Blue Cross Tennessee Medicare										<b>i</b>
Advantage	Last Updated: 12/14/2021									
									Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	CMS Required Shoppable Service?	Discounted <u>Cash Price</u>	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> Specific Negotiated <u>Charge</u>	Estimate Type
										Case Rate- Excluding
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	Yes	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	N/A No Service	Professional Charges which are paid by CPT/HCPCS
										Case Rate- Excluding Professional Charges which
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	\$ 13,710.15	\$ 5,517.78	\$ 31,074.55		are paid by CPT/HCPCS
										Case Rate- Excluding
Hospital Inpatient Stay	Hospital Inpatient	DRG		Spinal fusion except cervical without major comorbid conditions or complications (MCC)	Yes	\$ 89,541.22	\$ 16,237.64	\$ 58,989.92	\$43,300.74	Professional Charges which are paid by CPT/HCPCS

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					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Service category	Service Setting	туре	coue	Description	Service:	<u>Casil Flice</u>	charge	charge	charge	<u>Estimate rype</u>
										Case Rate-
										Excluding
				Major joint replacement or						Professional
				reattachment of lower extremity						Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		or complications (MCC).	Yes	\$ 26 747 32	\$ 8 070 44	\$ 37,721.88	\$28,194.15	CPT/HCPCS
nospital inpatient Stay	nospital inpatient	DING	470	or complications (wee).	163	\$ 20,747.32	\$ 8,070.44	\$ 37,721.00	\$20,134.13	cr i/ficr c5
										Case Rate-
										Excluding
				Cervical spinal fusion without						Professional
				comorbid conditions (CC) or major						Charges which
				comorbid conditions or						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		complications (MCC).	Yes	\$ 37,083.10	\$ 10.123.74	\$ 62,430.00	\$32,952.49	CPT/HCPCS
				terriprisations (moon	100	÷ 57,000.10	+ 10,110,114	+ 01,400,000		

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					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		MAJOR JOINT W MCC	No	\$ 58,727.97	\$ 12.375.85	\$ 48,933.51	\$36,551.52	CPT/HCPCS
						+	+	+,	<i>+•••</i> ,•••=	
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		MAJOR JOINT W CC	No	\$ 48,507.14	\$ 8 559.98	\$ 38,996.68	\$29,647.74	CPT/HCPCS
nospital inpatient stay		DING	401		110	Ş 40,507.14	÷ 0,555.50	\$ 30,330.00	\$25,047.74	ci i/iici co
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		MAJOR JOINT W/O CC/MCC	No	\$ 35,733.50	\$ 674572	\$ 37,731.25	\$26,313.26	CPT/HCPCS
inospital inpatient Stay		5110	704		NU	y 33,733.30	φ 0,743.73	÷ 37,731.25	920,313.20	crijneres
										Case Rate-
										Excluding
										Professional
										Charges which
				LOWER EXTREM HUMER PROC						
Hernitel Innations Stov	Hospital Inpatient	DRC			No	¢ 46 202 92	¢ 0.429.20	¢ 41 202 CA	621 254 72	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	493	EXCEPT HIP, FOOT, FEMUR W CC	No	\$ 46,392.83	ວ ອ,438.20	\$ 41,283.64	\$31,354.73	CPT/HCPCS

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To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> Specific Negotiated Charge	_Estimate Ty
Hospital Inpatient Stay	Hospital Inpatient	DRG	494	LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	No	\$ 34,304.81	\$ 7,426.74	\$ 43,066.25	\$27,837.44	Case Rate- Excluding Professional Charges whicl are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	743	Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	Yes	\$ 18,033.90	\$ 3,828.29	\$ 28,968.03	\$22,489.79	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
				RED BLOOD CELL DISORDERS W						Case Rate- Excluding Professional Charges whic are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	MCC	No	\$ 23,221,02	\$ 4,255,93	\$ 31,015.82	\$24,312.72	CPT/HCPCS

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG		RED BLOOD CELL DISORDERS W/O MCC	No	\$ 17,544.11	\$ 2,955.18	\$ 26,002.03	\$20,612.61	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	928	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	No	\$ 81,430.86	\$ 21,639.28	\$ 150,000.00	\$62,521.37	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	929	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	No	\$ 38,084.70	\$ 6,540.49	\$ 50,000.00	\$36,435.59	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	935	NON-EXTENSIVE BURNS	No	\$ 18,159,73	\$ 3,301.83	\$ 50,000.00	\$28,442.36	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG		LIMB REATTACHMENT, HIP FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	No	\$ 105,373.59	\$ 16,085.53	\$ 200,000.00	\$42,677.24	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	No	\$ 139 128 72	\$ 30,888,17	\$ 200,000.00	\$69,222.28	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
nospital inputient stay		Dite	557	wheel	No	<i>v</i> 135,120.72	÷ 50,000.17	\$ 200,000.00	<i><b>403,222.20</b></i>	
Hospital Inpatient Stay	Hospital Inpatient	DRG		OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	Νο	\$ 73,933.71	\$ 17,182.69	\$ 125,000.00	\$45,327.29	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	Νο	\$ 34,761.85	\$ 6,123.35	\$ 50,000.00	\$25,136.12	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				<b>·</b>						
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W O.R. PROC						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	768	EXCEPT STERIL &/OR D&C	No	\$ 10,335.01	\$ 2,464.00	\$ 27,462.61	\$18,939.73	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	783	STERILIZATION W MCC	No	\$ 11,915.22	\$ 3,570.00	\$ 39,605.25	\$27,313.97	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	\$19,217.33	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W					<b>.</b>	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	785	STERILIZATION W/O CC/MCC	No	\$ 8,988.27	\$ 3,519.44	\$ 25,870.71	\$17,841.87	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	786	STERILIZATION W MCC	No	\$ 12,696.27	\$ <b>3,570.00</b>	\$ 35,011.06	\$24,145.56	CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	787	CESAREAN SECTION W/O STERILIZATION W CC	No	\$ 11,322.59	\$ 2,835.00	\$ 27,868.32	\$19,219.53	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	788	CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	No	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$18,193.83	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	\$12,900.38	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	\$17,874.27	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	C No	\$ 10,897.11	\$ 2,464.00	\$ 25,917.69	\$17,874.27	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified Minimum Negotiated Charge	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	805	VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	Νο	\$ 10,518.03	\$ 2,464.00	\$ 27,817.08	\$19,184.19	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	806	VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	Νο	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	\$16,743.27	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	807	VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	No	\$ 7,318.91	\$ 2,464.00	\$ 23,397.98	\$16,136.54	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Rehabilitation Hospital Stay	Inpatient Rehabilitation Hospital	DRG	945	REHABILITATION W CC/MCC	No	N/A	\$ 14,553.00	\$ 14,553.00	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Rehabilitation Hospital Stay	Inpatient Rehabilitation Hospital	DRG	946	REHABILITATION W/O CC/MCC	Νο	N/A	\$ 10,870.00	\$ 10,870.00	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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					Required		<u>Minimum</u>	Maximum	Specific	
		Code			Shoppable	Discounted	<b>Negotiated</b>	<b>Negotiated</b>	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
						52% Charges				
						Estimated at				
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per			100%	Per Diem Per
Stay	Inpatient Rehabilitation Hospital	UB		Room & Board	No	Diem			Medicare	Day
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM AND CONNECTIVE TISSUE						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG		WITH MCC	No	N/A	\$ 18 018 00	\$ 18,018.00	N/A	CPT/HCPCS
inputent okneu Hursing	inputent skilled Hurshig	Silo	335			170	÷ 10,010.00	÷ 10,010.00		
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
la sette sta Chille d'Alessaine	In a stight Chille of Number	0.00		SYSTEM & CONNECTIVE TISSUE W	N.	21/2	¢ 40.435.55	¢ 40.425.00	21/2	are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	560	CC	No	N/A	<b>\$ 10,435.00</b>	\$ 10,435.00	N/A	CPT/HCPCS

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		Code			Shoppable	Discounted	<b>Negotiated</b>	<b>Negotiated</b>	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM & CONNECTIVE TISSUE						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	561	w/o cc/мсс	No	N/A	\$ 7,474.00	\$ 7,474.00	N/A	CPT/HCPCS
							<i>• • • • • • • • • •</i>	<i>• • • • • • • • • •</i>		
										Case Rate-
										Excluding
										Professional
										Charges which
Long Term Acute Care Innetiont	Innational Long Term Care			Bulmonony odomo, respiratory						are paid by
Long Term Acute Care Inpatient	Inpatient Long-Term Care	DBC	170100	Pulmonary edema respiratory	No	81/0	ć 74.001.40	¢ 74.021.40	New Dev	
Stay	Hospital	DRG	LTC189	Tallure	No	N/A	\$ 74,931.49	\$ 74,931.49	Non-Par	CPT/HCPCS
										Course Data
										Case Rate-
										Excluding
										Professional
										Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Respiratory system diagnosis w						are paid by
Stay	Hospital	DRG	LTC207	ventilator support >96 hours	No	N/A	\$ 37,703.24	\$ 37,703.24	Non-Par	CPT/HCPCS
						70% Charges				
						(Estimated as				
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Long Term Care Intensive Care		\$6,047.26 per	\$1,040 Per	\$1,929 Per		Per Diem Per
Stay	Hospital	UB	200	Room & Board	No	diem)	Diem	Diem	Non-Par	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &						\$1,109.30 Per			100%	Per Diem Per
Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	Diem	\$ 227.70	\$ 850.00		Day
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					Required		<u>Minimum</u>	<u>Maximum</u>	Specific	
Service Category	Service Setting	Code Type	Code	Description	Shoppable Service?	Discounted Cash Price	Negotiated Charge	Negotiated Charge	Negotiated Charge	Estimate Type
<u>Service Category</u>	<u>Service Setting</u>	туре	coue	Description	<u>Service:</u>	casirrice	charge	charge	charge	<u>Listimate Type</u>
						52% Charges Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		\$1,109.30 Per			100%	Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	\$ 299.70	\$ 850.00	Medicare	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 3- Complex		\$1,109.30 Per			100%	Per Diem Per
Board	Inpatient Skilled Nursing	UB	193	Care	No	Diem	\$ 370.00	\$ 850.00	Medicare	Day
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$195.16	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$204.72	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$208.53	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$1,392.47	Case Rate
nospital outputient i roccuure			15005	Sk sreust 1st lesion us mug		y 3,032.42	y 301.23	÷ 2,504.30	91,932.47	cuse nate
						N/A No			N/A No	
				Removal of 1 or more breast		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	<b>19120</b>	growth, open procedure	Yes	Volume	\$-	\$-	Volume	Case Rate

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					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
		<u>. 11</u>								
Iniections	Upenitel Outpetient	CDT	20010	Anthropoptonia (autorational)	No	\$ 370.58	ć 193.30	¢ 1.4C1.72	¢280.05	Core Data
Injections	Hospital Outpatient	СРТ	20010	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$280.05	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$1,634.13	Case Rate
						N/A No			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	
				Anthere is Know Company		-			-	
				Arthroscopic Knee Surgery		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	29881	(outpatient)	Yes	Volume	\$ -	\$-	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	31575	Laryngoscopy - Diagnostic	No	\$ 449.87	\$ 135.86	\$ 1,978.02	\$204.50	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$678.61	Case Rate
						+	+ 100101	+ _,	+070102	
						N/A No			N/A No	
				Tonsillectomy with Adenoidectomy		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	42820	(outpatient)	Yes	Volume	\$ -	\$-	Volume	Case Rate
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	1222F		Voc	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$827.47	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43233	Diagnostic	Yes	2,027.21 د	φ 01.00	₽,100/./4 د	əoz1.41	Case nate

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> Service?	-	scounted	<u>Mi</u> Neg	dentified nimum cotiated harge	N N	-Identified <u>laximum</u> egotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43239	Upper Gastrointestinal Endoscopy - With Biopsy	Yes	\$	1,259.34	\$	372.00	\$	2,229.48	\$842.87	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45378	Colonoscopy - Diagnostic (outpatient)	Yes	\$	2,117.86	ć	335.79	\$	2,220.88	\$868.43	Case Rate
Hospital Outpatient Procedure		CPT	43370		Tes	Ŷ	2,117.00	Ş	555.79	Ş	2,220.00	<b>2000.43</b>	Case Rate
				Colonoscopy - With Biopsy									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45380	(outpatient)	Yes	\$	3,082.66	\$	343.06	\$	4,110.45	\$1,100.53	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45385	Colonoscopy - With Polyp Removal (outpatient)	Yes	\$	3,317.89	s	354.50	Ś	4,434.15	\$1,153.24	Case Rate
	and a subsection of the subsec					Ŧ	.,	r		T	,	,_,	
							N/A No					N/A No	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45391	Ultrasound examination of lower large bowel using an endoscope	Yes		Service /olume	Ś	-	Ś	-	Service Volume	Case Rate

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		Code			Required	Discounted	Minimum Negotiated	Maximum Negotiated	Specific Negotiated	
Service Category	Service Setting	Code	Code	Description	Shoppable Service?	Discounted Cash Price	Charge	Negotiated Charge	Negotiated Charge	Estimate Type
Service Category	<u>Service Setting</u>	Туре	coue	Description	<u>Service:</u>	Casir Frice	charge	charge	charge	<u>Estimate Type</u>
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	47562	Gall Bladder Surgery (outpatient)	Yes	\$ 12,062.52	\$ 504.75	\$ 18,374.88	\$4,984.16	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$1,605.86	Case Rate
Upperited Outpetient Dress dure	Upperited Outpotions	CDT	40505	Repair of groin hernia patient age 5		¢ 0.907.95	Ś 470.98	\$ 15,040.03	¢2 208 20	Core Data
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49505	years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$3,298.20	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 97.04	\$ -	\$ 1,579.20	\$58.86	Case Rate
		-								
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$580.47	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	\$ 284.76	\$ 2,631.84	\$1,725.00	Case Rate
				Surgical removal of prostate and		N/A No	N/A No	N/A No	N/A No	
				surrounding lymph nodes using an		Service	Service	Service	Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55866	endoscope	Yes	Volume	Volume	Volume	Volume	Case Rate
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		Code			Shoppable	Di	scounted	Nego	tiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?		ash Price		arge	Charge	Charge	Estimate Type
	<b>_</b>											
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	E9100	Biopsy - Endometrial (Uterus)	No	\$	375.83	ć	144.00	\$ 1,697.39	\$211.79	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	20100	Biopsy - Endometrial (Oterus)	NU	2	373.03	Ş	144.00	\$ 1,097.55	\$211.79	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	\$	632.24	Ş	48.93	\$ 1,749.37	\$8.45	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58301	Remove intrauterine device	No	\$	273.85	\$	32.34	\$ 1,495.58	\$309.32	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	59025	Fetal Non-Stress Test	No	\$	260.79	\$	118.53	\$ 1,596.22	\$177.36	Case Rate
				Routine obstetric care for vaginal								
Professional Services Associated				delivery, including pre-and post-								
with Inpatient Stay	Professional Services	СРТ	59400	delivery care	Yes	\$	4,496.21	\$	242.00	\$ 3,278.48	\$1,997.58	Case Rate
Professional Services Associated												
with Inpatient Stay	Professional Services	СРТ	<b>59410</b>	Obstetrical care	No	\$	2,230.06	\$	133.91	\$ 1,625.81	\$984.35	Case Rate
				Providence and the second former								
				Routine obstetric care for cesarean								
Professional Services Associated				delivery, including pre-and post-								
with Inpatient Stay	Professional Services	СРТ	59510	delivery care	Yes	\$	4,966.56	Ş	246.05	\$ 3,619.13	\$2,205.19	Case Rate

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Comulas Cotosomi	Comvine Cotting		Code	Description						Estimate Tune
Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge_	Charge_	Charge	Estimate Type
				Routine obstetric care for vaginal						
				delivery after prior cesarean						
Durafassianal Compises Associated										
Professional Services Associated				delivery including pre-and post-						
with Inpatient Stay	Professional Services	СРТ	59610	delivery care	Yes	\$ 4,706.58	\$ 305.08	\$ 3,429.34	\$2,090.62	Case Rate
				Injection of substance into spinal						
				canal of lower back or sacrum using						
Hospital Outpatient Presedure	Hernital Outpatient	CDT				\$ 1,055.18	é 270.22	ć 1.000.20	\$64C 00	Casa Pata
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	62322	imaging guidance	Yes	\$ 1,055.18	\$ 379.33	\$ 1,880.39	\$646.00	Case Rate
				Injection of substance into spinal						
				canal of lower back or sacrum using						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ		imaging guidance	Yes	\$ 1,665.98	\$ 305.01	\$ 1,988.33	\$660.43	Case Rate
nospital Outpatient Flotedule	nospital Outpatient	CEL	02323	iniaging guidance	165	γ 1,003.30	2 303.01	<del>دد،همد</del> رد ب		Case hate

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ		Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance	Yes	\$ 1,776.21	\$ 358.46	\$ 1,980.49	\$840.76	Case Rate
			04403	Building	103	<i>y</i> 1,770.21	÷ 330.40	÷ 1,500.45	<i>3040.70</i>	
				Removal of recurring cataract in		N/A No Service			N/A No Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ		lens capsule using laser	Yes	Volume	\$-	\$-	Volume	Case Rate
						N/A No			N/A No	
	Uservited Octoretic	CDT		Removal of cataract with insertion	Χ.	Service	<u>,</u>	<u>,</u>	Service	Cours Dati
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66984	of lens	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	<b>69210</b>	Remove impacted ear wax	No	\$ 168.99	\$ 48.93	\$ 1,604.78	\$81.69	Case Rate
				CT Scan - Head/Brain, without						
Radiology Services	Hospital Outpatient	СРТ		Contrast	No	\$ 901.06	\$ 127.22	\$ 1,318.18	\$97.92	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_ Estimate Type
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	Yes	\$ 901.06	\$ 127.22	\$ 1,318.18	\$97.92	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	\$160.45	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$ 1,668.57	\$ 127.52	\$ 2,259.85	\$97.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70496	Ct angiography head	No	\$ 1,871.05	\$ 223.05	\$ 1,996.31	\$160.45	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$ 1,632.72	\$ 223.05	\$ 1,677.63	\$160.45	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$ 1,518.19	\$ 252.20	\$ 2,270.30	\$206.80	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$ 2,314.59	\$ 406.50	\$ 3,409.54	\$330.80	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$ 138.11	\$ 19.91	\$ 181.37	\$72.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$ 148.99	\$ 31.50	\$ 193.55	\$72.70	Per Unit

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Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?	Ca	sh Price	Cr	narge_		Charge_	Charge_	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$	205.20	Ś	38.07	\$	271.73	\$97.92	Per Unit
						Ŧ		Ŧ		•			
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$	1,024.52	\$	141.11	\$	1,468.48	\$97.92	Per Unit
				CT Scan - Chest, with Contrast									
Radiology Services	Hospital Outpatient	СРТ	71260	(outpatient)	No	\$	1,448.52	\$	200.76	\$	2,034.88	\$160.45	Per Unit
De die la ma Camilana	Usersited Outputient	COT	74075	Ot an air ann a bu ab a st	N		4 035 65	~	226.40	~	2 002 27	64 CO 45	Devillet
Radiology Services	Hospital Outpatient	СРТ	/12/5	Ct angiography chest	No	\$	1,935.65	>	226.19	\$	2,092.27	\$160.45	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72040	X-Ray - Neck, Cervical Spine	No	\$	154.65	Ś	37.93	\$	204.42	\$72.70	Per Unit
						Ŧ		Ŧ		•			
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$	251.61	\$	33.93	\$	338.99	\$97.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	\$	199.60	Ş	37.93	\$	265.13	\$97.92	Per Unit
				X-Ray, lower back, minimum four									
Radiology Services	Hospital Outpatient	СРТ	72110		Yes	Ś	213.64	Ś	52.80	\$	284.93	\$97.92	Per Unit
		0.1				<b>Y</b>	210.04	Y	52.00	Υ.	204.00	421.32	

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> Specific <u>Negotiated</u> <u>Charge</u>	Estimate Typ
Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$ 1,459.37	\$ 136.86	\$ 1,750.92	\$97.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72126	Ct neck spine w/dye	No	\$ 1,293.16	\$ 260.86	\$ 1,821.59	\$330.80	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72127	Ct neck spine w/o & w/dye	No	\$ 1,815.93	\$ 201.73	\$ 2,118.48	\$160.45	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72129	Ct chest spine w/dye	No	\$ 1,520.66	\$ 199.82	\$ 1,805.90	\$160.45	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/dye	No	\$ 1,518.43	\$ 260.86	\$ 1,805.90	\$330.80	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72133	Ct lumbar spine w/o & w/dye	No	\$ 1,904.42	\$ 201.90	\$ 2,238.70	\$160.45	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72141	MRI NECK SPINE W/O DYE	No	\$ 1,441.84	\$ 252.20	\$ 2,177.11	\$206.80	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72148	MRI - Back (outpatient)	Yes	\$ 1,381.13	\$ 252.20	\$ 2,137.12	\$206.80	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$ 249.04	\$ 28.72	\$ 327.10	\$97.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$ 208.53	\$ 39.60	\$ 264.73	\$97.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	\$ 1,536.96	\$ 197.29	\$ 2,142.05	\$160.45	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>		iscounted ash Price	<u>Ne</u>	Identified linimum gotiated Charge	1	e-Identified Maximum Iegotiated Charge	<u>Payer-</u> Specific Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	72197	MRI - Pelvis (outpatient)	No	\$	2,448.72	\$	402.71	\$	3,522.33	\$330.80	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$	147.59	\$	22.40	\$	185.92	\$72.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73010	X-ray exam of shoulder blade	No	\$	196.93	\$	26.01	\$	251.93	\$97.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$	149.50	\$	28.33	\$	196.92	\$72.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$	147.62	\$	29.40	\$	195.82	\$72.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$	146.83	\$	25.07	\$	191.42	\$72.70	Per Unit
						-							
Radiology Services	Hospital Outpatient	СРТ	73080	X-RAY EXAM OF ELBOW	No	\$	122.83	\$	26.72	\$	154.02	\$72.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$	117.10	\$	26.40	\$	151.82	\$72.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$	156.52	\$	30.72	\$	196.19	\$72.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$	192.03	\$	24.40	\$	249.73	\$97.92	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	scounted	<u>Mi</u> Nej	dentified nimum gotiated harge	N	<u>-Identified</u> Aaximum egotiated Charge	<u>Payer-</u> Specific Negotiated <u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$ 151.54	\$	32.72	\$	198.42	\$72.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73221	MRI - Shoulder, Elbow, or Wrist	No	\$ 1,211.82	\$	246.65	\$	1,702.46	\$206.80	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$ 129.58	\$	37.77	\$	197.91	\$72.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$ 150.51	\$	29.51	\$	189.38	\$72.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$ 201.92	\$	32.40	\$	266.82	\$72.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$ 263.50	\$	36.52	\$	351.25	\$72.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$ 239.62	\$	32.40	\$	321.48	\$72.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$ 191.55	\$	31.98	\$	278.60	\$72.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73610	X-Ray - Ankle (outpatient)	No	\$ 239.05	\$	25.72	\$	311.14	\$72.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$ 196.24	\$	29.81	\$	262.21	\$72.70	Per Unit

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Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?	Cash Price	Charge_	Charge_	Charge_	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$ 216.05	\$ 33.95	\$ 289.60	\$72.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$ 1,231.00	\$ 134.01	\$ 1,400.92	\$97.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73721	MRI - Knee (outpatient)	Yes	\$ 1,224.32	\$ 246.65	\$ 1,828.36	\$206.80	Per Unit
		CIT	/3/21		103	<i>y</i> 1,224.32	Ş 240.05	\$ 1,020.30	<b>9200.00</b>	
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$ 145.61	\$ 28.31	\$ 189.76	\$72.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$ 977.64	\$ 142.38	\$ 1,446.99	\$97.92	Per Unit
						-	-			
Radiology Services	Hospital Outpatient	СРТ	7/170	Ct abdomen w/o & w/dye	No	\$ 1,824.18	\$ 207.86	\$ 2,144.29	\$160.45	Per Unit
Radiology Services		CFT	74170		NO	Ş 1,024.10	Ş 207.00	Ş 2,144.25	Ş100.45	reronit
				CT Scan - Abdomen and Pelvis, with						
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$ 2,748.11	\$ 286.79	\$ 3,568.86	\$330.80	Per Unit
				CT Scan - Abdomen and Pelvis, with						
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	Yes	\$ 2,748.11	\$ 286.79	\$ 3,568.86	\$330.80	Per Unit
De diele en Comitan	User that Output is at	CDT	74222	Management and a start		¢ 204.42	é	é	64.CO 45	Devila
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$ 394.10	\$ 56.38	\$ 563.71	\$160.45	Per Unit

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> Service?	Discounted Cash Price	De-Identified <u>Minimum</u> <u>Negotiated</u> Charge	De-Identified <u>Maximum</u> <u>Negotiated</u> Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> Charge	Estimate Type
Service category	Service Setting	туре	coue	Description	<u>Jervice:</u>	casirrice	charge	charge	charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$ 521.72	\$ 79.34	\$ 578.01	\$160.45	Per Unit
						• • • • • • •	,	+	7	
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$ 306.04	\$ 59.00	\$ 323.39	\$72.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76536	Ultrasound - Head and Neck	No	\$ 460.62	\$ 78.79	\$ 386.50	\$97.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$ 152.68	\$ 78.52	\$ 249.30	\$72.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$ 361.43	\$ 91.69	\$ 433.80	\$97.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$ 327.93	\$ 46.05	\$ 372.20	\$97.92	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$ 456.58	\$ 76.54	\$ 400.80	\$97.92	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76801	OB US < 14 WKS SINGLE FETUS	No	\$ 391.57	\$ 86.65	\$ 396.27	\$97.92	Per Unit

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				Ultrasound - Pregnancy						
Radiology Services	Hospital Outpatient	СРТ	76805	(outpatient)	Yes	\$ 367.73	\$ 100.36	\$ 437.10	\$97.92	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76811	OB US DETAILED SNGL FETUS	No	\$ 522.04	\$ 198.65	\$ 587.50	\$206.80	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76815	OB US LIMITED FETUS(S)	No	\$ 309.95	\$ 54.75	\$ 384.30	\$97.92	Per Unit
	nospital outpatient	CIT	70015		110	<i>y</i> 305.55	Ş 34.75	<i>y</i> 304.30	<i>Ş</i> 57.52	T CF OHIC
Radiology Services	Hospital Outpatient	СРТ	76816	Ultrasound - Pregnancy Follow-Up	No	\$ 406.54	\$ 64.37	\$ 384.30	\$97.92	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76818	FETAL BIOPHYS PROFILE W/NST	No	\$ 476.50	\$ 82.20	\$ 387.27	\$97.92	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76910	FETAL BIOPHYS PROFIL W/O NST	No	\$ 407.39	\$ 97.44	\$ 398.34	\$97.92	Per Unit
waterinty/ Derivery	Hospital Outpatient	CFI	10013	I ETAL DIOFITTS FROFIL W/O NST	UVI	÷ 407.39			331.3Z	rerunit
Radiology Services	Hospital Outpatient	СРТ	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$ 370.14	\$ 88.69	\$ 391.69	\$97.92	Per Unit
		1								<u>                                     </u>
				Ultrasound - Transvaginal (non-						
Radiology Services	Hospital Outpatient	СРТ	76830	maternity)	Yes	\$ 475.43	\$ 98.63	\$ 463.90	\$97.92	Per Unit

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Service Category	Service Setting	<u>Code</u> Туре	Code	<u>Description</u>	CMS Required Shoppable Service?	<u>Discou</u> <u>Cash P</u>		<u>Mi</u> Neg	dentified nimum otiated harge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	_Estimate Typ
Radiology Services	Hospital Outpatient	СРТ	76856	Ultrasound - Pelvic (outpatient)	No	\$3	44.00	\$	70.34	\$ 408.50	\$97.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$ 5	46.40	\$	107.57	\$ 501.03	\$81.41	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$3	83.79	\$	135.81	\$ 629.70	\$104.13	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$ 4	06.73	\$	109.22	\$ 504.02	\$86.08	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$ 2	47.25	\$	56.29	\$ 393.45	\$97.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$ 1	16.84	\$	33.80	\$ 171.64	\$72.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$ 1,0	10.04	\$	336.74	\$ 2,091.45	\$1,173.54	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$ 158.03	\$ 11.84	\$ 221.33	\$16.92	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80053	Blood Test - Comprehensive Metabolic Panel	Yes	\$ 93.73	\$ 14.78	\$ 136.89	\$21.12	Per Unit
				Blood Test - Pregnancy (Obstetric)		N/A No Service	N/A No Service	N/A No Service	N/A No Service	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80055	Panel	Yes	Volume	Volume	Volume	Volume	Per Unit
				Blood Test - Cholesterol Test, Lipid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80061	Panel	Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$13.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80069	Blood Test - Renal (Kidney) Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$17.36	Per Unit
Laboratory & Pathology Services		CPI	0009		162	ş 17.24	× ۵،08	ə 34.39	\$1/.30	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80076	Blood Test - Hepatic (Liver) Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$16.34	Per Unit
aboratory of ratifology services		UT I	00070	r unedon ranei	162	Y 140.77	A 11'44	y 205.64	910 <b>.</b> 34	i ci unit

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	<u>Charge</u>	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80307	Drug test prsmv chem anlyzr	No	\$ 128.65	\$ 55.93	\$ 199.53	\$62.14	Per Unit
		1				N/A No	N/A No	N/A No	N/A No	
						Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81000	Urinalysis nonauto w/scope	Yes	Volume	Volume	Volume	Volume	Per Unit
		<b>C</b>	01000		105	Volume	volune	volune	volune	T CI OIIIC
				Urine Test - Automated with						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81001	Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$6.34	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	91002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$3.48	Per Unit
Laboratory & Pathology Services		CFT	01002	offile fest - offilarysis, Walluar fest	Tes	<i>Ş</i> 7.24	ş 2.07	\$ 14.00	<b>33.40</b>	Peronit
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$4.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$17.22	Per Unit
					-					
Laboratory & Pathology Services	Hospital Outpatient	СРТ	97747	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$5.02	Per Unit
Laboratory & Pathology Services		CPT	02247		INU	ə 41.02	ə 4.52	ə 55.22	33.UZ	rei Ullit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$29.60	Per Unit

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

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Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?	Cas	h Price	Charge_	Charge_	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82330	Assay of calcium	No	\$	35.11	\$ 12.31	\$ 67.00	\$13.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82375	Assay carboxyhb quant	No	\$	114.13	\$ 11.09	\$ 153.64	\$12.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82465	Assay bld/serum cholesterol	No	\$	15.28	\$ 3.92	\$ 23.76	\$4.35	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of ck (cpk)	No	\$	12.70	\$ 5.86	\$ 35.53	\$6.51	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82552	Assay of cpk in blood	No	\$	26.14	\$ 12.05	\$ 75.41	\$13.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82565	Assay of creatinine	No	\$	124.50	\$ 7.17	\$ 70.25	\$10.24	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82607	Blood Test - Vitamin B-12 (Cyanocobalamin) Level	No	\$	29.40	\$ 13.57	\$ 82.73	\$15.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82610	Cystatin c	No	\$	140.40	\$ 14.17	\$ 405.00	\$18.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ		Assay of erythropoietin	No	\$	36.68			\$18.79	Per Unit
			52000			Ť	00.00	+ 10.51	- 55120	<i>\</i>	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82670	Assay of estradiol	No	\$	54.51	\$ 25.15	\$ 152.33	\$27.94	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified Minimum Negotiated Charge	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82693	Assay of ethylene glycol	No	\$ 20.29	\$ 13.41	\$ 40.08	\$14.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82728	Blood Test - Ferritin (Blood Protein) Level	No	\$ 33.53	\$ 19.09	\$ 96.63	\$27.26	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82746	Blood Test - Folic Acid Level	No	\$ 37.75	\$ 13.23	\$ 79.52	\$14.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82803	Blood gases any combination	No	\$ 73.40	\$ 20.17	\$ 106.16	\$26.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34.04	\$ 5.51	\$ 49.42	\$7.86	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82962	Glucose blood test	No	\$ 45.55	\$ 3.89	\$ 61.82	\$6.56	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83018	Heavy metal quant each nes	No	\$ 172.97	\$ 19.76	\$ 498.96	\$21.96	Per Unit
				Blood Test - Blood Glucose Control						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83036	(Hemoglobin A1C)	No	\$ 71.27	\$ 8.74	\$ 95.94	\$9.71	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83088	Assay of histamine	No	\$ 75.84	\$ 26.58	\$ 218.76	\$29.53	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83518	Immunoassay dipstick	No	\$ 147.09	\$ 6.55	\$ 424.29	\$9.64	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83540	Blood Test - Iron Level	No	\$ 51.90	\$ 9.06	\$ 75.77	\$12.94	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$ 27.44	\$ 10.41	\$ 58.05	\$11.57	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690	Blood Test - Lipase (fat enzyme) Level	No	\$ 69.47	\$ 6.20	\$ 93.51	\$6.89	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83735	Assay of magnesium	No	\$ 53.82	\$ 9.38	\$ 78.56	\$13.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83880	Assay of natriuretic peptide	No	\$ 172.55	\$ 35.33	\$ 232.27	\$39.26	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$ 61.73	\$ 6.64	\$ 87.67	\$9.48	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	841 <b>32</b>	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$9.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$9.52	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 52.59	\$ 18.77	\$ 96.68	\$20.86	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84152	Blood Test - Prostate Specific Antigen (PSA) Level	Yes	\$ 74.21	\$ 25.75	\$ 116.68	\$36.78	Per Unit
Laboratory & Pathology Services		CPT	04153	Antigen (PSA) Level	res	ə 74.21	÷ 25.75	3 110.08	320.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84154	PSA (prostate specific antigen)	Yes	\$ 106.34	\$ 16.55	\$ 143.15	\$18.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84182	Protein western blot test	No	\$ 382.72	\$ 18.76	\$ 588.80	\$29.21	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ		Assay of serum sodium	No	\$ 42.10		\$ 56.67	\$4.81	Per Unit
				Blood Test - Thyroxine (Thyroid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Chemical) Level, Free	No	\$ 66.21	\$ 8.12	\$ 89.13	\$9.02	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Blood Test - Thyroid Stimulating Hormone (TSH) Level	Νο	\$ 64.07	\$ 23.52	\$ 119.09	\$33.60	Per Unit

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				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443		Yes	\$ 64.07	\$ 23.52	\$ 119.09	\$33.60	Per Unit
		-								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84480	Assay triiodothyronine (t3)	No	\$ 96.31	\$ 12.76	\$ 129.65	\$14.18	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84484	Assay of troponin quant	No	\$ 81.70	\$ 10.26	\$ 121.45	\$12.47	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84702	Chorionic gonadotropin test	No	\$ 125.77	\$ 11.54	\$ 169.31	\$15.05	Per Unit
		-								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85014	Hematocrit	No	\$ 26.95	\$ 2.13	\$ 36.27	\$2.37	Per Unit
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85025	Count and Automated WBC	Yes	\$ 77.98	\$ 10.88	\$ 112.06	\$15.54	Per Unit
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85027	Count (Hemoglobin)	Yes	\$ 60.79	\$ 5.82	\$ 81.83	\$6.47	Per Unit
casoratory or ratiology services	nospital outputient	<b>G</b> 1	03027	count (nemoground)	1 63	y 00.75	Y 3.02	A 01'02	YV.77	i ci onit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	85240	Clot factor viii ahg 1 stage	No	\$ 45.97	\$ 16.3	.1 \$ 95.56	\$17.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85378	Fibrin degrade semiquant	No	\$ 53.57	\$ 7.4	4 \$ 72.11	\$9.72	Per Unit
		<b>C</b> . 1	00070			<i>v</i> 55.57	<b>V</b>	, v , 2.12.		
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85610	Blood Test - Clotting Time	Yes	\$ 44.81	\$ 6.0	1 \$ 64.27	\$8.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85613	Russell viper venom diluted	No	\$ 24.61	\$ 8.2	4 \$ 70.98	\$9.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$ 53.32	\$ 4.9	6 \$ 71.77	\$5.51	Per Unit
						7 0000				
				Blood Test - Coagulation						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85730	Assessment	Yes	\$ 46.01	. \$ 5.4	1 \$ 61.94	\$6.01	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85732	Thromboplastin time partial	No	\$ 12.63	\$ 5.8	2 \$ 36.42	\$6.47	Per Unit
	-									
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86140	C-reactive protein	No	\$ 48.49	\$ 4.6	6 \$ 65.28	\$5.18	Per Unit
casoratory or actiology services			50140	e reactive protein	140	y 40.45			, y3.10	
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86360	T cell absolute count/ratio	No	\$ 65.00	\$ 42.3	8 \$ 211.59	\$46.98	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Pr		Charge	Charge	Charge	Estimate Type
Laboratory & Pathology Services Ho	ospital Outpatient	СРТ	86361	T cell absolute count	No	\$ 13	2.78	\$ 24.10	\$ 383.0	3 \$26.78	Per Unit
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Laboratory & Pathology Services Ho	ospital Outpatient	СРТ	86431	Rheumatoid factor quant	No	\$ 5	2.70	\$ 5.10	\$ 70.9	5 \$5.67	Per Unit
	ispital Outpatient	Cri	00431		NO	<b>у у</b>	2.70	<b>5</b> 5.10		5 95.07	reronic
Laboratory & Pathology Services Ho	ospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$ 3	7.81	\$ 3.84	\$ 50.9	0 \$4.27	Per Unit
Laboratory & Pathology Services Ho	ospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$ 3	7.81	\$ 3.84	\$ 50.9	0 \$4.27	Per Unit
Laboratory & Pathology Services Ho	ospital Outpatient	СРТ	86611	Bartonella antibody	No	\$ 5	7.37	\$ 9.16	\$ 165.5	0 \$10.18	Per Unit
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Laboratory & Dathology Convices He	acrital Outpatient	СРТ	96615	Pordetalla antihodu	No	\$ 2	5.74	\$ 11.87	\$ 81.4	5 \$13.19	Per Unit
Laboratory & Pathology Services Ho	ospital Outpatient	CPT	86615	Bordetella antibody	No	<u> </u>	5.74	\$ 11.87	\$ 81.4	5 \$13.19	Per Unit
Laboratoria 8 Dathalam Comission		CDT	00054	For each official on the second state of the	N	¢		ć 11.07	¢ 110.	2 612.10	Destinate
Laboratory & Pathology Services Ho	ospital Outpatient	СРТ	86651	Encephalitis californ antbdy	No	\$ 2	5.74	\$ 11.87	\$ 110.1	3 \$13.19	Per Unit
Laboratory & Pathology Services Ho	ospital Outpatient	СРТ	86652	Encephaltis east eqne anbdy	No	\$ 2	5.74	\$ 11.87	\$ 110.1	3 \$13.19	Per Unit
Laboratory & Pathology Services Ho	ospital Outpatient	СРТ	86653	Encephaltis st louis antbody	No	\$2	5.74	\$ 11.87	\$ 110.1	3 \$13.19	Per Unit
Laboratory & Pathology Services Ho	ospital Outpatient	СРТ	86654	Encephaltis west eqne antbdy	No	\$2	5.74	\$ 11.87	\$ 110.1	3 \$13.19	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Casl	h Price	<u>Cha</u>	arge	<u>Cha</u>	arge	Charge_	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86677	Helicobacter pylori antibody	No	s	30.68	¢	15.13	¢	63.03	\$16.85	Per Unit
Laboratory & Pathology Services		CFT	00077		NO	<b>\$</b>	30.00	<b>,</b>	15.15	<b>,</b>	03.03	\$10.05	reronit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86692	Hepatitis delta agent antbdy	No	\$	29.16	\$	15.44	\$	50.98	\$17.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$	79.65	\$	12.41	\$	107.23	\$13.79	Per Unit
						<u>^</u>	05.44					A40.05	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86704	HEP B CORE ANTIBODY TOTAL	No	\$	86.11	\$	10.85	\$	115.92	\$12.05	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86705	HEP B CORE ANTIBODY IGM	No	\$	22.98	\$	10.59	\$	57.38	\$11.77	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$	98.98	Ś	9.67	\$	133.25	\$10.74	Per Unit
	A CONTRACTOR OF A				-								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86707	Hepatitis be antibody	No	\$	22.56	\$	10.41	\$	65.09	\$11.57	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$	22.71	\$	11.15	\$	56.71	\$12.39	Per Unit
					-								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	\$	78.19	\$	12.95	\$	225.56	\$14.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	Ś	25.14	Ś	11.59	Ś	72.53	\$12.88	Per Unit
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Service Category	Service Setting	<u>Code</u> Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86769	86769 - SARS-COV-2 COVID-19 ANTIBODY	No	\$ 51.48	\$-	\$ 112.07	\$42.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$12.88	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	Blood Test - Hepatitis C Antibody Level	Νο	\$ 67.64	\$ 12.84	\$ 91.06	\$14.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$15.49	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$44.61	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$129.41	Per Unit
cuboratory or ratiology services			00000	Cooms test mureet quar		¥ 277.72	ý <u>3.05</u>	y 323.43	<i>4123.</i> 41	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$98.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	Νο	\$ 198.99	\$ 3.78	\$ 267.88	\$98.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$30.15	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge_	Charge_	Charge_	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	Νο	\$ 60.24	\$ 3.78	\$ 81.10	\$30.15	Per Unit
casoratory or athology services			00501	Stood typing scrologic m(d)	110	÷ 00.24	÷ 3.70	÷ 51.10		. cronit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$ 4.84	\$ 383.37	\$255.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$ 344.22	\$129.41	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$ 133.90	\$ 9.29	\$ 180.25	\$10.32	Per Unit
caporatory & rathology services	nospital outpatient		07040		110	÷ 155.50	Ş 3.23	÷ 100.25	<b>910.32</b>	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$ 138.63	\$ 7.76	\$ 186.61	\$8.62	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$ 60.43	\$ 7.27	\$ 81.35	\$8.08	Per Unit
				Test for Disease-Causing (Pathogenic) Organisms, Not	N					
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87081	Limited to a Specific Condition	No	\$ 81.17	\$ 5.97	\$ 109.26	\$6.63	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Urine Test - Bacterial Culture,		<b>A B A C</b>	÷ = = = =	<b>A</b>	40.07	<b>B</b> 11 11
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87086	Quantitative Colony Count	No	\$ 82.16	\$ 7.26	\$ 110.60	\$8.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87088	Urine Test - Bacterial Culture	No	\$ 15.80	\$ 7.28	\$ 43.86	\$8.09	Per Unit
			0,000			+ 10100	+ 1120	<i>•</i>	, c.c.	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87110	Chlamydia culture	No	\$ 130.74	\$ 17.64	\$ 175.99	\$19.60	Per Unit
				Fundamentary of Austin Surphised David						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	97196	Evaluation of Antimicrobial Drug (antibiotic, antifungal, antiviral)	No	\$ 69.16	\$ 7.79	\$ 93.10	\$8.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	0/100	(antibiotic, antifungal, antiviral)	NO	\$ 09.10	\$ 7.75	\$ 95.10	Ş0.05	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87205	Lab Test - Smear for Microorganism	No	\$ 49.93	\$ 3.84	\$ 67.21	\$4.27	Per Unit
							-	-		
				Lab Test - Detection test for						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87340	Hepatitis B Surface Antigen	No	\$ 63.55	\$ 9.30	\$ 85.55	\$10.33	Per Unit
				Lab Test - Detection test for HIV-1						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87290	and HIV-2	No	\$ 110.43	\$ 21.67	\$ 148.66	\$24.08	Per Unit
Laboratory & Pathology Services	nospital Outpatient	CPT	0/309		UVI	ə 110.43	ə 21.0/	ə 148.0b	Ş <b>24.</b> Uð	rerunit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87425	Rotavirus ag ia	Νο	ŝ	37.44	\$ 10	.78	\$ 108.0	0 \$11.98	Per Unit
									-			
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87491	Urine Test - Chlamydia	No	\$	108.43	\$ 3:	.58	\$ 171.0	3 \$35.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87591	Urine Test - Gonorrhoeae (Neisseria Gonorrhoeae Bacteria)	No	\$	90.13	\$ 31	58	\$ 171.0	3 \$35.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87635	87635 - SARS-COV-2 COVID-19 AMP PRB	Νο	\$	53.36	ć	_	\$ 136.4	8 \$51.31	Per Unit
	hospital outpatient		87033		140	Ŷ	55.50	<u> </u>		<b>9</b> 130.4	331.31	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87798	Detect agent nos dna amp	No	\$	90.13	\$ 31	.58	\$ 171.0	3 \$35.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87804	Lab Test - Detection test for Influenza Virus	No	\$	37.58	\$ 19	.82	\$ 70.5	0 \$33.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87880	Strep Test (Streptococcus, group A)	No	\$	101.56	\$ 19	.87	\$ 143.4	8 \$33.06	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	88185	Flowcytometry/tc add-on	No	\$	68.81	\$	_	\$ 120.3	0 \$20.07	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Vaccinations	Physician Office	СРТ		Immunization Administration First Component	No	\$ 40.10	\$ 11.68	\$ 75.93	\$13.44	Per Unit
Vaccinations	Physician Office	СРТ		Immunization Administration Each Additional Component	No	\$ 25.13	\$ 10.49	\$ 38.51	\$12.07	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90471	Immunization Administration	No	\$ 44.49	\$ 7.02	\$ 81.80	\$67.97	Per Unit
Vaccinations	Hospital Outpatient	СРТ		Immunization Administration Each Additional Component	No	\$ 12.56	\$ -	\$ 38.51	\$24.14	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90651	9V HPV Vaccine 2/3 Dose	No	\$ 142.32	\$ 9.56	\$ 227.93	\$0.00	Per Unit
Vaccination	Hospital Outpatient	СРТ		Vaccine - Pneumococcal Conjugate for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 345.21	\$230.14	Per Unit

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> Specific Negotiated Charge	_Estimate Type
Maniputing		CDT		Vaccine - Tetanus, Diptheria Toxoids, and Acellular Pertussis (Whooping Cough) for Injection		6 57.74	~	<b>A 77 70</b>	624.20	Destinit
Vaccination	Hospital Outpatient	СРТ	90715	into Muscle	No	\$ 57.74	\$ -	\$ 77.73	\$34.28	Per Unit
Evaluation & Management Serv	ices Professional Services	СРТ	90791	Psychiatric Diagnostic Evaluation	No	\$ 308.81	\$ 118.93	\$ 198.74	\$124.21	Per Unit
Evaluation & Management Serv		СРТ		Psychotherapy - 30 Minutes	Yes	\$ 88.03			\$62.03	Per Unit
Evaluation & Management Serv		СРТ		Psychotherapy - 35 Minutes	Yes	\$ 116.77			\$82.71	Per Unit
Evaluation & Management Serv		СРТ		Psychotherapy - 60 Minutes	Yes	\$ 174.90			\$123.89	Per Unit
Evaluation & Management Serv		СРТ		Family psytx w/o pt 50 min	Yes	N/A No Service Volume	\$ -	N/A No Service Volume	N/A No Service Volume	Per Unit
Evaluation & Management Serv	ices Professional Services	СРТ	90847	Psychotherapy - Family Session	Yes	\$ 146.15	\$ 97.13	\$ 166.18	\$103.86	Per Unit

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							N/A No Service			N/A No Service	N/A No Service	
Evaluation & Management Services	Professional Services	СРТ	90853	Psychotherapy - Group Session	Yes		/olume	\$	-	Volume	Volume	Per Unit
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$	52.00	\$	17.40	\$ 251.43	\$76.97	Per Unit
Medicine Cardiovascular	Professional Services	СРТ	93000	Electrocardiogram, routine, with	Ver	Ś	36.27	¢	28.12	\$ 95.52	\$15.89	Per Unit
		CPT	93000	interpretation and report	Yes	\$	50.27	\$	20.12	<u> </u>	\$15.65	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$	142.29	\$	-	\$ 295.26	\$57.24	Per Unit
Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	\$	61.00	\$ 634.57	\$228.24	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	\$	1,404.83	\$	322.26	\$ 1,593.05	\$506.50	Per Unit
				Insertion of catheter into left heart								
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	93452	for diagnosis	Yes	\$	8,847.45	\$	579.93	\$ 12,920.92	\$2,797.49	Case Rate
Medicine Other	Hospital Outpatient	СРТ	93971	Extremity study	No	\$	240.64	\$	92.64	\$ 400.67	\$122.72	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Medicine Other	Hospital Outpatient	СРТ	95044	Allergy patch tests	No	\$ 189.82	\$-	\$ 1,229.53	\$819.69	Per Unit
						N/A No	N/A No	N/A No	N/A No	
Medicine Neurology and						Service	Service	Service	Service	
Neuromuscular	Hospital Outpatient	СРТ	95810	Sleep study	Yes	Volume	Volume	Volume	Volume	Per Unit
Injections	Heanital Outpatient	СРТ	96402	Chama harman antinoanl ca /im	No	\$ 110.26	\$ 66.86	\$ 196.20	\$83.77	Case Rate
Injections	Hospital Outpatient	CPT	96402	Chemo hormon antineopl sq/im	NO	\$ 110.20	Ş 00.80	\$ 196.20	\$83.77	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	\$14.39	Per Unit
								-		
		1								
Medicine Physical Medicine and				Physical Therapy - Ultrasound						
Rehabilitation	Hospital Outpatient	СРТ	97035	Therapy	No	\$ 26.92	\$ 11.95	\$ 40.29	\$13.91	Per Unit
Reliabilitation	nospital outpatient	CFT	57035	Петару	NO	Ş 20.52	Ş 11.55		Ş13.51	rei onit
Modicino Dhucical Medicine and				Physical Thorney, Theremoutin						
Medicine Physical Medicine and	Uponital Outpations	CDT	07440	Physical Therapy - Therapeutic	V	¢ 00.74	¢ 47.40	¢	630 FC	Devilie
Rehabilitation	Hospital Outpatient	СРТ	9/110	Exercises	Yes	\$ 88.74	\$ 17.40	\$ 119.46	\$29.56	Per Unit
Medicine Physical Medicine and				Physical Therapy - Neuromuscular						
Rehabilitation	Hospital Outpatient	СРТ	97112	Reeducation	No	\$ 69.93	\$ 26.14	\$ 104.78	\$33.95	Per Unit
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	СРТ	97116	GAIT TRAINING THERAPY	No	\$ 77.61	\$ 22.90	\$ 104.48	\$29.23	Per Unit
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Realizing Discrimination and										
Medicine Physical Medicine and	Upperitel Outpetient	CDT	07140	Dhusiaal Theremy, Manual Theremy	Ne	\$ 56.20	\$ 23.73	\$ 93.92	\$27.22	Devilation
Rehabilitation	Hospital Outpatient	СРТ	97140	Physical Therapy - Manual Therapy	No	\$ 56.20	\$ 23.73	\$ 93.92	\$27.22	Per Unit
Medicine Physical Medicine and				Physical Therapy - Low Complexity						
Rehabilitation	Hospital Outpatient	СРТ	97161	Evaluation	No	\$ 168.06	\$ 71.97	\$ 252.78	\$82.43	Per Unit
		-								
Medicine Physical Medicine and				Physical Therapy - Moderate						
Rehabilitation	Hospital Outpatient	СРТ	<b>97162</b>	Complexity Evaluation	No	\$ 62.40	\$ 71.97	\$ 252.78	\$82.43	Per Unit
Medicine Physical Medicine and				Physical Therapy - High Complexity					400.00	
Rehabilitation	Hospital Outpatient	СРТ	97163	Evaluation	No	\$ 168.06	\$ 71.97	\$ 252.78	\$82.43	Per Unit
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	\$ 113.34	\$ 48.67	\$ 170.97	\$56.43	Per Unit
			5.104	- typeour therapy - he-Evaluation		÷ 110.04		+ 1/0.57	ç55.45	. cr ont
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$ 180.88	\$ 77.05	\$ 245.32	\$87.28	Per Unit
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Service Category	Service Setting	Туре	Code	Description	Service?	Cas	h Price	Char	ge	Ch	arge	Charge	Estimate Type
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$	62.40	\$ :	72.00	\$	245.32	\$86.96	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic									
Rehabilitation	Hospital Outpatient	СРТ	97530	Activities	No	\$	92.45	\$ :	17.40	\$	124.45	\$37.61	Per Unit
Medicine Physical Medicine and				Physical Therapy - Self-care or									
Rehabilitation	Hospital Outpatient	СРТ	97535	Home Management Training	No	\$	68.89	\$	-	\$	109.03	\$32.79	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99024	Postop follow-up visit	No	\$	-	\$	-	\$	14.27	\$0.00	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99202	Office Visit - New Patient, Minor	No	Ś	167.93	¢ (	90.34	ć	200.08	\$48.49	Per Unit
evaluation & management services			55202	office visit - new rationt, wintor	110	Ý	107.55	Ψ.		Ŷ	200.00	9 <b>-0.-</b> 9	
				Office Visit New Patient Law									
Evaluation & Management Services	Professional Services	СРТ	99203	Office Visit - New Patient, Low Complexity	Yes	Ś	182.06	\$ 1	32.54	Ś	273.99	\$72.73	Per Unit
Evaluation & Management Jervices	r roressional services	or i	55205	complexity	103	<b>?</b>	102.00	Υ I.	52.54	<b>?</b>	213.33	912.13	i ci onic

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
									1	
				Office Visit - New Patient,						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99204	Moderate Complexity	Yes	\$ 250.6	9 \$ 177.01	\$ 432.49	\$124.44	Per Unit
				New patient office of other						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99205	outpatient visit, typically 60 min	Yes	\$ 448.0	4 \$ 156.38	\$ 553.76	\$162.60	Per Unit
Erandation & management berries			33203	outputtent visit, typicany oo min	100	<b> </b>		Ç 333.70	<i><b>Q102.00</b></i>	
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99212	Office Visit - Basic	No	\$ 58.7	4 \$ 46.41	\$ 133.24	\$24.72	Per Unit
				Office Visit - Established Patient,			1.	1.		
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99213	Low Complexity	No	\$ 99.6	7 \$ 81.71	\$ 201.59	\$49.43	Per Unit
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				Office Visit - Established Patient,						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99214	Moderate Complexity	No	\$ 151.1	9 \$ 140.90	\$ 279.47	\$76.23	Per Unit

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Service Category	Service Setting	<u>Type</u>	Code	Description	Service?	Cas	sh Price	Charge	Charge	Charge	Estimate Type
				Office Visit - Established Patient,							
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99215	High Complexity	No	Ś	315.87	\$ 192.33	\$ 385.3	4 \$107.72	Per Unit
						+		7	7		
Professional Services Associated											
with Inpatient Stay	Professional Services	СРТ	00222	Subsequent hospital care	No	s	159.88	\$ 50.60	\$ 111.9	2 \$69.95	Per Unit
with inpatient Stay	Professional Services	CFI	33232	Subsequent nospital care	NO	<b>?</b>	135.00	\$ 50.00	Ş 111.5	2 309.95	Perofit
				Patient office consultation,							
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99243	typically 40 min	Yes	\$	212.43	\$-	\$ 142.1	8 \$-	Per Unit
				Patient office consultation,							
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99244	typically 60 min	Yes	\$	338.80	\$-	\$ 226.3	8 \$-	Per Unit
				Emergency Dependence Minist							
				Emergency Department Visit -						A 40	
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Minor (outpatient)	No	\$	230.81	\$ 74.98	\$ 689.8	8 \$85.57	Case Rate

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Freezen av De erre Misit	Upprited Outpotions	CDT		Emergency Department Visit - Low	No	\$ 430.38	ć 02.52	ć 1 114 22	\$201.14	Core Data
Emergency Room Visit	Hospital Outpatient	СРТ	99282	Complexity (outpatient)	No	\$ 430.38	\$ 93.52	\$ 1,114.22	\$201.14	Case Rate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ	99283	Moderate Complexity (outpatient)	No	\$ 932.99	\$ 182.62	\$ 2,714.83	\$288.93	Case Rate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ		Higher Complexity (outpatient)	No	\$ 2,400.69	\$ 270.43	\$ 4,475.48	\$432.54	Case Rate
				Free and the set of the set of the						
Emergency Deem Misit		CDT	00205	Emergency Department Visit - High	N -	¢ 2440.04	ć 450.00	¢ = 000 05	61 370 05	Case Data
Emergency Room Visit	Hospital Outpatient	CPT	99285	Complexity (outpatient)	No	\$ 3,149.91	\$ 458.20	\$ 5,806.95	\$1,279.05	Case Rate

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Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge_	Charge_	Charge_	Estimate Type
				Emergency Department Visit -						
Emorgonau Room Visit	Hospital Outpatient	CDT		Critical Care (outpatient)	No	¢ 17.960.61	¢ 425 50	¢ 6 209 07	¢1 722 05	Case Rate
Emergency Room Visit	Hospital Outpatient	СРТ	99291	Critical Care (outpatient)	No	\$ 17,860.61	\$ 425.50	\$ 6,308.07	\$1,723.05	Case Rate
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient,						
Evaluation & Management Services	Professional Services	СРТ		Younger than 1 Year Old	No	\$ 156.75	s -	\$ 225.38	\$0.00	Per Unit
Evaluation & management services		CF I	33301	Tounger than I real Olu	110	÷ 130.75	¥ -	y 223.30	<b>JO.00</b>	i ei onit
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient, 1-						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99382	4 Years Old	No	\$ 163.82	\$ -	\$ 236.91	\$0.00	Per Unit
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Service Category Service Se	Code tting Type	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> Charge	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_Estimate Type
Evaluation & Management Services Professional Service	25 CPT	Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 5- 11 Years Old	Νο	\$ 170.96	Ś-	\$ 413.46	\$0.00	Per Unit
				+	•	·		
		Office Visit - Comprehensive						
Evaluation & Management Services Professional Service	es CPT	Preventive Medicine Evaluation and Management, New Patient, 12- 17 Years Old	Νο	\$ 193.58	\$-	\$ 280.75	\$0.00	Per Unit

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	<u>bervice betting</u>	1700	0000	Description	<u>bervice.</u>	casirritee	charge	enarge	charge	Lotinate Type
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient, 18-						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99385	39 Years Old	Yes	\$ 187.80	\$ 59.23	\$ 347.60	\$68.65	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
Evoluation & Management Convictor	Professional Services	CDT		and Management, New Patient, 40-	Vec	\$ 217.32	¢ 01.72	é 1 202 FC	¢01 73	Dor Unit
Evaluation & Management Services	Professional Services	СРТ	33290	64 Years Old	Yes	\$ 217.32	\$ 91.72	\$ 1,293.56	\$91.72	Per Unit

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Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?	Cash Price	Charge	Charge_	Charge_	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
				and Management, Younger than 1						
Evaluation & Management Services	Professional Services	СРТ	99391	Year Old	No	\$ 141.19	ş -	\$ 267.83	\$0.00	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99392	and Management, 1-4 Years Old	No	\$ 150.93	\$ -	\$ 305.91	\$0.00	Per Unit

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		Code			Shoppable	Discounted	Negotiated	<b>Negotiated</b>	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge_	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
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Evaluation & Management Services	Professional Services	СРТ	99393	and Management, 5-11 Years Old	No	\$ 150.44	ş -	\$ 305.91	\$0.00	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ		and Management, 12-17 Years Old	No	\$ 165.14	Ś -	\$ 398.57	\$0.00	Per Unit
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				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99395	and Management, 18-39 Years Old	No	\$ 168.81	\$ 37.07	\$ 304.60	\$37.07	Per Unit

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_Estimate Type
Evaluation & Management Service	es Professional Services	СРТ	99396	Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 40-64 Years Old	Νο	\$ 180.12	\$ 64.57	\$ 429.79	\$64.57	Per Unit
							<u> </u>	·		
Exablate	Hospital Outpatient	СРТ	0398T	Focused Ultrasound	No	\$ 32,139.56	\$ <b>11,272.90</b>	\$ 11,272.90	\$11,272.90	Case Rate
Vaccinations	Hospital Outpatient	СРТ	G0008	Admin influenza virus vaccine	No	\$ 70.15	\$ -	\$ 126.95	\$46.26	Per Unit
Vaccinations	Hospital Outpatient	СРТ	G0009	Admin pneumococcal vaccine	No	\$ 27.43	\$ -	\$ -	\$49.34	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	No	\$ 773.99	\$ 46.24	\$ 1,424.46	\$247.42	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$ 15,685.71	\$ 605.00	\$ 24,131.86	\$2,167.25	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash	Price	Cha	rge		Charge	Charge	Estimate Type
<b>Evaluation &amp; Management Services</b>	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$	130.00	\$	74.02	\$	200.00	\$104.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$	476.03	\$	-	\$	732.35	\$114.43	Per Unit
												44.44	
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$	0.22	Ş	0.03	Ş	0.34	\$0.03	Per Unit
		LICDCC	14.045			<u>,</u>	2.42	*	0.70	~	2.27	60.07	Dentlinit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$	2.13	>	0.78	>	3.27	\$0.87	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	Νο	Ś	26.95	ć		Ś	89.11	\$10.22	Per Unit
Injections		neres	37325	Synvise of Synvise-Offe	NU	2	20.95	Ŷ	-	?	07.11	Ş10.22	rei unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$2,	818.54	\$	-	\$	4,336.21	\$224.45	Per Unit