Hospital Inpatient Stay Hospital Inpatient DRG DRG DRG DRG DRG DRG DRG DR											
Estimate Vou Will Owe * To Search for a service Click "CTRL" Service Category Service Setting Tops Cardiac valve and other major cardiothoracle procedures with major cardiothoracle procedures with major complications or comorbidities Cardiac valve and other major cardiothoracle procedures with major complications or comorbidities N/A NO Service	Blue Cross Cover Kids	Last Updated: 12/14/2021									
To Search for a service Cick "CTR!" Service Category Service Setting Code Description Code Description											
To Search for a service Click "CTRL" Service Category Service Setting Code Description Cardiac valve and other major cardiothoracle procedures with cardiac cathetrization with major complications or comorbidities Hospital Inpatient Stay Hospital Inpatient Negotiated Cardiac valve and other major cardiothoracle procedures with cardiac cathetrization with major comorbidities N/A No Service Service Service Service Service Service Volume N/A No Service Service Service Volume N/A No Service Service Volume Volume Cardiac valve and other major cardiothoracle procedures with cardiac cathetrization with major comorbidities N/A No Service Service Service Volume Volume Volume Volume Case Rate-Excluding Professional Charges which are paid by											
Service Category Service Settling Service Settling Service Settling Service Settling Service Category Service Settling Service Category Service Settling Service Settling Service Service Settling Service Settling Service Settling Service Settling Service Settling Service Settling Service Service Service Service Service Service Volume N/A No Service Service Volume Service Service Volume N/A No Service Service Volume Service Service Service Service Service Service Service Service Organized Service Service Service Service Service Organized Service Serv										will Owe *	
Service Category Service Settling Service Settling Service Settling Service Settling Service Category Service Settling Service Category Service Settling Service Settling Service Service Settling Service Settling Service Settling Service Settling Service Settling Service Settling Service Service Service Service Service Service Volume N/A No Service Service Volume Service Service Volume N/A No Service Service Volume Service Service Service Service Service Service Service Service Organized Service Service Service Service Service Organized Service Serv											
Service Setting Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities NAN NO Service Service Service Service Service Service Complications or comorbidities Service Volume Volume Volume Volume Volume Service Service Volume Volume Volume Volume Volume Volume Volume Case Rate-Excluding Professional Charges which are paid by Professional Charges which are paid by Service Service Volume Service Volume Volume Volume Volume Case Rate-Excluding Professional Charges which are paid by Service Service Volume Service Volume Volume Case Rate-Excluding Professional Charges which are paid by Service Volume Service Volume Volume Case Rate-Excluding Professional Charges which are paid by Service Service Volume Service Volume Volume Case Rate-Excluding Professional Charges which are paid by Service Service Volume Service Volume Volume Case Rate-Excluding Professional Charges which are paid by Service Service Service Volume Service Volume Volume Case Rate-Excluding Professional Charges which are paid by Service Service Service Volume Case Rate-Excluding Professional Charges which are paid by Service Service Service Service Service Volume Service Ser											
Service Category Service Settling Service Service Cash Price Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities Hospital Inpatient Stay Hospital Inpatient DRG Service Service Volume Service Service Volume NI/A No Service Volume NI/A No Service Volume NI/A No Service Volume Volume NI/A No Service Volume NI/A No Servic	+ F										
Service Category Service Settling Service Service Cash Price Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities Hospital Inpatient Stay Hospital Inpatient DRG Service Service Volume Service Service Volume NI/A No Service Volume NI/A No Service Volume NI/A No Service Volume Volume NI/A No Service Volume NI/A No Servic											
Service Setting Type Code Description Service? Cash Price Charge											
Service Category Service Setting Type Code Description Service? Cash Price Charge Charge Charge Charge Charge Charge Charge Case Rate- Excluding Professional Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities Personal Professional Charges which are paid by CPT/RCPCS Case Rate- Excluding Professional Charges which are paid by CPT/RCPCS Case Rate- Excluding Professional Charges which are paid by CPT/RCPCS Case Rate- Excluding Professional Charges which are paid by CPT/RCPCS Case Rate- Excluding Professional Charges which are paid by CPT/RCPCS Case Rate- Excluding Professional Charges which are paid by CPT/RCPCS Case Rate- Excluding Professional Charges which are paid by CPT/RCPCS Case Rate- Excluding Professional Charges which are paid by CPT/RCPCS Case Rate- Excluding Professional Charges which are paid by CPT/RCPCS Case Rate- Excluding Professional Charges which are paid by CPT/RCPCS Case Rate- Excluding Professional Charges which are paid by CPT/RCPCS Case Rate- Excluding Professional Charges which are paid by CPT/RCPCS Case Rate- Excluding Professional Charges which are paid by CPT/RCPCS			Codo				Discounted				
Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities Hospital Inpatient DRG 216 Complications or comorbidities Ves Volume Volume N/A No Service Volume Volume Volume Volume Volume Volume Cardiac catheterization with major complications or comorbidities Per Volume Volume Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS Spinal fusion except cervical without major comorbid conditions	Service Category	Service Setting		Code	Description						Estimate Type
Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major volume. Hospital Inpatient Stay Hospital Inpatient DRG 216 complications or comorbidities Pes Volume N/A No Service Service Service Volume Volume Volume Volume Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS 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 \$ 6,190.90 CPT/HCPCS Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS Spinal fusion except cervical without major comorbid conditions											,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major volume. Hospital Inpatient Stay Hospital Inpatient DRG 216 complications or comorbidities Pes Volume N/A No Service Service Service Volume Volume Volume Volume Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS 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 \$ 6,190.90 CPT/HCPCS Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS Spinal fusion except cervical without major comorbid conditions											
Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major volume. Hospital Inpatient Stay Hospital Inpatient DRG 216 complications or comorbidities Pes Volume N/A No Service Service Service Volume Volume Volume Volume Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS 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 \$ 6,190.90 CPT/HCPCS Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS Spinal fusion except cervical without major comorbid conditions											
Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major volume. Hospital Inpatient Stay Hospital Inpatient DRG 216 complications or comorbidities Pes Volume N/A No Service Service Service Volume Volume Volume Volume Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS 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 \$ 6,190.90 CPT/HCPCS Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS Spinal fusion except cervical without major comorbid conditions											
Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major volume. Hospital Inpatient Stay Hospital Inpatient DRG 216 complications or comorbidities Pes Volume N/A No Service Service Service Volume Volume Volume Volume Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS 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 \$ 6,190.90 CPT/HCPCS Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS Spinal fusion except cervical without major comorbid conditions											
Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major volume. Hospital Inpatient Stay Hospital Inpatient DRG 216 complications or comorbidities Pes Volume N/A No Service Service Service Volume Volume Volume Volume Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS 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 \$ 6,190.90 CPT/HCPCS Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS Spinal fusion except cervical without major comorbid conditions											
Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major volume. Hospital Inpatient Stay Hospital Inpatient DRG 216 complications or comorbidities Pes Volume N/A No Service Service Service Volume Volume Volume Volume Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS 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 \$ 6,190.90 CPT/HCPCS Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS Spinal fusion except cervical without major comorbid conditions											
Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major volume. Hospital Inpatient Stay Hospital Inpatient DRG 216 complications or comorbidities Pes Volume N/A No Service Service Service Volume Volume Volume Volume Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS 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 \$ 6,190.90 CPT/HCPCS Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS Spinal fusion except cervical without major comorbid conditions											
Cardiac valve and other major cardiothoracic procedures with cardiac cardiotheracity procedures with major comorbidities Hospital Inpatient DRG 216 Cardiac valve and other major cardiothoracic procedures with major comorbidities Yes N/A No Service Service Service Service Volume Volume Volume Volume Volume Professional Charges which cardiac cardiothoracic procedures with major comorbidities Professional Charges which are paid by Spinal fusion except cervical without major comorbid conditions											Case Rate-
Acadiothoracic procedures with cardiac catheterization with major complications or comorbidities Hospital Inpatient DRG DRG 216 Cardiothoracic procedures with cardiac catheterization with major complications or comorbidities Yes Volume Volume Volume Volume Volume Volume Cardiothoracic procedures with Service Service Volume Volume Volume CPT/HCPCS Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS Acade Rate-Excluding Professional Charges which are paid by CPT/HCPCS Spinal fusion except cervical without major comorbid conditions WA No Service Volume Volume Volume Cardiothoracic procedures with Service Service Volume Volume Volume Cardiothoracic procedures with Service Service Volume Volume Cardiothoracic procedures with Service Service Volume Volume Cardiothoracic procedures with Service Volume Cardiothoracic procedures with Service Volume Cardiothoracic procedures with Service Volume Volume Cardiothoracic procedures with Service Volume Volume Cardiothoracic procedures with Service Procedures wi											_
Hospital Inpatient Stay Hospital Inpatient DRG DRG DRG DRG DRG DRG DRG DR					_		N/A No	N/A No	N/A No	N/A No	
Hospital Inpatient Stay Hospital Inpatient DRG 216 complications or comorbidities Yes Volume Volume Volume Volume CPT/HCPCS 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 \$ 66,190.90 CPT/HCPCS Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS 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 \$6,190.90 CPT/HCPCS Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS Spinal fusion except cervical without major comorbid conditions	Hospital Inpatient Stay	Hospital Inpatient	DRG	216		Yes					CPT/HCPCS
Hospital Inpatient Stay Hospital Inpatient DRG 291 HEART FAILURE SHOCK W MCC No \$ 13,710.15 \$ 5,517.78 \$ 31,074.55 \$6,190.90 CPT/HCPCS Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS Spinal fusion except cervical without major comorbid conditions											
Hospital Inpatient Stay Hospital Inpatient DRG DRG HEART FAILURE SHOCK W MCC No \$ 13,710.15 \$ 5,517.78 \$ 31,074.55 \$ 6,190.90 CPT/HCPCS Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS Spinal fusion except cervical without major comorbid conditions											
Hospital Inpatient Stay Hospital Inpatient DRG 291 HEART FAILURE SHOCK W MCC No \$ 13,710.15 \$ 5,517.78 \$ 31,074.55 \$ 6,190.90 CPT/HCPCS Case Rate-Excluding Professional Charges which are paid by without major comorbid conditions											
Hospital Inpatient Stay Hospital Inpatient DRG 291 HEART FAILURE SHOCK W MCC No \$ 13,710.15 \$ 5,517.78 \$ 31,074.55 \$ 6,190.90 CPT/HCPCS Case Rate-Excluding Professional Charges which are paid by											
Case Rate- Excluding Professional Spinal fusion except cervical without major comorbid conditions Case Rate- Excluding Professional Charges which are paid by										40.000	
Excluding Professional Spinal fusion except cervical without major comorbid conditions Excluding Professional Charges which are paid by	Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	\$ 13,710.15	\$ 5,517.78	\$ 31,074.55	\$6,190.90	CPT/HCPCS
Excluding Professional Spinal fusion except cervical without major comorbid conditions Excluding Professional Charges which are paid by											
Excluding Professional Spinal fusion except cervical without major comorbid conditions Excluding Professional Charges which are paid by											
Excluding Professional Spinal fusion except cervical without major comorbid conditions Excluding Professional Charges which are paid by											
Excluding Professional Spinal fusion except cervical without major comorbid conditions Excluding Professional Charges which are paid by											
Excluding Professional Spinal fusion except cervical without major comorbid conditions Excluding Professional Charges which are paid by											Case Rate-
Spinal fusion except cervical Charges which without major comorbid conditions are paid by											
without major comorbid conditions are paid by											
					1 -						_
1005ptar inpatient 5tay 1005ptar inpatient 100 1	Hospital Inpatient Stay	Hospital Inpatient	DRG	460	or complications (MCC)	Yes	\$ 89,541.22	\$ 16,237.64	\$ 58,989.92	\$22,145.30	CPT/HCPCS

									Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
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

		1			1	1	1	<u> </u>	A 1101	1
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										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	\$16,099.50	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	\$14,313.20	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	482	MAJOR JOINT W/O CC/MCC	No	\$ 35,733.50	\$ 6,745.73	\$ 37,731.25	\$10,817.25	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	\$ 46,392.83	\$ 9,438.20	\$ 41,283.64	\$12,172.92	CPT/HCPCS

				1	ī		1		1	
									Amount We	
									Estimate You	
									Will Owe *	
To Convolutor a convice Click "CTDI"										
To Search for a service Click "CTRL"										
+ "F"										
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		<u>Code</u>			<u>Shoppable</u>	Discounted	Negotiated	<u>Negotiated</u>	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	Charge	Estimate Type
										Case Rate-
										Excluding
										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	\$8,309.53	CPT/HCPCS
										Case Rate-
										Excluding
				Utanina and advance concentration 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	\$4,148.33	CPT/HCPCS
, p	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			production (mass)		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	. ,	,
										Casa Bata
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W						are paid by
Henrital Innations Ct.	Heavital Investigat	DDC	044		N/ -	ć 22.224.62	6 4355.03	ć 24.04F.02	CA CAA 72	
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	MCC	No	\$ 23,221.02	३ 4,255.93	\$ 31,015.82	\$4,611.73	CPT/HCPCS

									Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	_Estimate Type
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

				1					1	
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
+ F										
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u> </u>	<u> </u>	<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	-	<u> </u>	<u> </u>		<u>onunge</u>	<u>onarge</u>	<u>c.i.a.ge</u>	200111111111111111111111111111111111111
										Case Rate-
										Excluding
										Professional
				LIMB REATTACHMENT, HIP						Charges which
				FEMUR PROC FOR MULTIPLE						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	956	SIGNIFICANT TRAUMA	No	\$ 105,373.59	\$ 16,085.53	\$ 200,000.00	\$49,828.53	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				OTHER O.R. PROCEDURES FOR						Charges which
				MULTIPLE SIGNIFICANT TRAUMA						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	957	W MCC	No	\$ 139,128.72	\$ 30,888.17	\$ 200,000.00	\$37,300.46	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				OTHER O.R. PROCEDURES FOR						Charges which
				MULTIPLE SIGNIFICANT TRAUMA						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	958	w cc	No	\$ 73,933.71	\$ 17,182.69	\$ 125,000.00	\$25,155.03	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	\$9,957.16	CPT/HCPCS

				I					A 1 141	1
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u>Service Category</u>	<u>Service Setting</u>	туре	code	Description	Service:	Casii Filee	Charge	Charge	Charge	Littiliate 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	\$9,288.40	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	\$4,562.59	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	784	STERILIZATION W CC	No	\$ 9,940.40	\$ 3,570.00	\$ 27,865.12	\$4,562.59	CPT/HCPCS
						7 0/2 10110	+ 0,010.00	+ ==/	Ţ 1,00 ± 100	. ,
										Case Rate-
										Excluding
										_
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	785	STERILIZATION W/O CC/MCC	No	\$ 8,988.27	\$ 3,519.44	\$ 25,870.71	\$4,562.59	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Innations	DRG	786	STERILIZATION W MCC	No	\$ 12 606 27	\$ 2 570 00	\$ 35,011.06	\$4,562.59	CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	מאם	700	STEMELEATION W WICC	140	7 12,030.27 ب	00.07 درد ب	סטידדחיכב ה	₽ 4 ,302.33	Cr I/HCPC3

				T					Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	787	CESAREAN SECTION W/O STERILIZATION W CC	No	\$ 11,322.59	\$ 2,835.00	\$ 27,868.32	\$3,501.83	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	788	CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	No	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$3,501.83	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	\$679.30	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	797	VAGINAL DELIVERY W STERILIZATION/D&C W CC	No	\$ 12,785.73	\$ 2,464.00	\$ 25,917.69	\$3,715.26	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	798	VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	No	\$ 10,897.11	\$ 2,464.00	\$ 25,917.69	\$3,715.26	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
					<u>CMS</u>		De-Identified		Payer-	
		Code			Required Shoppable	Discounted	Minimum Negotiated	Maximum Negotiated	Specific Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate- Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O					4	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	805	STERILIZATION/D&C W MCC	No	\$ 10,518.03	\$ 2,464.00	\$ 27,817.08	\$4,562.59	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				VAGINAL DELIVERY W/O						Charges which are paid by
Maternity/Delivery	Hospital Inpatient	DRG	806	STERILIZATION/D&C W CC	No	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	\$4,562.59	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	\$3,501.83	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
Innationt Pohabilitation Hassital										Charges which
Inpatient Rehabilitation Hospital Stay	Inpatient Rehabilitation Hospital	DRG	945	REHABILITATION W CC/MCC	No	N/A	\$ 14,553.00	\$ 14,553.00	N/A	are paid by CPT/HCPCS
,						7	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , ,	,
										Case Rate-
										Excluding Professional
										Charges which
Inpatient Rehabilitation Hospital										are paid by
Stay	Inpatient Rehabilitation Hospital	DRG	946	REHABILITATION W/O CC/MCC	No	N/A	\$ 10,870.00	\$ 10,870.00	N/A	CPT/HCPCS

									Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"										
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
Inpatient Rehabilitation Hospital Stay	Inpatient Rehabilitation Hospital	UB	118	Inpatient Rehabilitation Hospital Room & Board	No	52% Charges Estimated at \$2,341.96 Per Diem			Non-Par	Per Diem Per Day
				AFTERCARE, MUSCULOSKELETAL						Case Rate- Excluding Professional Charges which
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	559	SYSTEM AND CONNECTIVE TISSUE WITH MCC	No	N/A	\$ 18,018.00	\$ 18,018.00		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

	T.	1			T			1		i
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										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	Non-Par	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Pulmonary edema respiratory						are paid by
Stay	Hospital	DRG	LTC189		No	N/A	\$ 74.931.49	\$ 74,931.49	Non-Par	CPT/HCPCS
						,	, , , , , , , , , , , , , , , , , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
										Case Rate-
										Excluding
										Professional
										Charges which
Law Tames Asside Complementions	In marking the I am Tamas Comp			Barriantana dia mandia da						
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Respiratory system diagnosis w						are paid by
Stay	Hospital	DRG	LTC207	ventilator support >96 hours	No	N/A	\$ 37,703.24	\$ 37,703.24	Non-Par	CPT/HCPCS
						70% Charges				
						(Estimated as				
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Long Term Care Intensive Care		\$6,047.26 per	\$1,040 Per	\$1,929 Per		Per Diem Per
Stay	Hospital	UB	200	Room & Board	No	diem)	Diem	Diem	Non-Par	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &						\$1,109.30 Per				Per Diem Per
Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	Diem	\$ 227.70	\$ 850.00	Non-Par	Day
Dualu	impatient skilled Nursing	UB	131	Subacute Care Level 1- Skilled Care	IVU	Dielli	٧ 221./0	00.00 د	NOII-Pdf	Day

r		1		T		1	1			1		
											Amount We	
											Estimate You	
											Will Owe *	
To Search for a service Click "CTRL"												
+ "F"												
, ,												
					CMS		Do I	dentified	Do	-Identified	Payer-	
					Required			nimum	_	1aximum	Specific	
		Code			Shoppable	Discounted		otiated	_	egotiated	Negotiated	
Samisa Catagoni	Samina Satting		Code	Description	Service?	Cash Price						Estimate Type
Service Category	Service Setting	Type	Code	Description	Servicer	Cash Price		harge		<u>Charge</u>	<u>Charge</u>	Estimate Type
						52% Charges						
						_						
						Estimated at						
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		\$1,109.30 Per						Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	\$	299.70	Ş	850.00	Non-Par	Day
						52% Charges						
						Estimated at						
Skilled Nursing Inpatient Room &				Subacute Care Level 3- Complex		\$1,109.30 Per						Per Diem Per
Board	Inpatient Skilled Nursing	UB	193	Care	No	Diem	\$	370.00	\$	850.00	Non-Par	Day
Hospital Outpatient Procedure	Hospital Outpatient	CPT	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$	161.58	\$	1,803.41	\$88.30	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$	167.15	\$	1,829.27	\$111.03	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$	157.92	\$	1,634.10	\$44.44	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$	381.25	\$	2,964.36	\$2,442.41	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	Ś	_	\$	_	Volume	Case Rate
p.son - aspandin i roccoure	brear a arbaneous			O. a aharr h. according			7		T			

	T	1		T		_				Г		A 14/-	
												Amount We Estimate You	
												Will Owe *	
To Search for a service Click "CTRL" + "F"													
+ F													
					CMS			De-I	dentified	De	e-Identified	Payer-	
					Required			Mi	<u>nimum</u>	<u>N</u>	<u> Maximum</u>	Specific	
		Code			Shoppable		Discounted	_	otiated	N	legotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	9	Cash Price	<u>C</u>	harge		Charge	Charge	Estimate Type
Injections	Hospital Outpatient	СРТ	20610	Arthrocentesis (outpatient)	No	\$	370.58	\$	182.39	\$	1,461.73	\$0.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	27818	Treatment of ankle fracture	No	\$	1,243.48	\$	395.00	\$	2,581.00	\$1,831.64	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	
		6DT	20004	Arthroscopic Knee Surgery			Service					Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	29881	(outpatient)	Yes		Volume	\$	-	\$	-	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	31575	Laryngoscopy - Diagnostic	No	\$	449.87	\$	135.86	\$	1,978.02	\$1,947.09	Case Rate
						١.							
Hospital Outpatient Procedure	Hospital Outpatient	CPT	32555	Aspirate pleura w/ imaging	No	\$	608.39	\$	288.54	Ş	1,852.06	\$1,985.11	Case Rate
							N/A No					N/A No	
				Tonsillectomy with Adenoidectomy			Service					Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	42820	(outpatient)	Yes		Volume	\$	-	\$	-	Volume	Case Rate
				Upper Gastrointestinal Endoscopy -									
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43235	Diagnostic	Yes	\$	2,027.21	\$	61.00	\$	1,867.74	\$0.00	Case Rate

	T								Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43239	Upper Gastrointestinal Endoscopy - With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$0.00	Case Rate
		CDT	45270	Colonoscopy - Diagnostic	V	â 3447.0C	ć 225.70	ć 2.330.00	ća 00	Corre Both
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45378	(outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$0.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45380	Colonoscopy - With Biopsy (outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$2,216.86	Case Rate
nospital outputient i roccuure	nospital outputient	Ci i	43300	(outputient)	103	3,002.00	y 343.00	7 4,110.43	72,210.00	case nate
				Colonoscopy - With Polyp Removal						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45385	(outpatient)	Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	\$2,237.03	Case Rate
Homital Outpotient Presedon	Hospital Outpoticat	CDT	45201	Ultrasound examination of lower	Ver	N/A No Service			N/A No Service	Core Pote
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45391	large bowel using an endoscope	Yes	Volume	\$ -	\$ -	Volume	Case Rate

									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL" + "F"										
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 Outpatient Procedure	Hospital Outpatient	СРТ	47562	Gall Bladder Surgery (outpatient)	Yes	\$ 12,062.52	\$ 504.75	\$ 18,374.88	\$9,692.27	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$2,717.96	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49505	Repair of groin hernia patient age 5 years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$2,991.71	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 97.04	\$ -	\$ 1,579.20	\$0.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$1,524.39	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	\$ 284.76	\$ 2,631.84	\$1,987.63	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55866	Surgical removal of prostate and surrounding lymph nodes using an endoscope	Yes	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	Case Rate

				T	ı	_			1				
												Amount We	
												Estimate You	
												Will Owe *	
To Search for a service Click "CTRL"													
+ "F"													
+													
					CNAC			De I	ما مسفالات ما	D-	. I al a matific and	Deves	
					CMS				dentified		-Identified	Payer-	
					Required				<u>nimum</u>		<u>laximum</u>	<u>Specific</u>	
		<u>Code</u>			Shoppable		<u>iscounted</u>		otiated		<u>egotiated</u>	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Ca	ash Price	<u>C</u>	harge		<u>Charge</u>	<u>Charge</u>	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58100	Biopsy - Endometrial (Uterus)	No	\$	375.83	\$	144.00	\$	1,697.39	\$0.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58300	Insert intrauterine device	No	\$	632.24	\$	48.93	\$	1,749.37	\$0.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58301	Remove intrauterine device	No	\$	273.85	\$	32.34	\$	1,495.58	\$0.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	59025	Fetal Non-Stress Test	No	\$	260.79	\$	118.53	\$	1,596.22	\$1,413.34	Case Rate
i i	·										,		
				Bouting obstatric care for vaginal									
Dueforsional Complete Associated				Routine obstetric care for vaginal									
Professional Services Associated	Purfacional Comica	CDT	F0400	delivery, including pre-and post-	W	_	4 400 34	,	242.00	,	2 270 40	64 447 72	Const Bods
with Inpatient Stay	Professional Services	CPT	59400	delivery care	Yes	\$	4,496.21	>	242.00	\$	3,278.48	\$1,417.72	Case Rate
Durfaceional Comisso Association													
Professional Services Associated			E0.000						400.00	_	4.00-00	40=0	0 5 :
with Inpatient Stay	Professional Services	CPT	59410	Obstetrical care	No	\$	2,230.06	\$	133.91	Ş	1,625.81	\$852.63	Case Rate
				Routine obstetric care for cesarean									
Professional Services Associated				delivery, including pre-and post-									
with Inpatient Stay	Professional Services	CPT	59510	delivery care	Yes	\$	4,966.56	\$	246.05	\$	3,619.13	\$1,417.72	Case Rate

	T		I	T			1			
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
					CMS		De-Identified	De-Identified	Payer-	
					Required		<u>Minimum</u>	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
		3/100	3333					51131		
				Routine obstetric care for vaginal						
				delivery after prior cesarean						
Professional Services Associated				delivery including pre-and post-						
	Duefessional Commisses	СРТ	F0C10		Vaa	ć 4.70C F0	ć 20F.00	ć 2.420.24	ć1 417 72	Casa Bata
with Inpatient Stay	Professional Services	CPI	29010	delivery care	Yes	\$ 4,706.58	\$ 305.08	\$ 3,429.34	\$1,417.72	Case Rate
				tota stan of substance total suits of						
				Injection of substance into spinal						
				canal of lower back or sacrum using						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	62322	imaging guidance	Yes	\$ 1,055.18	\$ 379.33	\$ 1,880.39	\$0.00	Case Rate
				Injection of substance into spinal						
				canal of lower back or sacrum using						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	62323	imaging guidance	Yes	\$ 1,665.98	\$ 305.01	\$ 1,988.33	\$0.00	Case Rate

				1						T T
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
+ F										
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
	6 . 6			B						
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	Charge	Estimate Type
				Injections of anesthetic and/or						
				steroid drug into lower or sacral						
				spine nerve root using imaging						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	64483	guidance	Yes	\$ 1,776.21	\$ 358.46	\$ 1,980.49	\$1,563.97	Case Rate
				0		. , .		, , , , , , , ,	, ,	
						N/A No			N/A No	
				Daniel of an armine action of in		-				
				Removal of recurring cataract in		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	66821	lens capsule using laser	Yes	Volume	\$ -	\$ -	Volume	Case Rate
						NI/A NI-			NI/A NI-	
						N/A No			N/A No	
				Removal of cataract with insertion		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	66984	of lens	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpations	СРТ	60210	Remove impacted car way	No	\$ 168.99	\$ 48.93	\$ 1,604.78	\$0.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CFI	03210	Remove impacted ear wax	INU	7 100.39	40.73	1,004.78 ب	30.00	Case nate
				CT Scan - Head/Brain, without						
Padiology Comises	Hospital Outpotiset	CDT	70450		N-	ć 001.00	ć 437.33	ć 1 210 10	¢410.0F	Dor Unit
Radiology Services	Hospital Outpatient	CPT	70450	Contrast	No	\$ 901.06	\$ 127.22	\$ 1,318.18	\$410.85	Per Unit

										1
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u> </u>	<u>service setting</u>	<u> </u>	couc	<u> </u>	<u>scrvice.</u>	cusirrice	charge	charge	charge	Estimate Type
				CT Scan - Head/Brain, without						
Radiology Services	Hospital Outpatient	CPT	70450	Contrast	Yes	\$ 901.06	\$ 127.22	\$ 1,318.18	\$410.85	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	\$623.24	Per Unit
The area of the ar		U. 1	70.02			+ -,000.00	+ - - - - - - - - - -	+ 1,007101	7020.21	
									4	
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$ 1,668.57	\$ 127.52	\$ 2,259.85	\$423.70	Per Unit
Radiology Services	Hospital Outpatient	CPT	70496	Ct angiography head	No	\$ 1,871.05	\$ 223.05	\$ 1,996.31	\$878.06	Per Unit
Radiology Services	Hospital Outpatient	CPT	70498	Ct angiography neck	No	\$ 1,632.72	\$ 223.05	\$ 1,677.63	\$653.01	Per Unit
							-	-	-	
Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$ 1,518.19	\$ 252.20	\$ 2,270.30	\$65.06	Per Unit
Radiology Services	Hospital Outpatient	CFI	70331	WINI BRAIN STEW W/O DTE	NO	\$ 1,510.15	3 232.20	\$ 2,270.30	303.00	rei oiiit
L		l								
Radiology Services	Hospital Outpatient	CPT	70553	MRI - Brain (outpatient)	Yes	\$ 2,314.59	\$ 406.50	\$ 3,409.54	\$2,073.98	Per Unit
Radiology Services	Hospital Outpatient	CPT	71045	X-ray exam chest 1 view	No	\$ 138.11	\$ 19.91	\$ 181.37	\$0.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$ 148.99	\$ 31.50	\$ 193.55	\$0.00	Per Unit
Madiology Jervices	Hospital Outpatient	CF I	/ 1040	A-nuy - chest (outpatient)	140	7 140.33	A 21.20	7 23.33	90.00	i ci onit

											Amount We	
											Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"												
Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	 scounted	Mi Neg	dentified nimum sotiated harge	No.	e-Identified Maximum egotiated Charge	Payer- Specific Negotiated Charge	_Estimate Type
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$ 205.20	\$	38.07	\$	271.73	\$74.50	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$ 1,024.52	\$	141.11	\$	1,468.48	\$50.86	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71260	CT Scan - Chest, with Contrast (outpatient)	No	\$ 1,448.52	\$	200.76	\$	2,034.88	\$613.99	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71275	Ct angiography chest	No	\$ 1,935.65	\$	226.19	\$	2,092.27	\$758.17	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72040	X-Ray - Neck, Cervical Spine	No	\$ 154.65	\$	37.93	\$	204.42	\$57.79	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$ 251.61	\$	33.93	\$	338.99	\$61.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	\$ 199.60	\$	37.93	\$	265.13	\$63.32	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72110	X-Ray, lower back, minimum four views	Yes	\$ 213.64	\$	52.80	\$	284.93	\$85.91	Per Unit

											Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"												
Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	iscounted ash Price	M Ne	dentified nimum gotiated harge	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	\$517.81	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72126	Ct neck spine w/dye	No	\$ 1,293.16	\$	260.86	\$	1,821.59	\$613.07	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72127	Ct neck spine w/o & w/dye	No	\$ 1,815.93	\$	201.73	\$	2,118.48	\$755.17	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72129	Ct chest spine w/dye	No	\$ 1,520.66	\$	199.82	\$	1,805.90	\$613.07	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/dye	No	\$ 1,518.43	\$	260.86	\$	1,805.90	\$613.07	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72133	Ct lumbar spine w/o & w/dye	No	\$ 1,904.42	\$	201.90	\$	2,238.70	\$755.48	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72141	MRI NECK SPINE W/O DYE	No	\$ 1,441.84	\$	252.20	\$	2,177.11	\$70.06	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72148	MRI - Back (outpatient)	Yes	\$ 1,381.13	\$	252.20	\$	2,137.12	\$1,050.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$ 249.04	\$	28.72	\$	327.10	\$49.69	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$ 208.53	\$	39.60	\$	264.73	\$9.53	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	\$ 1,536.96	\$	197.29	\$	2,142.05	\$592.49	Per Unit

										Amount We Estimate You	
										Will Owe *	
To Search for a service Click "CTRL" + "F"											
		<u>Code</u>			CMS Required Shoppable	Discoun		De-Identified Minimum Negotiated	Maximum Negotiated	Payer- Specific Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Pr	<u>ce</u>	<u>Charge</u>	<u>Charge</u>	Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	72197	MRI - Pelvis (outpatient)	No	\$ 2,44	8.72	\$ 402.71	\$ 3,522.33	\$2,046.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$ 14	7.59	\$ 22.40	\$ 185.92	\$49.10	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73010	X-ray exam of shoulder blade	No	\$ 19	6.93	\$ 26.01	\$ 251.93	\$49.69	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$ 14	9.50	\$ 28.33	\$ 196.92	\$53.54	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$ 14	7.62	\$ 29.40	\$ 195.82	\$7.65	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$ 14	6.83	\$ 25.07	\$ 191.42	\$48.77	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73080	X-RAY EXAM OF ELBOW	No	\$ 12	2.83	\$ 26.72	\$ 154.02	\$7.65	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$ 11	7.10	\$ 26.40	\$ 151.82	\$7.06	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$ 15	6.52	\$ 30.72	\$ 196.19	\$50.50	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$ 19	2.03	\$ 24.40	\$ 249.73	\$7.35	Per Unit

											Amount We	
											Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"												
Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	Discounte Cash Price	<u>N</u>	-Identified /Iinimum egotiated Charge	<u>N</u>	e-Identified Maximum egotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$ 151.	4 \$	32.72	\$	198.42	\$50.50	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73221	MRI - Shoulder, Elbow, or Wrist	No	\$ 1,211.8	2 \$	246.65	\$	1,702.46	\$948.35	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$ 129.	8 \$	37.77	\$	197.91	\$70.89	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$ 150.	i1 \$	29.51	\$	189.38	\$8.29	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$ 201.9	2 \$	32.40	\$	266.82	\$7.65	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$ 263.	50 \$	36.52	\$	351.25	\$53.84	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$ 239.0	\$	32.40	\$	321.48	\$49.69	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$ 191.	55 \$	31.98	\$	278.60	\$7.35	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73610	X-Ray - Ankle (outpatient)	No	\$ 239.0	5 \$	25.72	\$	311.14	\$50.50	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$ 196.3	4 \$	29.81	\$	262.21	\$7.35	Per Unit

												Amount We Estimate You	
												Will Owe *	
To Search for a service Click "CTRL" + "F"													
Service Category	Service Setting	Code Type	<u>Code</u>	Description	CMS Required Shoppable Service?		scounted	Mi Neg	dentified nimum gotiated harge	<u>N</u>	e-Identified Maximum egotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
<u>service eurogory</u>	Service Setting	1700	Couc	<u> </u>	<u>service.</u>		- Ion Trice		marge		charge	charge	
Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$	216.05	\$	33.95	\$	289.60	\$50.50	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	\$	134.01	\$	1,400.92	\$47.55	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73721	MRI - Knee (outpatient)	Yes	\$	1,224.32	\$	246.65	\$	1,828.36	\$948.35	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	145.61	\$	28.31	\$	189.76	\$0.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$	977.64	\$	142.38	\$	1,446.99	\$499.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$	1,824.18	\$	207.86	\$	2,144.29	\$733.44	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74177	CT Scan - Abdomen and Pelvis, with Contrast	No	\$	2,748.11	\$	286.79	\$	3,568.86	\$620.77	Per Unit
						T	-,- 10-12	T		7	2,230.00	7	2.2
Radiology Services	Hospital Outpatient	СРТ	74177	CT Scan - Abdomen and Pelvis, with Contrast	Yes	\$	2,748.11	\$	286.79	\$	3,568.86	\$620.77	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$	394.10	\$	56.38	\$	563.71	\$113.49	Per Unit

											Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"												
<u>Service Category</u>	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discount Cash Pri	ed_	De-Identified Minimum Negotiated Charge	Max Nego	entified kimum otiated arge	Payer- Specific Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$ 521	.72	\$ 79.34	\$	578.01	\$165.29	Per Unit
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$ 306	.04	\$ 59.00	ė	323.39	\$148.17	Per Unit
radiology Services	nospital outpatient	CFT	73371	ct iii t w/o dye w/ca test	140	у 300	.04	33.00	,	323.33	3148.17	reronit
Radiology Services	Hospital Outpatient	СРТ	76536	Ultrasound - Head and Neck	No	\$ 460	.62	\$ 78.79	\$	386.50	\$136.73	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$ 152	.68	\$ 78.52	\$	249.30	\$141.97	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$ 361	.43	\$ 91.69	\$	433.80	\$191.17	Per Unit
Padiology Sorvices	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$ 327	.93	\$ 46.05	Ś	372.20	\$137.98	Per Unit
Radiology Services	nospital Outpatient	CFI	70703	on assume - Abdominal, Limited	NO	<i>y</i> 321	.33	ب 40.05	۶	372.20	3137.30	rei Oilit
Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$ 456	.58	\$ 76.54	\$	400.80	\$32.68	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$ 391	.57	\$ 86.65	\$	396.27	\$42.95	Per Unit

	T		1	I	1								
												Amount We	
												Estimate You	
												Will Owe *	
To Search for a service Click "CTRL"													
+ "F"													
					CMS			De-Id	entified	De	-Identified	Payer-	
					Required			Min	imum	M	laximum_	Specific	
		Code			Shoppable	Disco	unted	Nego	otiated	Ne	egotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash	Price	Ch	arge		Charge	Charge	Estimate Type
				Ultrasound - Pregnancy									
Radiology Services	Hospital Outpatient	СРТ	76805	(outpatient)	Yes	\$	367.73	\$	100.36	\$	437.10	\$210.29	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76811	OB US DETAILED SNGL FETUS	No	\$	522.04	\$	198.65	\$	587.50	\$83.53	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76815	OB US LIMITED FETUS(S)	No	\$	309.95	\$	54.75	\$	384.30	\$29.04	Per Unit
,								•					
Padialana Cambana	Hamital Outrations	CDT	70046			_	406 54	,	64.27		204.20	6442.25	Dan Haite
Radiology Services	Hospital Outpatient	CPT	76816	Ultrasound - Pregnancy Follow-Up	No	\$	406.54	\$	64.37	>	384.30	\$113.25	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76818	FETAL BIOPHYS PROFILE W/NST	No	\$	476.50	\$	82.20	\$	387.27	\$34.51	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$	407.39	\$	97.44	\$	398.34	\$28.97	Per Unit
,		1		, , , , ,		i –				Ė			-
Padiology Convices	Hospital Outpations	СРТ	76021	MIDDLE CERERDAL ARTERY ECUA	No	Ś	370.14	ċ	88.69	ċ	391.69	\$31.38	Per Unit
Radiology Services	Hospital Outpatient	CPT	70821	MIDDLE CEREBRAL ARTERY ECHO	No	Þ	3/0.14	Ģ	00.09	P	231.03	331.38	rei Uiiit
				Ultrasound - Transvaginal (non-									
Radiology Services	Hospital Outpatient	CPT	76830	maternity)	Yes	\$	475.43	\$	98.63	\$	463.90	\$151.54	Per Unit

					_					_			1
												Amount We	
												Estimate You	
												Will Owe *	
To Search for a service Click "CTRL" + "F"													
Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	_	scounted ash Price	M Ne	Identified inimum gotiated Charge	Ne	-Identified laximum egotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	76856	Ultrasound - Pelvic (outpatient)	No	\$	344.00	\$	70.34	\$	408.50	\$151.54	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$	546.40	\$	107.57	\$	501.03	\$228.27	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$	383.79	\$	135.81	\$	629.70	\$290.88	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$	406.73	Ś	109.22	Ś	504.02	\$237.48	Per Unit
		-		0.000		T	130110	T		T	33.02	¥	2. 2•
Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$	247.25	Ś	56.29	Ś	393.45	\$207.22	Per Unit
Radiology Services	Hospital Outpatient	СРТ		Dxa bone density/peripheral	No	\$	116.84			\$	171.64	\$66.19	Per Unit
Radiology Services	Hospital Outpatient	CPT	78452	Myocardial Imaging (outpatient)	No	\$	1,010.04	\$	336.74	\$	2,091.45	\$673.73	Per Unit

				T					Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
									_	
					CMS		De-Identified		Payer-	
		C-d-			Required	Discounted	Minimum	Maximum	Specific Name of the second	
Service Category	Service Setting	Code	Code	Description	Shoppable Service?	Discounted Cash Price	Negotiated	Negotiated Charge	Negotiated Charge	Estimate Type
Service Category	Service Setting	Type	coue	Description	<u>Servicer</u>	Casii Price	<u>Charge</u>	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	80048	Blood Test - Basic Metabolic Panel	Yes	\$ 158.03	\$ 11.84	\$ 221.33	\$34.38	Per Unit
				Bland Task Community						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	90053	Blood Test - Comprehensive Metabolic Panel	Voc	\$ 93.73	\$ 14.78	\$ 136.89	\$42.96	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPI	80053	ivietabolic Panel	Yes	\$ 93.73	\$ 14.78	\$ 136.89	\$42.96	Per Unit
						N/A No	N/A No	N/A No	N/A No	
				Blood Test - Pregnancy (Obstetric)		Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80055		Yes	Volume	Volume	Volume	Volume	Per Unit
				Blood Test - Cholesterol Test, Lipid						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80061	Panel	Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$101.77	Per Unit
				Blood Test - Renal (Kidney)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80069	Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$34.38	Per Unit
			33330				,		70	
				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$34.38	Per Unit

		1		I					Amount We	
									Estimate You Will Owe *	
									will Owe "	
To Search for a service Click "CTRL"										
+ "F"										
, ,										
					CMS		De-Identified	De-Identified	Daver	
							Minimum	Maximum	Payer-	
		C- 4-			Required	Discounts d			Specific	
Samilar Catalana	Coming Coming	Code	C-d-	December 1	<u>Shoppable</u>	<u>Discounted</u>	Negotiated	Negotiated	Negotiated	Fathers to Tone
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	-		\$181.23	Per Unit
						N/A No	N/A No	N/A No	N/A No	
						Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	CPT	81000	Urinalysis nonauto w/scope	Yes	Volume	Volume	Volume	Volume	Per Unit
				Urine Test - Automated with						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81001	Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$10.05	Per Unit
,									,	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	21002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$14.00	Per Unit
Laboratory & Pathology Services	nospital Outpatient	CFT	81002	Office rest - Officerysis, Maridai rest	163	7 7.24	\$ 2.07	3 14.00	\$14.00	reronit
				Urine Test - Automated without					4	
Laboratory & Pathology Services	Hospital Outpatient	CPT	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$7.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$26.49	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$24.49	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$158.31	Per Unit

						1						
											Amount We	
											Estimate You	
											Will Owe *	
To Search for a service Click "CTRL"												
+ "F"												
					CMS			De-Ident	ified	De-Identified	Payer-	
					Required			Minimu	ım	Maximum	Specific	
		Code			Shoppable	Dis	counted	Negotia		Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?		sh Price	Charge		Charge	Charge	Estimate Type
Service Category	<u>Jervice Jetting</u>	туре	coue	Description	Service:	Ca	311 FIICE	Charg		Charge	Charge	Littillate Type
l						L					4	
Laboratory & Pathology Services	Hospital Outpatient	CPT	82330	Assay of calcium	No	\$	35.11	\$ 12	2.31	\$ 67.00	\$67.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82375	Assay carboxyhb quant	No	\$	114.13	\$ 11	.09	\$ 153.64	\$64.40	Per Unit
Laboratory & Dathology Comises	Hasnital Outpations	CDT	92465	Assay bld /sarum shalastaral	No	\$	15 20	ė s	02	\$ 23.76	\$23.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82403	Assay bld/serum cholesterol	No	ş	15.28	3	.92	\$ 25.76	323.70	Per Unit
											_	
Laboratory & Pathology Services	Hospital Outpatient	CPT	82550	Assay of ck (cpk)	No	\$	12.70	\$ 5	.86	\$ 35.53	\$35.53	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82552	Assay of cpk in blood	No	\$	26.14	\$ 12	2.05	\$ 75.41	\$71.97	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82565	Assay of creatinine	No	\$	124.50	\$ 7	.17	\$ 70.25	\$36.65	Per Unit
			02000			_		· ·		7 70.20	700.00	
				Blood Test - Vitamin B-12								
Laboratory & Pathology Services	Hospital Outpatient	CPT	82607	(Cyanocobalamin) Level	No	\$	29.40	\$ 13	3.57	\$ 82.73	\$82.73	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82610	Cystatin c	No	\$	140.40	\$ 14	.17	\$ 405.00	\$30.69	Per Unit
7 22 22 20 20 20						Ė		·			•	
Laboratory & Pathology Consises	Hospital Outpatient	СРТ	83660	Assay of erythropoietin	No	\$	36.68	\$ 16	5.91	\$ 99.20	\$99.20	Per Unit
Laboratory & Pathology Services	nospital Outpatient	CFI	02000	Assay of erythropoletin	INU	٦	30.08	10 پ	,.JI	25.20	333.20	Per Unit
		1				١.						
Laboratory & Pathology Services	Hospital Outpatient	CPT	82670	Assay of estradiol	No	\$	54.51	\$ 25	5.15	\$ 152.33	\$152.33	Per Unit

		1							Amount We	
									Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"										
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
Labourton, C. Dathology Comices	Heavital Outrations	CDT	82602	Associate standard advanta	No	\$ 20.29	ć 12.41	ć 40.00	¢40.00	Dou Huit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82093	Assay of ethylene glycol	No	\$ 20.29	\$ 13.41	\$ 40.08	\$40.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82728	Blood Test - Ferritin (Blood Protein) Level	No	\$ 33.53	\$ 19.09	\$ 96.63	\$96.79	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82746	Blood Test - Folic Acid Level	No	\$ 37.75	\$ 13.23	\$ 79.52	\$79.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82803	Blood gases any combination	No	\$ 73.40	\$ 20.17	\$ 106.16	\$106.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34.04	\$ 5.51	\$ 49.42	\$27.96	Per Unit
		.	02017	, soul games		· · · · · · · ·	, J.	, <u>.</u>	V 27.00	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82962	Glucose blood test	No	\$ 45.55	\$ 3.89	\$ 61.82	\$23.61	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83018	Heavy metal quant each nes	No	\$ 172.97	\$ 19.76	\$ 498.96	\$91.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83036	Blood Test - Blood Glucose Control (Hemoglobin A1C)	No	\$ 71.27	\$ 8.74	\$ 95.94	\$51.96	Per Unit

											Amount We	
											Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"												
Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?		counted th Price	De-Identifie Minimum Negotiated Charge		De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83088	Assay of histamine	No	Ś	75.84	\$ 26.58	s s	218.76	\$153.42	Per Unit
			55555	- Tooly of mountain	1.00	•	70.01	-		220.70	Ψ-30-1-1-	1 6.1 6.1110
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83518	Immunoassay dipstick	No	\$	147.09	\$ 6.55	\$	424.29	\$36.25	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83540	Blood Test - Iron Level	No	\$	51.90	\$ 9.06	5 \$	75.77	\$45.95	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$	27.44	\$ 10.4	1 \$	58.05	\$58.05	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690	Blood Test - Lipase (fat enzyme) Level	No	\$	69.47	\$ 6.20) \$	93.51	\$37.82	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83735	Assay of magnesium	No	\$	53.82	\$ 9.38	3 \$	78.56	\$47.30	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83880	Assay of natriuretic peptide	No	\$	172.55	\$ 35.33	3 \$	232.27	\$103.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$	61.73	\$ 6.64	\$	87.67	\$26.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$	43.23	\$ 6.66	5 \$	62.65	\$32.30	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$	43.23	\$ 6.66	5 \$	62.65	\$32.30	Per Unit

										Amount We	
										Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"											
Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	N.	-Identified /linimum egotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 52.5	9 \$	18.77	\$ 96.68	\$96.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84153	Blood Test - Prostate Specific Antigen (PSA) Level	Yes	\$ 74.2	1 \$	25.75	\$ 116.68	\$59.85	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84154	PSA (prostate specific antigen)	Yes	\$ 106.3	4 \$	16.55	\$ 143.15	\$89.64	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84182	Protein western blot test	No	\$ 382.7	2 \$	18.76	\$ 588.80	\$70.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$ 42.1	0 \$	4.33	\$ 56.67	\$26.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Blood Test - Thyroxine (Thyroid Chemical) Level, Free	No	\$ 66.2	1 \$	8.12	\$ 89.13	\$41.40	Per Unit
				Blood Test - Thyroid Stimulating							
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Hormone (TSH) Level	No	\$ 64.0	7 \$	23.52	\$ 119.09	\$119.29	Per Unit

	1			I					Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
									_	
					CMS Required		De-Identified Minimum	De-Identified Maximum	Payer- Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
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	Hormone (TSH) Level	Yes	\$ 64.07	\$ 23.52	\$ 119.09	\$119.29	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84480	Assay triiodothyronine (t3)	No	\$ 96.31	\$ 12.76	\$ 129.65	\$75.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84484	Assay of troponin quant	No	\$ 81.70	\$ 10.26	\$ 121.45	\$121.45	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84702	Chorionic gonadotropin test	No	\$ 125.77	\$ 11.54	\$ 169.31	\$82.57	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85014	Hematocrit	No	\$ 26.95	\$ 2.13	\$ 36.27	\$12.94	Per Unit
Laboratorio C. Bathalani Camina	Harmital Contractions	CDT	05035	Blood Test - Complete Blood Cell	W	ć 77.00	ć 40.00	£ 442.00	654.75	Day Haite
Laboratory & Pathology Services	Hospital Outpatient	CPT	85025	Count and Automated WBC	Yes	\$ 77.98	\$ 10.88	\$ 112.06	\$54.75	Per Unit
Laboratory & Dathology Consises	Hospital Outpations	CDT	05027	Blood Test - Complete Blood Cell Count (Homoglobin)	Voc	\$ 60.79	¢ = 02	ć 01.02	ĆOF FO	Por Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	8502/	Count (Hemoglobin)	Yes	\$ 60.79	\$ 5.82	\$ 81.83	\$35.53	Per Unit

	T			T			1			
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
•									7 7	
+ "F"										
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	<u>Maximum</u>	<u>Specific</u>	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	85240	Clot factor viii ahg 1 stage	No	\$ 45.97	\$ 16.11	\$ 95.56	\$95.56	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85378	Fibrin degrade semiquant	No	\$ 53.57	\$ 7.44	\$ 72.11	\$58.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85610	Blood Test - Clotting Time	Yes	\$ 44.81	\$ 6.01	\$ 64.27	\$27.96	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85613	Russell viper venom diluted	No	\$ 24.61	\$ 8.24	\$ 70.98	\$55.29	Per Unit
Labaratam R. Dathalam Comissa	Heavital Outrations	СРТ	05000	RBC SICKLE CELL TEST	No	\$ 53.32	\$ 4.96	\$ 71.77	ć0.00	Dou Huit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85000	RBC SICKLE CELL TEST	No	\$ 55.52	\$ 4.96	\$ /1.//	\$0.00	Per Unit
				Blood Test - Coagulation						
Laboratory & Pathology Services	Hospital Outpatient	CPT	85730	Assessment	Yes	\$ 46.01	\$ 5.41	\$ 61.94	\$32.93	Per Unit
							l .			
Laboratory & Pathology Services	Hospital Outpatient	CPT	85732	Thromboplastin time partial	No	\$ 12.63	\$ 5.82	\$ 36.42	\$35.53	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	861/0	C-reactive protein	No	\$ 48.49	\$ 4.66	\$ 65.28	\$24.07	Per Unit
Laboratory & Fathology Services	nospitai Outpatient	CFI	00140	c-reactive protein	140	40.49	9 4.00	05.28	324.U/	r er Omt
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86360	T cell absolute count/ratio	No	\$ 65.00	\$ 42.28	\$ 211.59	\$211.59	Per Unit
Educatory & Fathology Services	nospital Outpatient	GF I	00300	r cen absolute count/ratio	140	00،00	7 42.20	211.35	7211.33	i ci onit

				I						Amazunt Ma	
										Amount We	
										Estimate You	
										Will Owe *	
To Search for a service Click "CTRL"											
+ "F"											
					<u>CMS</u>			De-Identified	De-Identifie	d Payer-	
					Required			Minimum	Maximum	Specific	
		Code			Shoppable	Discount	ed	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Pri	ce	Charge	Charge	Charge	Estimate Type
						-					7,1
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$ 132	2.78	\$ 24.10	\$ 383.0	\$206.39	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	80301	T cell absolute count	140	ÿ 134	2.70	\$ 24.10	303.0	3 3200.33	reronit
lahawatawa Q Bathalawa Cawdaa	Hamital Code at and	CDT	00424	Discount and factors are not		ć -	. 70	ć 540	ć 70.0	626.00	Devilled.
Laboratory & Pathology Services	Hospital Outpatient	CPT	86431	Rheumatoid factor quant	No	\$ 52	2.70	\$ 5.10	\$ 70.9	5 \$26.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 37	7.81	\$ 3.84	\$ 50.9	0 \$18.95	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 37	7.81	\$ 3.84	\$ 50.9	0 \$18.95	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86611	Bartonella antibody	No	\$ 57	7.37	\$ 9.16	\$ 165.5	0 \$31.92	Per Unit
,	·			,						·	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86615	Bordetella antibody	No	\$ 2!	5.74	\$ 11.87	\$ 81.4	5 \$81.45	Per Unit
Laboratory at athorogy services	Trospital Gutputient	C	00015	boracteria antibody		Ψ =.	,,,,	y 11.07	ÿ 02.14	J	T CT OTHE
lahawatawa Q Bathalawa Cawdaa	Hamital Code at and	CDT	00054	En controllate on life our constrate.		ć 21	- 74	ć 44.07		2 6440.42	Devilled.
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86651	Encephalitis californ antbdy	No	\$ 2!	5.74	\$ 11.87	\$ 110.1	3 \$110.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86652	Encephaltis east eqne anbdy	No	\$ 2!	5.74	\$ 11.87	\$ 110.1	3 \$110.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86653	Encephaltis st louis antbody	No	\$ 2!	5.74	\$ 11.87	\$ 110.1	3 \$110.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86654	Encephaltis west eque antbdy	No	\$ 2!	5.74	\$ 11.87	\$ 110.1	3 \$110.13	Per Unit
7 11 11 10 10 10		-		,							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86663	Epstein-barr antibody	No	\$ 2!	5.60	\$ 11.81	\$ 83.2	1 \$83.21	Per Unit
Educatory & Fathology Services	nospital Outpatient	CF I	00003	Epsternour antibouy	140	23 ب	,.00	A 11.01	03.2	± 703.21	i ei onit

										Amount We	
										Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"											
Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	counted h Price	Min Nego	lentified iimum otiated aarge	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	\$63.03	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86692	Hepatitis delta agent antbdy	No	\$ 29.16	\$	15.44	\$ 50.98	\$38.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$ 79.65	\$	12.41	\$ 107.23	\$68.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 86.11	\$	10.85	\$ 115.92	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86705	HEP B CORE ANTIBODY IGM	No	\$ 22.98	\$	10.59	\$ 57.38	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$ 98.98	\$	9.67	\$ 133.2	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86707	Hepatitis be antibody	No	\$ 22.56	\$	10.41	\$ 65.09	\$56.38	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$ 22.71	\$	11.15	\$ 56.71	\$56.71	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	\$ 78.19	\$	12.95	\$ 225.50	\$26.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	\$ 25.14	\$	11.59	\$ 72.53	\$46.93	Per Unit

									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
										7,1
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86769	86769 - SARS-COV-2 COVID-19 ANTIBODY	No	\$ 51.48	\$ -	\$ 112.07	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$76.53	Per Unit
				Blood Test - Hepatitis C Antibody						
Laboratory & Pathology Services	Hospital Outpatient	CPT	86803	Level	No	\$ 67.64	\$ 12.84	\$ 91.06	\$69.57	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$57.72	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$54.64	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$24.99	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$21.16	Per Unit
Laboratory & Dathology Consises	Hospital Outpations	СРТ	96000	Plood tuning corologie she	No	\$ 198.99	\$ 3.78	\$ 267.88	\$21.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPI	00500	Blood typing serologic abo	No	7 130.33	φ 3.78	φ 207.88	\$21.10	rei Ollit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$21.16	Per Unit

											Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"												
Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	counted th Price	De-Ident Minimo Negotia Charg	um ited	M 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	\$21.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$ 4	4.84	\$	383.37	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 1	3.44	\$	344.22	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$ 133.90	\$	9.29	\$	180.25	\$56.71	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$ 138.63	\$	7.76	\$	186.61	\$47.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87077	Bacterial Culture - Aerobic Isolates	No	\$ 60.43	\$	7.27	\$	81.35	\$25.35	Per Unit
				Test for Disease-Causing (Pathogenic) Organisms, Not								
Laboratory & Pathology Services	Hospital Outpatient	CPT	87081		No	\$ 81.17	\$	5.97	\$	109.26	\$35.53	Per Unit

	1	1		T						1		Amount We	
												Estimate You	
												Will Owe *	
To Search for a service Click "CTRL" + "F"													
, ,													
Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?		ounted h Price	De-Ider Minim Negoti Char	num ated	M Ne	-Identified laximum egotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
<u> </u>		3775							<u> </u>				
				Urine Test - Bacterial Culture,									
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87086	Quantitative Colony Count	No	\$	82.16	\$	7.26	\$	110.60	\$42.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87088	Urine Test - Bacterial Culture	No	\$	15.80	\$	7.28	Ś	43.86	\$43.86	Per Unit
Education of a rathology services	nospital outputient		07000	office rest butterial culture	110	,	13.00	•	7120	Ÿ	45.00	V-10100	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87110	Chlamydia culture	No	\$	130.74	\$	17.64	\$	175.99	\$107.56	Per Unit
				Evaluation of Antimicrobial Drug									
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87186	Evaluation of Antimicrobial Drug (antibiotic, antifungal, antiviral)	No	\$	69.16	\$	7.79	\$	93.10	\$47.43	Per Unit
,				, , , , , ,								·	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87205	Lab Test - Smear for Microorganism	No	\$	49.93	Ś	3.84	Ś	67.21	\$21.47	Per Unit
						·	10.00	T		7		· · · · · · · · · · · · · · · · · · ·	
				Lab Test - Detection test for									
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87340	Hepatitis B Surface Antigen	No	\$	63.55	\$	9.30	\$	85.55	\$42.65	Per Unit
				Lab Test - Detection test for HIV-1									
Laboratory & Pathology Services	Hospital Outpatient	CPT	87389	and HIV-2	No	\$	110.43	\$	21.67	\$	148.66	\$77.48	Per Unit

									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identifie Minimum Negotiated Charge	De-Identifie Maximum Negotiated Charge	Specific	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	87425	Rotavirus ag ia	No	\$ 37.44	\$ 10.78	\$ 108.0	0 \$55.82	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87491	Urine Test - Chlamydia	No	\$ 108.43	\$ \$ 31.58	\$ 171.0	3 \$171.03	Per Unit
	Top to traperty			,,,,,						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87591	Urine Test - Gonorrhoeae (Neisseria Gonorrhoeae Bacteria)	No	\$ 90.13	\$ 31.58	\$ 171.0	3 \$171.03	Per Unit
			0,002	(1000010 0010110000 000010)		7 55.25	V 02.00	¥ =7=10	φ_2/2.00	7 6. 6
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87635	87635 - SARS-COV-2 COVID-19 AMP PRB	No	\$ 53.36	\$ -	\$ 136.4	8 \$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87798	Detect agent nos dna amp	No	\$ 90.13	\$ 31.58	\$ 171.0	3 \$171.03	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87804	Lab Test - Detection test for Influenza Virus	No	\$ 37.58	\$ 19.82	\$ 70.5	0 \$52.38	Per Unit
. 51										
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87880	Strep Test (Streptococcus, group A)	No	\$ 101.56	\$ 19.87	\$ 143.4	8 \$72.23	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	88185	Flowcytometry/tc add-on	No	\$ 68.81	\$ -	\$ 120.3	0 \$50.09	Per Unit

										Amount We	
										Estimate You	
										Will Owe *	
To Sourch for a complex Click "CTD!"											
To Search for a service Click "CTRL" + "F"											
					CMS		De	Identified	De-Identified	Payer-	
					Required			linimum	Maximum	Specific	
Comitoe Cotonomi	Samiaa Sattina	Code	C- 4-	Description.	Shoppable	<u>Discounted</u>		gotiated	Negotiated	Negotiated	Fathers & Tour
Service Category	Service Setting	Туре	Code	<u>Description</u>	Service?	Cash Price		Charge	<u>Charge</u>	Charge	Estimate Type
				Immunization Administration First							
Vaccinations	Physician Office	СРТ	90460	Component	No	\$ 40.1	0 \$	11.68	\$ 75.93	\$22.39	Per Unit
				Immunization Administration Each							
Vaccinations	Physician Office	CPT	90461	Additional Component	No	\$ 25.1	3 \$	10.49	\$ 38.51	\$11.26	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90471	Immunization Administration	No	\$ 44.4	9 \$	7.02	\$ 81.80	\$3.40	Per Unit
						*	1		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	70.70	
				Immunization Administration Each							
Vaccinations	Hospital Outpatient	СРТ	90472	Additional Component	No	\$ 12.5	6 \$	_	\$ 38.51	\$3.40	Per Unit
					-		<u> </u>			, -	
Vaccinations	Hospital Outpatient	CPT	90651	9V HPV Vaccine 2/3 Dose	No	\$ 142.3	2 \$	9.56	\$ 227.93	\$0.00	Per Unit
				Vaccine - Pneumococcal Conjugate							
Vaccination	Hospital Outpatient	CPT	90670	for Injection into Muscle	No	\$ 285.5	9 \$	9.56	\$ 345.21	\$0.00	Per Unit

	T	,		T.		_			-		I -	, ,
											Amount We	
											Estimate You	
											Will Owe *	
To Search for a service Click "CTRL"												
•												
+ "F"												
					CMS			De-Ide	entified	De-Identified	Payer-	
					Required			Mini	mum	Maximum	Specific	
		Codo			Shoppable	Die	counted		tiated	Negotiated	Negotiated	
		Code						_				
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Ca	sh Price	Cha	arge	<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	Ş	-	\$ 77.73	\$0.00	Per Unit
Evaluation & Management Services	Professional Services	CPT	90791	Psychiatric Diagnostic Evaluation	No	\$	308.81	\$	118.93	\$ 198.74	\$145.95	Per Unit
Evaluation & Management Services	Drafassianal Camicas	СРТ	00022	Psychotherapy - 30 Minutes	Yes	\$	88.03	\$	57.92	\$ 99.25	\$60.88	Per Unit
Evaluation & Management Services	Professional Services	CPI	90032	rsychotherapy - 30 Minutes	res	ş	88.03	Ģ	37.32	\$ 99.25	\$00.00	Per Unit
Evaluation & Management Services	Professional Services	CPT	90834	Psychotherapy - 45 Minutes	Yes	\$	116.77	\$	77.37	\$ 132.34	\$79.33	Per Unit
3						Ė		-		-	·	
						l .					****	
Evaluation & Management Services	Professional Services	CPT	90837	Psychotherapy - 60 Minutes	Yes	\$	174.90	\$	116.00		\$116.28	Per Unit
						1	N/A No			N/A No	N/A No	
						S	ervice			Service	Service	
Evaluation & Management Services	Professional Services	СРТ	90846	Family psytx w/o pt 50 min	Yes	V	olume	\$	_	Volume	Volume	Per Unit
Evaluation & Management Services	. To restrict services	- · ·	20040	ranny payor w/o pr so min	103	_ '	o.amc	7		Volunic	Volume	. c. ome
Evaluation & Management Services	Professional Services	СРТ	90847	Psychotherapy - Family Session	Yes	Ś	146.15	Ś	97.13	\$ 166.18	\$100.09	Per Unit
or with a management services		·	30047	. Janes are appropriately session		Y	1-10.13	7	37.123	÷ 100.10	9200.03	

											Amount We	
											Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"												
Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?		ounted h Price	Mini Nego	entified mum tiated arge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	_Estimate Type
							'A No rvice			N/A No Service	N/A No Service	
Evaluation & Management Services	Professional Services	СРТ	90853	Psychotherapy - Group Session	Yes	Vo	lume	\$	-	Volume	Volume	Per Unit
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$	52.00	\$	17.40	\$ 251.43	\$0.00	Per Unit
Medicine Cardiovascular	Professional Services	СРТ	93000	Electrocardiogram, routine, with interpretation and report	Yes	\$	36.27	\$	28.12	\$ 95.52	\$91.92	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$	142.29	\$	-	\$ 295.26	\$53.52	Per Unit
Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	\$	61.00	\$ 634.57	\$0.00	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	\$ 1	1,404.83	\$	322.26	\$ 1,593.05	\$481.57	Per Unit
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	93452	Insertion of catheter into left heart for diagnosis	Yes	\$ 8	3,847.45	\$	579.93	\$ 12,920.92	\$1,512.88	Case Rate
Madicina Othor	Hornital Outpations	СРТ	02074	Extromity study	No	Ś	240.64	ć	02.64	\$ 400.67	\$325.76	Per Unit
Medicine Other	Hospital Outpatient	CPT	222/1	Extremity study	No	Ģ	240.04	Ş	92.64	/400.6	⊋3∠3./ 0	reconit

				I		1	I		A + 14/-	
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
+ F										
							5 11 1			
					<u>CMS</u>		De-Identified		Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
Medicine Other	Hospital Outpatient	CPT	95044	Allergy patch tests	No	\$ 189.82	•	\$ 1,229.53	\$16.46	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	Hospital Outpatient	CPT	96402	Chemo hormon antineopl sq/im	No	\$ 110.26	\$ 66.86	\$ 196.20	\$137.51	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	\$35.25	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	\$36.14	Per Unit
	- Cop. Corporer	-	3,003	· · · · · · · · · · · · · · · · · · ·		÷ 25.52	7 11.55	7 75.25	95012 4	
Medicine Physical Medicine and				Physical Therapy - Therapeutic						
Rehabilitation	Hospital Outpatient	СРТ	97110	Exercises	Yes	\$ 88.74	\$ 17.40	\$ 119.46	\$56.74	Per Unit
nenabilitation	1103pital Outpatielit	CFT	37110	LACI CISCS	163	y 00.74	7 17.40	7 115.40	930.74	i ei Oiiit
age distance planeted age distance.				Dhorical Theorem Message						
Medicine Physical Medicine and	Harmital Comment	CDT	07445	Physical Therapy - Neuromuscular		A 50.55			642.22	Ban Hait
Rehabilitation	Hospital Outpatient	CPT	97112	Reeducation	No	\$ 69.93	\$ 26.14	\$ 104.78	\$42.23	Per Unit
Medicine Physical Medicine and									40.00	5
Rehabilitation	Hospital Outpatient	CPT	97116	GAIT TRAINING THERAPY	No	\$ 77.61	\$ 22.90	\$ 104.48	\$0.00	Per Unit

r	T	Ī		T								A	
												Amount We Estimate You	
												Will Owe *	
												Will Owe	
To Search for a service Click "CTRL"													
+ "F"													
					CMS			De-le	dentified	De	-Identified	Payer-	
					Required				nimum		laximum	Specific	
		Code			Shoppable	Dis	counted		otiated	_	egotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?		sh Price		harge		Charge	Charge	Estimate Type
<u> </u>		2712						_					
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97140	Physical Therapy - Manual Therapy	No	\$	56.20	Ś	23.73	Ś	93.92	\$79.79	Per Unit
			372.0	injoids merupy mandar merupy		·		Ť		_	55.52	410110	
Medicine Physical Medicine and				Physical Therapy - Low Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97161	Evaluation	No	\$	168.06	Ś	71.97	Ś	252.78	\$186.54	Per Unit
			57252			Ť		_	7 2.07	_	202.70		
Medicine Physical Medicine and				Physical Therapy - Moderate									
Rehabilitation	Hospital Outpatient	СРТ	97162		No	Ś	62.40	Ś	71.97	Ś	252.78	\$186.54	Per Unit
			37232			Ţ	02	Ť	7 2.07	_	202.70		
Medicine Physical Medicine and				Physical Therapy - High Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97163	Evaluation	No	Ś	168.06	Ś	71.97	Ś	252.78	\$186.54	Per Unit
			3.230			_		7			202.70	7-00.0 /	
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	\$	113.34	Ś	48.67	Ś	170.97	\$126.17	Per Unit
			3.234	The state of the s		_		-	,	_	2. 0.07		
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$	180.88	Ś	77.05	Ś	245.32	\$0.00	Per Unit
	The same of the sa					T	_50.50	T		Τ'	0.01	+	

	1			1						_			
												Amount We	
												Estimate You	
												Will Owe *	
To Search for a service Click "CTRL" + "F"													
•													
Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?		counted sh Price	Mi Neg	dentified nimum otiated harge	<u>N</u>	e-Identified Maximum legotiated 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	\$0.00	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97520	Physical Therapy - Therapeutic Activities	No	\$	92.45	ć	17.40	ć	124.45	\$61.52	Per Unit
Renabilitation	Hospital Outpatient	CPT	9/330	Activities	INO	ş	32.43	ş	17.40	Ģ	124.45	301.32	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97535	Physical Therapy - Self-care or Home Management Training	No	\$	68.89	\$	-	\$	109.03	\$68.24	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	CPT	99202	Office Visit - New Patient, Minor	No	\$	167.93	\$	90.34	\$	200.08	\$171.13	Per Unit
				Office Visit - New Patient, Low									
Evaluation & Management Services	Protessional Services	CPT	99203	Complexity	Yes	\$	182.06	Ş	132.54	\$	273.99	\$236.99	Per Unit

										Amount We Estimate You	
										Will Owe *	
To Search for a service Click "CTRL" + "F"											
Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	<u>Discounte</u> Cash Price	<u>1</u> N L	e-Identified Winimum legotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
<u>service eutegory</u>	<u>service seeing</u>	1700	COUC	<u> </u>	<u>service.</u>	COSTITION	-	charge	charge	charge	Estimate Type
Evaluation & Management Services	Professional Services	СРТ	99204	Office Visit - New Patient, Moderate Complexity	Yes	\$ 250.	59 \$	177.01	\$ 432.49	\$348.34	Per Unit
Evaluation & Management Services	Professional Services	CPI	99204	ivioderate complexity	res	\$ 250.	5 60	1/7.01	\$ 432.49	\$348.34	Per Unit
				New patient office of other							
Evaluation & Management Services	Professional Services	СРТ	99205	outpatient visit, typically 60 min	Yes	\$ 448.)4 \$	156.38	\$ 553.76	\$436.90	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99212	Office Visit - Basic	No	\$ 58.	74 \$	46.41	\$ 133.24	\$121.37	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99213	Office Visit - Established Patient, Low Complexity	No	\$ 99.	57 \$	81.71	\$ 201.59	\$148.11	Per Unit
Evaluation 9 Management Comitions	Drofossional Comitate	CDT	00244	Office Visit - Established Patient,	N-	ć 4F4	م د	140.00	ć 270.47	\$204.45	Dor Unit
Evaluation & Management Services	Professional Services	CPT	99214	Moderate Complexity	No	\$ 151.	19 \$	140.90	\$ 279.47	\$201.15	Per Unit

										Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"											
Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	<u>Discou</u> <u>Cash F</u>		De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	_Estimate Type
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	СРТ	99215	High Complexity	No	\$ 3	315.87	\$ 192.33	\$ 385.34	\$310.54	Per Unit
Professional Services Associated with Inpatient Stay	Professional Services	СРТ	99232	Subsequent hospital care	No	\$ 1	159.88	\$ 50.60	\$ 111.92	\$50.59	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99243	Patient office consultation, typically 40 min	Yes	\$ 2	212.43	\$-	\$ 142.18	\$104.10	Per Unit
				Patient office consultation,						4	
Evaluation & Management Services	Professional Services	СРТ	99244	typically 60 min	Yes	\$ 3	338.80	\$-	\$ 226.38	\$144.95	Per Unit
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Emergency Department Visit - Minor (outpatient)	No	\$ 2	230.81	\$ 74.98	\$ 689.88	\$125.42	Case Rate

		1		I	1	1				1
									Amount We	
									Estimate You	
									Will Owe *	
T 6 16 . C!: CTD!										
To Search for a service Click "CTRL"										
+ "F"										
					CNAC		De Identified	De-Identified	Davies	
					CMS		De-Identified		Payer-	
					Required		<u>Minimum</u>	<u>Maximum</u>	<u>Specific</u>	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u>service dategory</u>	<u>service setting</u>	<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	couc	<u> </u>	<u>SCI VICC.</u>	Casirrine	charge	charge	charge	Lotimate Type
				Emergency Department Visit - Low						
									4	
Emergency Room Visit	Hospital Outpatient	CPT	99282	Complexity (outpatient)	No	\$ 430.38	\$ 93.52	\$ 1,114.22	\$171.86	Case Rate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	CPT	99283	Moderate Complexity (outpatient)	No	\$ 932.99	\$ 182.62	\$ 2,714.83	\$340.54	Case Rate
				, , , , , , , , , , , , , , , , , , ,				, ,		
				Emergency Department Visit -						
Emorgancy Poom Visit	Hospital Outpations	СРТ	99284	Higher Complexity (outpatient)	No	\$ 2,400.69	\$ 270.43	\$ 4,475.48	\$973.73	Case Rate
Emergency Room Visit	Hospital Outpatient	CPI	JJ284	nigher complexity (outpatient)	INO	<i>⇒</i> ∠,400.69	ş 2/0.43	4,4/5.48	75./5	case nate
				Emergency Department Visit - High						
Emergency Room Visit	Hospital Outpatient	CPT	99285	Complexity (outpatient)	No	\$ 3,149.91	\$ 458.20	\$ 5,806.95	\$1,392.52	Case Rate
	•			· · · · · · · · · · · · · · · · · · ·						

									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
									,	
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Cada				Discounted				
		<u>Code</u>			Shoppable	Discounted	<u>Negotiated</u>	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	CPT	99291	Critical Care (outpatient)	No	\$ 17,860.61	\$ 425.50	\$ 6,308.07	\$3,811.95	Case Rate
				Office Visit Community						
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient,						
Evaluation & Management Services	Professional Services	CPT	99381	Younger than 1 Year Old	No	\$ 156.75	\$ -	\$ 225.38	\$180.33	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient, 1-						
Evaluation & Management Services	Professional Services	CPT	99382	4 Years Old	No	\$ 163.82	S -	\$ 236.91	\$195.25	Per Unit

								Amount We Estimate You Will Owe *	
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, 5-	No	\$ 170.96	\$ -	\$ 413.46	\$198.79	Per Unit
			Preventive Medicine Evaluation and Management, New Patient, 12-		400		<u> </u>	4224.20	Per Unit
	Professional Services	Professional Services CPT	Professional Services CPT 99383	Professional Services CPT Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 5- 11 Years Old Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 12-	Service Setting Code Type Code Description Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 5- 11 Years Old Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 5- Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 12-	Service Setting Code Type Code Description Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 5- 11 Years Old Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 5- No \$ 170.96	Service Setting Code Type Code Description Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 5- Office Visit - Comprehensive Preventive Medicine Evaluation and Management New Patient, 5- Office Visit - Comprehensive Preventive Medicine Evaluation and Management New Patient, 5- Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 12-	Service Setting Code Type Code Description Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 5- Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 5- Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 5- No \$ 170.96 \$ - \$ 413.46	Service Setting Code Type Code Description Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 12- Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 12-

									Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Evaluation & Management Services	Professional Services	СРТ		Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 18- 39 Years Old	Yes	\$ 187.80	\$ 59.23	\$ 347.60	\$227.75	Per Unit
				Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 40-						
Evaluation & Management Services	Protessional Services	CPT	99386	64 Years Old	Yes	\$ 217.32	\$ 91.72	\$ 1,293.56	\$276.34	Per Unit

									Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
				Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, Younger than 1		<u> </u>	•		4400	
Evaluation & Management Services	Professional Services	СРТ	99391	Year Old	No	\$ 141.19	\$ -	\$ 267.83	\$183.74	Per Unit
				Office Visit - Comprehensive Preventive Medicine Reevaluation						
Evaluation & Management Services	Protessional Services	CPT	99392	and Management, 1-4 Years Old	No	\$ 150.93	\$ -	\$ 305.91	\$199.10	Per Unit

				I						1
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
									•	
							5 11 26 1	5 11 26 1	_	
					CMS		De-Identified	1	Payer-	
					Required		<u>Minimum</u>	<u>Maximum</u>	<u>Specific</u>	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99393	and Management, 5-11 Years Old	No	\$ 150.44	\$ -	\$ 305.91	\$206.32	Per Unit
				and management, o 12 rears ord		Ţ	*	+	7 200.02	
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Drofossional Convisos	СРТ	00204	and Management, 12-17 Years Old	No	\$ 165.14	s -	\$ 398.57	\$194.51	Per Unit
Evaluation & Management Services	Professional services	CPI	33334	and Management, 12-17 fears Old	INU	3 105.14	-	\$ 350.57	\$194.51	Per Unit
				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	\$203.01	Per Unit

				T	1					
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
+ F										
					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Comico Cotorono	Samilar Samilar		C- d-	D						Fastures Tomas
Service Category	Service Setting	Туре	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	Charge	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	CPT	99396	and Management, 40-64 Years Old	No	\$ 180.12	\$ 64.57	\$ 429.79	\$260.06	Per Unit
									Service Not	
									Covered by	
Problem	Handital Cotton tilant	CDT	02007	Farmed Illenance d	B1-	ć 22.420.FC	ć 44 272 00	ć 44.272.00	•	C D-t-
Exablate	Hospital Outpatient	CPT	03981	Focused Ultrasound	No	\$ 32,139.56	\$ 11,272.90	\$ 11,272.90	Payer	Case Rate
Vaccinations	Hospital Outpatient	СРТ	GOODS	Admin influenza virus vaccine	No	\$ 70.15	Š -	\$ 126.95	\$3.40	Per Unit
		J	55500	The state of the s		7 70.13	Ŧ	Ţ 120.55	Ç3.40	. c. ot
Vaccinations	Hospital Outpatient	CPT	G0009	Admin pneumococcal vaccine	No	\$ 27.43	\$ -	\$ -	\$3.40	Per Unit
Medicine Hyberbaric	Hospital Outpatient	CPT	G0277	Hbot, full body chamber, 30m	No	\$ 773.99	\$ 46.24	\$ 1,424.46	\$40.71	Per Unit
Hospital Observation Per Hour	Hospital Outpationt	CDT	G0279	Hospital observation nor he	No	\$ 15,685.71	¢ 605.00	¢ 2/ 121 06	\$1,132.92	Por Unit
Hospital Observation Per Hour	Hospital Outpatient	CPT	dU3/8	Hospital observation per hr	No	\$ 15,085./I	9 0U5.UU	\$ 24,131.86	\$1,152.92	Per Unit

											Amount We	
											Estimate You	
											Will Owe *	
To Search for a service Click "CTRL" + "F"												
					CMS		De	-Identified	De	-Identified	Payer-	
					Required		N	<u>linimum</u>	N	<u>laximum</u>	Specific	
		Code			Shoppable	Discounted	Ne	egotiated	No	egotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price		Charge		Charge	Charge	Estimate Type
Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$ 130.0	\$	74.02	\$	200.00	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 476.0	\$	_	\$	732.35	\$0.00	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$ 0.2	2 \$	0.03	\$	0.34	\$0.00	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$ 2.1	\$	0.78	\$	3.27	\$0.00	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$ 26.9	\$	-	\$	89.11	\$89.11	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$ 2,818.5	ş ş	_	\$	4,336.21	\$2,036.62	Per Unit