	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	HCDCC	17225	Sumulas or sumulas one	No	Ś	26.05	ć		¢	89.11	\$12.35	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	NO	\$	26.95	Ş	-	\$	09.11	\$12.35	PerUnit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$ 2,8	318.54	\$	-	\$ 4,3	336.21	\$228.71	Per Unit