BlueCare TennCare	Last Updated: 12/14/2021									
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					<u>CMS</u>		De-Identified		Payer-	
					Required		<u>Minimum</u>	<u>Maximum</u>	<u>Specific</u>	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	<u>Type</u>	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
										Case Rate-
										Excluding
				Cardiac valve and other major						Professional
				cardiothoracic procedures with		N/A No	N/A No	N/A No	N/A No	Charges which
Hamital Innations Stave	Henrital Investigat	DDC	210	cardiac catheterization with major	Vaa	Service Volume	Service	Service	Service	are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	complications or comorbidities	Yes	volume	Volume	Volume	Volume	CP1/HCPCS
										Case Rate-
										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	\$7,244.88	CPT/HCPCS
										Case Rate-
										_
				Spinal fusion except cervical						Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	460	or complications (MCC)	Yes	\$ 89,541.22	\$ 16,237.64	\$ 58,989.92	\$25,915.48	CPT/HCPCS
				-				<u> </u>		are paid by

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG		Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC).	Yes	\$ 26,747.32	\$ 8,070.44	\$ 37,721.88		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
										Case Rate- Excluding
Hospital Inpatient Stay	Hospital Inpatient	DRG	473	Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC).	Yes	\$ 37,083.10	\$ 10,123.74	\$ 62,430.00		Professional Charges which are paid by CPT/HCPCS

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	<u>Charge</u>	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	\$18,840.40	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	\$16,749.99	CPT/HCPCS
										Casa Pata
										Case Rate-
										Excluding
										Professional Charges which
				HID SEMIID DROCEDURES SYCERT						Charges which
Hospital Innationt Stay	Hasnital Innationt	DRG	482	HIP FEMUR PROCEDURES EXCEPT	No	¢ 25 722 50	¢ 674573	¢ 27 721 25	\$12,658.86	are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	טאט	462	MAJOR JOINT W/O CC/MCC	IVO	φ 33,/33.3U	0,745.73	\$ 37,731.25	312,038.86	CF1/HCPC3
										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	\$14.245.33	CPT/HCPCS
Hospital Ilipaticit Stay	Hospital Ilipaticit	טווע	733	EXCELL THE, LOOT, LEWICK W CC	140	7 40,332.03	y 3,430.20	7 71,203.04	717,273.33	Ci i/ficres

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Samina Catagoni	Samina Satting	Code	Code	Description	Service?	Cash Price	Negotiated			Estimata Tuna
Service Category	Service Setting	Type	code	Description	Servicer	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	\$9,724.21	CPT/HCPCS
										Case Rate-
										Excluding
				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	\$4,854.57	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	MCC	No	\$ 23,221.02	\$ 4,255.93	\$ 31,015.82	\$5,396.86	CPT/HCPCS
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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	812	RED BLOOD CELL DISORDERS W/O	No	\$ 17,544.11	\$ 2,955.18	\$ 26,002.03		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	928	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	No	\$ 81,430.86	\$ 21,639.28	\$ 150,000.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	929	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	No	\$ 38,084.70	\$ 6,540.49	\$ 50,000.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	935	NON-EXTENSIVE BURNS	No	\$ 18,159.73	\$ 3,301.83	\$ 50,000.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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										Professional
				LIMB REATTACHMENT, HIP						Charges which
				FEMUR PROC FOR MULTIPLE						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	956	SIGNIFICANT TRAUMA	No	\$ 105,373.59	\$ 16,085.53	\$ 200,000.00	\$58,311.70	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	\$43,650.76	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	\$29,437.61	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				OTHER MULTIPLE SIGNIFICANT					444 4	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	964	TRAUMA W CC	No	\$ 34,761.85	\$ 6,123.35	\$ 50,000.00	\$11,652.34	CPT/HCPCS

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					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Service Category	Service Setting	туре	coue	Description	Servicer	Casii Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W O.R. PROC						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	768	EXCEPT STERIL &/OR D&C	No	\$ 10,335.01	\$ 2,464.00	\$ 27,462.61	\$10,869.72	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	\$5,357.15	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	\$5,357.15	CPT/HCPCS
										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	\$5,357.15	CPT/HCPCS
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										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Matarnity/Daliyary	Hospital Innations	DRC	706		No	¢ 12 606 27	ć 2 E70 00	ć 2E 011 0C	ĆE 257 15	
Maternity/Delivery	Hospital Inpatient	DRG	786	STERILIZATION W MCC	No	\$ 12,696.27	\$ 3,570.00	\$ 35,011.06	\$5,357.15	CPT/HCPCS

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					Required		<u>Minimum</u>	<u>Maximum</u>	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	787	STERILIZATION W CC	No	\$ 11,322.59	\$ 2,835.00	\$ 27,868.32	\$4,111.67	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	788	STERILIZATION W/O CC/MCC	No	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$4,111.67	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
										are paid by
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	No	\$ 1,400.10	\$ 626.89	\$ 18,705.56	\$794.94	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				WACINIAL DELIVERY						Charges which
				VAGINAL DELIVERY W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	797	STERILIZATION/D&C W CC	No	\$ 12,785.73	\$ 2,464.00	\$ 25,917.69	\$4,362.27	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				VACINAL DELIVERY W						
		200	=60	VAGINAL DELIVERY W		40.000	A 0.0000	A 050000	44.000.00	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	798	STERILIZATION/D&C W/O CC/MCC	No	\$ 10,897.11	\$ 2,464.00	\$ 25,917.69	\$4,362.27	CPT/HCPCS

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					Required		Minimum	Maximum	Specific	
		Code			<u>Shoppable</u>	Discounted	<u>Negotiated</u>	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	<u>Charge</u>	Estimate Type
										Case Rate-
										Excluding
										Professional Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	805	STERILIZATION/D&C W MCC	No	\$ 10,518.03	\$ 2,464.00	\$ 27,817.08	\$5,357.15	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Maternity/Delivery	Hospital Inpatient	DRG	806	VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	No	\$ 8,616.42	\$ 2,464,00	\$ 24,277.74	\$5,357.15	are paid by CPT/HCPCS
iviaternity/ Delivery	nospital inpatient	DING	800	STERREIZATION/ DOC W CC	140	3 0,010.42	Ç 2,404.00	<i>y</i> 24,277.74	75,557.15	Cr 1/11Cr CS
										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	\$4,111.67	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
Investigat Debekilitetian Henrital										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
•				2 22 23 23		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

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					Required		Minimum	<u>Maximum</u>	<u>Specific</u>	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	<u>Charge</u>	Estimate Type
									\$416.15 Per	
									Diem without	
						52% Charges			Ventilator/	
						Estimated at			\$478.68 Per	
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per			Diem With	Per Diem Per
Stay	Inpatient Rehabilitation Hospital	UB	118	Room & Board	No	Diem			Ventilator	Day
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM AND CONNECTIVE TISSUE						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	559	WITH MCC	No	N/A	\$ 18.018.00	\$ 18,018.00	Non-Par	CPT/HCPCS
,							+ 10,010.00	+ 10,010.00		,
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM & CONNECTIVE TISSUE W						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	560	сс	No	N/A	\$ 10.435.00	\$ 10,435.00	Non-Par	CPT/HCPCS
inpatient skilled Nursing	inpatient skilled Nursing	טאם	300	CC	INO	IN/A	7 10,433.00 ب	7 10,433.00	NOII-Fal	CF 1/HCFC3

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										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
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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	NUII-Pdf	Day

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Code Shoppable Discoun		_	gotiated	<u> </u>	Negotiated		Fatiments Toma
<u>Service Category</u> <u>Service Setting</u> <u>Type</u> <u>Code</u> <u>Description</u> <u>Service?</u> <u>Cash Pr</u>	rice	<u>C</u>	harge		Charge	Charge	Estimate Type
52% Cha	_						
Estimate Estimate							
Skilled Nursing Inpatient Room & Subacute Care Level 2- \$1,109.30							Per Diem Per
Board Inpatient Skilled Nursing UB 192 Comprehensive Care No Diem	1	\$	299.70	\$	850.00	Non-Par	Day
52% Cha	arges						
Estimate Estimate	ed at						
Skilled Nursing Inpatient Room & Subacute Care Level 3- Complex \$1,109.30	0 Per						Per Diem Per
Board Inpatient Skilled Nursing UB 193 Care No Diem	n	\$	370.00	\$	850.00	Non-Par	Day
Hospital Outpatient Procedure Hospital Outpatient CPT 11102 Biopsy - Tangential Biopsy of Skin No \$ 53	30.90	Ś	161.58	Ś	1,803.41	\$90.15	Case Rate
		*		7		700.20	
Hospital Outpatient Procedure Hospital Outpatient CPT 11104 Biopsy - Punch Biopsy of Skin No \$ 58	34.92	Ġ	167.15	Ġ	1,829.27	\$113.37	Case Rate
Hospital Outpatient Procedure Hospital Outpatient CF1 11104 Diopsy Prancis Diopsy of Skill No. 3 July 11104 Diopsy of Skill No. 3 Ju	34.32	7	107.13	7	1,023.27	3113.37	Case Nate
User to Lorentzian December 2012 (Control Control Cont	14 70		457.03	,	1 624 40	ĆEO EO	Corre Botto
Hospital Outpatient Procedure Hospital Outpatient CPT 17000 Destruction of Lesion (outpatient) No \$ 1,13	31.70	>	157.92	>	1,634.10	\$50.58	Case Rate
			204.25			44 755 55	
Hospital Outpatient Procedure Hospital Outpatient CPT 19083 Bx breast 1st lesion us imag No \$ 3,05	52.42	Ş	381.25	\$	2,964.36	\$1,740.80	Case Rate
N/A N	No					N/A No	
Removal of 1 or more breast Servic	ce					Service	
Hospital Outpatient Procedure Hospital Outpatient CPT 19120 growth, open procedure Yes Volum	ne	\$	-	\$	-	Volume	Case Rate

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					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>	Jervice Setting	туре	coue	Description	<u>Jervice:</u>	casii Fiice	Charge	charge	Charge	
Injections	Hospital Outpatient	СРТ	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$0.00	Case Rate
injections	Hospital Outpatient	CFI	20010	Artifocentesis (outpatient)	NO	\$ 370.36	3 102.33	3 1,401.73	30.00	Case Nate
			27040			4 242 40	å 205.00	A 2 504 00	44 205 05	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$1,296.96	Case Rate
									_	
						N/A No			N/A No	
						Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	29826	Arthroscopic Shoulder Surgery	Yes	Volume	\$ -	\$ -	Volume	Case Rate
						N/A No			N/A No	
				Arthroscopic Knee Surgery		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	29881	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
nospital Gatpatient i roccaure	Troopital Outputient	C	23001	(outputient)	103	voidine	*	Y	volume	cuse nate
Harrital Costantiant Burnellum	Harrist Contractions	CDT	24575	I Biti-	NI-	ć 440.07	ć 43E.06	ć 4.070.03	ć4 242 24	C D-t-
Hospital Outpatient Procedure	Hospital Outpatient	CPT	315/5	Laryngoscopy - Diagnostic	No	\$ 449.87	\$ 135.86	\$ 1,978.02	\$1,243.24	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$1,464.43	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

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Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43239	Upper Gastrointestinal Endoscopy - With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$0.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45378	Colonoscopy - Diagnostic (outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$0.00	Case Rate
riospitai outpatient riocedure	nospital outpatient	CFT	43376	(outpatient)	163	Ç 2,117.00	\$ 333.73	7 2,220.00	\$0.00	case nate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45380	Colonoscopy - With Biopsy (outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$1,510.52	Case Rate
				Colonoscopy - With Polyp Removal						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45385	(outpatient)	Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	\$1,531.11	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45391	Ultrasound examination of lower large bowel using an endoscope	Yes	N/A No Service Volume	\$ -	\$ -	N/A No Service Volume	Case Rate

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	47562	Gall Bladder Surgery (outpatient)	Yes	\$ 12,062.52	\$ 504.75	\$ 18,374.88	\$6,181.28	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$2,022.15	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49505	Repair of groin hernia patient age 5 years or older	Yes	\$ 9,867.85	\$ 470.08	\$ 15,040.03	\$1,988.83	Case Rate
	Hospital Outpatient	СРТ		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	\$1,011.15	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	\$ 284.76	\$ 2,631.84	\$1,297.46	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

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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	\$879.75	Case Rate
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				Pouting obstatric save for vacinal									
Dueforsional Complete Associated				Routine obstetric care for vaginal									
Professional Services Associated	Purfersional Comission	CDT	F0400	delivery, including pre-and post-	W	_	4 400 34	,	242.00	,	2 270 40	Ć4 442 EE	C D-t-
with Inpatient Stay	Professional Services	CPT	59400	delivery care	Yes	\$	4,496.21	>	242.00	\$	3,278.48	\$1,443.55	Case Rate
Durfaceional Comisso Association													
Professional Services Associated									400.00	_	4.00-00	40=	
with Inpatient Stay	Professional Services	CPT	59410	Obstetrical care	No	\$	2,230.06	\$	133.91	Ş	1,625.81	\$854.64	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	\$1,443.55	Case Rate

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	<u>Cash Price</u>	Charge	<u>Charge</u>	Charge	Estimate Type
				Routine obstetric care for vaginal						
				delivery after prior cesarean						
Professional Services Associated				delivery including pre-and post-						
with Inpatient Stay	Professional Services	CPT	59610	delivery care	Yes	\$ 4,706.58	\$ 305.08	\$ 3,429.34	\$1,518.43	Case Rate
				Injection of substance into spinal						
				canal of lower back or sacrum using						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	62322	imaging guidance	Yes	\$ 1,055.18	\$ 379.33	\$ 1,880.39	\$0.00	Case Rate
		J	02022			7 1,055.10	÷ 3,3.33	÷ 1,000.33	Ç0.00	Case Hate
										
										
										
										
										
				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

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	<u>Charge</u>	Estimate Type
				Injections of anesthetic and/or						
				steroid drug into lower or sacral						
				spine nerve root using imaging						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	64483	guidance	Yes	\$ 1,776.21	\$ 358.46	\$ 1,980.49	\$1,046.00	Case Rate
nospital outpatient Procedure	nospital Outpatient	CFI	04403	guidance	163	3 1,770.21	ÿ 330.40	7 1,360.43	\$1,040.00	case nate
						N/A No			N/A No	
				Removal of recurring cataract in		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	66821	lens capsule using laser	Yes	Volume	\$ -	\$ -	Volume	Case Rate
	_									
						N/A No			N/A No	
				Removal of cataract with insertion		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66984	of lens	Yes	Volume	\$ -	\$ -	Volume	Case Rate
			30007				т	т		2230 1100
Hospital Outpatient Procedure	Hospital Outpatient	CPT	69210	Remove impacted ear wax	No	\$ 168.99	\$ 48.93	\$ 1,604.78	\$0.00	Case Rate
				CT Scan - Head/Brain, without						
Radiology Services	Hospital Outpatient	CPT	70450	Contrast	No	\$ 901.06	\$ 127.22	\$ 1,318.18	\$269.67	Per Unit

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u> Jervice Category</u>	<u> </u>	туре	code	Description	Service:	Casii Fiice	Charge	Charge	Charge	Estimate Type
				CT Scan - Head/Brain, without						
Radiology Services	Hospital Outpatient	CPT	70450	Contrast	Yes	\$ 901.06	\$ 127.22	\$ 1,318.18	\$269.67	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	\$411.58	Per Unit
Radiology Services	Tiospital Outpatient	CFT	70402	ct orbit/ear/1033a w/ 00cw/ dye	140	\$ 2,333.00	\$ 207.75	\$ 2,037.02	3411.36	reronit
Radiology Services	Hospital Outpatient	CPT	70486	Ct maxillofacial w/o dye	No	\$ 1,668.57	\$ 127.52	\$ 2,259.85	\$282.62	Per Unit
Radiology Services	Hospital Outpatient	CPT	70496	Ct angiography head	No	\$ 1,871.05	\$ 223.05	\$ 1,996.31	\$636.44	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$ 1,632.72	\$ 223.05	\$ 1,677.63	\$433.13	Per Unit
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Dadialagu Camiasa	Hamital Outmations	CDT	70554	MADI DDAIN STEM W/O DVS	No.	ć 1 F10 40	ć 252.20	ć 2.270.20	¢cc 00	Don Huit
Radiology Services	Hospital Outpatient	СРТ	/0551	MRI BRAIN STEM W/O DYE	No	\$ 1,518.19	\$ 252.20	\$ 2,270.30	\$66.98	Per Unit
Radiology Services	Hospital Outpatient	CPT	70553	MRI - Brain (outpatient)	Yes	\$ 2,314.59	\$ 406.50	\$ 3,409.54	\$1,325.74	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$ 138.11	\$ 19.91	\$ 181.37	\$0.00	Per Unit
-07				,					,	
Padialani Camina	Hamital Outmations	CDT	71046	V Boy Chast (autmationt)	N.	ć 140.00	ć 21 FO	ć 102.55	ć0.00	Don Huit
Radiology Services	Hospital Outpatient	CPT	/1046	X-Ray - Chest (outpatient)	No	\$ 148.99	\$ 31.50	\$ 193.55	\$0.00	Per Unit

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Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	 scounted ash Price	Min Nego	lentified nimum otiated narge	De-Identified Maximum Negotiated 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	\$50.95	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$ 1,024.52	\$	141.11	\$ 1,468.48	\$52.27	Per Unit
				CT Scan - Chest, with Contrast							
Radiology Services	Hospital Outpatient	СРТ	71260	(outpatient)	No	\$ 1,448.52	\$	200.76	\$ 2,034.88	\$402.14	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71275	Ct angiography chest	No	\$ 1,935.65	\$	226.19	\$ 2,092.27	\$489.14	Per Unit
3,						,					
Radiology Services	Hospital Outpatient	СРТ	72040	X-Ray - Neck, Cervical Spine	No	\$ 154.65	\$	37.93	\$ 204.42	\$39.72	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$ 251.61	\$	33.93	\$ 338.99	\$42.18	Per Unit
Radiology Services	Hospital Outpatient	CPT	72100	X-Ray - Spine (outpatient)	No	\$ 199.60	\$	37.93	\$ 265.13	\$43.35	Per Unit
		CDT	72445	X-Ray, lower back, minimum four	v	242.55		F2 00	<u> </u>	dro or	Day Hate
Radiology Services	Hospital Outpatient	CPT	72110	views	Yes	\$ 213.64	Þ	52.80	\$ 284.93	\$58.84	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	C	ash Price	9	<u>Charge</u>		<u>Charge</u>	<u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$	1,459.37	\$	136.86	\$	1,750.92	\$341.23	Per Unit
reaction of the second of the	nospital Outpatient	CFT	72123	ct neck spine w/o dye	140	7	1,433.37	7	130.00	7	1,730.32	3341.23	reronic
Radiology Services	Hospital Outpatient	CPT	72126	Ct neck spine w/dye	No	\$	1,293.16	\$	260.86	\$	1,821.59	\$401.19	Per Unit
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Radiology Services	Hospital Outpatient	CPT	72127	Ct neck spine w/o & w/dye	No	\$	1,815.93	\$	201.73	\$	2,118.48	\$490.21	Per Unit
De dielens Comitee	Harrist Contractions	CDT	72420	Challes the series and days	N		4 530 66	_	400.03		4 005 00	\$401.19	Per Unit
Radiology Services	Hospital Outpatient	CPT	/2129	Ct chest spine w/dye	No	\$	1,520.66	Ģ	199.82	Ģ	1,805.90	\$401.19	Per Unit
Radiology Services	Hospital Outpatient	CPT	72132	Ct lumbar spine w/dye	No	\$	1,518.43	Ś	260.86	Ś	1,805.90	\$401.38	Per Unit
				7.7		·	,	•		_	,		
Radiology Services	Hospital Outpatient	CPT	72133	Ct lumbar spine w/o & w/dye	No	\$	1,904.42	\$	201.90	\$	2,238.70	\$490.50	Per Unit
Dadialam, Camiasa	Hasnital Outrations	СРТ	72141	MADI NECK COINE W/O DVE	No		1,441.84	\$	252.20	4	2,177.11	\$72.09	Per Unit
Radiology Services	Hospital Outpatient	CPT	/2141	MRI NECK SPINE W/O DYE	INU	Ş	1,441.04	Ģ	232.20	Ģ	2,1/7.11	\$72.09	Per Unit
Radiology Services	Hospital Outpatient	CPT	72148	MRI - Back (outpatient)	Yes	\$	1,381.13	Ś	252.20	Ś	2,137.12	\$676.53	Per Unit
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Radiology Services	Hospital Outpatient	CPT	72170	X-Ray - Pelvis	No	\$	249.04	\$	28.72	Ş	327.10	\$33.83	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72100	X-RAY EXAM OF PELVIS	No	\$	208.53	Ġ	39.60	\$	264.73	\$9.74	Per Unit
naulology services	nospital Outpatient	CFI	72190	A-NAT EXAMPLOF FEEVIS	IVO	Ą	200.33	Ą	33.00	Ą	204./3	33.74	rei Ollit
Radiology Services	Hospital Outpatient	СРТ	72192	CT scan, pelvis, with contrast	Yes	¢	1,536.96	Ś	197.29	¢	2,142.05	\$387.45	Per Unit
nadiology services	nospital Outpatient	CFI	12133	er scarr, pervis, with contrast	163	7	1,000.00	7	137.23	Y	2,172.03	7307.43	i ci onit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discou Cash F		De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	72197	MRI - Pelvis (outpatient)	No	\$ 2,4	48.72	\$ 402.71	\$ 3,522.33	\$1,294.15	Per Unit
Dadislam Canias	Userial Osteration	CDT	73000	V of all all and		<u>.</u>	47.50	ć 22.40	ć 405.03	622.52	Double to
Radiology Services	Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$ 1	.47.59	\$ 22.40	\$ 185.92	\$33.53	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73010	X-ray exam of shoulder blade	No	\$ 1	.96.93	\$ 26.01	\$ 251.93	\$33.83	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$ 1	49.50	\$ 28.33	\$ 196.92	\$36.35	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$ 1	47.62	\$ 29.40	\$ 195.82	\$7.82	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$ 1	46.83	\$ 25.07	\$ 191.42	\$32.89	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73080	X-RAY EXAM OF ELBOW	No	\$ 1	.22.83	\$ 26.72	\$ 154.02	\$7.82	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$ 1	17.10	\$ 26.40	\$ 151.82	\$7.52	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$ 1	.56.52	\$ 30.72	\$ 196.19	\$34.34	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$ 1	.92.03	\$ 24.40	\$ 249.73	\$7.52	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	72120	X-Ray - Hand	No	\$	151.54	Ś	32.72	Ś	198.42	\$34.34	Per Unit
Radiology Services	Trospital Outpatient	CFT	73130	A-ray - Hallu	NO	y	131.34	7	32.72	Ţ	130.42	734.34	rei oiiit
Radiology Services	Hospital Outpatient	СРТ	73221	MRI - Shoulder, Elbow, or Wrist	No	\$	1,211.82	\$	246.65	\$	1,702.46	\$605.48	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$	129.58	\$	37.77	\$	197.91	\$47.83	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$	150.51	\$	29.51	\$	189.38	\$8.46	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$	201.92	\$	32.40	\$	266.82	\$8.02	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$	263.50	\$	36.52	\$	351.25	\$36.84	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$	239.62	\$	32.40	\$	321.48	\$33.83	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$	191.55	\$	31.98	\$	278.60	\$7.52	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73610	X-Ray - Ankle (outpatient)	No	\$	239.05	\$	25.72	\$	311.14	\$34.34	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$	196.24	\$	29.81	\$	262.21	\$7.52	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$	216.05	\$	33.95	\$	289.60	\$34.34	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	\$	134.01	\$	1,400.92	\$49.08	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73721	MRI - Knee (outpatient)	Yes	\$	1,224.32	\$	246.65	\$	1,828.36	\$605.48	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	\$330.57	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$	1,824.18	\$	207.86	\$	2,144.29	\$478.90	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74177	CT Scan - Abdomen and Pelvis, with Contrast	No	\$	2,748.11	s	286.79	\$	3,568.86	\$416.93	Per Unit
nationally services	inospitai Outpatient	CFI	741//	Contrast	NO	ş	2,740.11	Ÿ	200.75	۶	3,300.00	3410.33	rei Ollit
Radiology Services	Hospital Outpatient	СРТ	74177	CT Scan - Abdomen and Pelvis, with Contrast	Yes	\$	2,748.11	\$	286.79	\$	3,568.86	\$416.93	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$	394.10	\$	56.38	\$	563.71	\$78.42	Per Unit

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<u>Service Category</u>	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discount Cash Prio	ed_	De-Identified Minimum Negotiated Charge	Ma Neg	dentified ximum gotiated harge	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	\$114.57	Per Unit
Padiology Sarvices	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$ 306	.04 5	59.00	ė	323.39	\$101.27	Per Unit
Radiology Services	Hospital Outpatient	CPT	75571	ct int w/o uye w/ca test	NO	\$ 300	.04 3	5 59.00	7	323.39	\$101.27	Per Offic
Radiology Services	Hospital Outpatient	СРТ	76536	Ultrasound - Head and Neck	No	\$ 460	.62	78.79	\$	386.50	\$94.56	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$ 152	.68	78.52	\$	249.30	\$99.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$ 361	.43 \$	91.69	\$	433.80	\$133.10	Per Unit
Padiology Comicos	Hospital Outpotions	СРТ	76705	Illtracound Abdominal Limited	No	\$ 327	.93	46.05	\$	372.20	¢06.04	Dor Unit
Radiology Services	Hospital Outpatient	CPI	70705	Ultrasound - Abdominal, Limited	No	ў 327	.95	46.05	Ş	3/2.20	\$96.04	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$ 456	.58	76.54	\$	400.80	\$33.39	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$ 391	.57	86.65	\$	396.27	\$43.86	Per Unit

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Ultrasound - Pregnancy	
Radiology Services Hospital Outpatient CPT 76805 (outpatient) Yes \$ 367.73 \$ 100.36 \$ 437.10 \$	\$147.60 Per Unit
Maternity/Delivery Hospital Outpatient CPT 76811 OB US DETAILED SNGL FETUS No \$ 522.04 \$ 198.65 \$ 587.50	\$85.29 Per Unit
Maternity/Delivery Hospital Outpatient CPT 76815 OB US LIMITED FETUS(S) No \$ 309.95 \$ 54.75 \$ 384.30	\$29.36 Per Unit
Radiology Services Hospital Outpatient CPT 76816 Ultrasound - Pregnancy Follow-Up No \$ 406.54 \$ 64.37 \$ 384.30	\$80.40 Per Unit
Radiology Services Hospital Outpatient CPT 76816 Ultrasound - Pregnancy Follow-Up No \$ 406.54 \$ 64.37 \$ 384.30	\$80.40 Per Unit
Maternity/Delivery Hospital Outpatient CPT 76818 FETAL BIOPHYS PROFILE W/NST No \$ 476.50 \$ 82.20 \$ 387.27	\$39.00 Per Unit
Maternity/Delivery Hospital Outpatient CPT 76819 FETAL BIOPHYS PROFIL W/O NST No \$ 407.39 \$ 97.44 \$ 398.34	\$28.31 Per Unit
Radiology Services Hospital Outpatient CPT 76821 MIDDLE CEREBRAL ARTERY ECHO No \$ 370.14 \$ 88.69 \$ 391.69	\$32.05 Per Unit
7 37017 9 00.00 9 331.03	722.00
Ultrasound - Transvaginal (non-	
Radiology Services Hospital Outpatient CPT 76830 maternity) Yes \$ 475.43 \$ 98.63 \$ 463.90 \$	\$106.36 Per Unit

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Radiology Services	Hospital Outpatient	СРТ	76856	Ultrasound - Pelvic (outpatient)	No	\$	344.00	\$	70.34	\$	408.50	\$106.36	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$	546.40	\$	107.57	\$	501.03	\$155.02	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$	383.79	\$	135.81	\$	629.70	\$197.11	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$	406.73	\$	109.22	\$	504.02	\$159.99	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$	247.25	>	56.29	>	393.45	\$131.67	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$	116.84	\$	33.80	\$	171.64	\$44.55	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$	1,010.04	\$	336.74	\$	2,091.45	\$443.94	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	80048	Blood Test - Basic Metabolic Panel	Yes	\$ 158.03	\$ 11.84	\$ 221.33	\$24.27	Per Unit
				Bland Task Community						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	90053	Blood Test - Comprehensive Metabolic Panel	Voc	\$ 93.73	\$ 14.78	\$ 136.89	\$30.34	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPI	80053	ivietabolic Panel	Yes	\$ 93.73	\$ 14.78	\$ 136.89	\$30.34	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	\$62.98	Per Unit
				Blood Test - Renal (Kidney)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80069	Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$24.27	Per Unit
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				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$24.27	Per Unit

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80307	Drug test prsmv chem anlyzr	No	\$ 128.65	\$ 55.93	\$ 199.53	\$112.15	Per Unit
Laboratory & Fathology Services	Tiospital Outpatient	CF I	30307	Drug test promis them amyzr	110	N/A No	N/A No	N/A No	N/A No	i ci oiiit
						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	\$7.60	Per Unit
Laboratory & Fathology Services	Trospital Outputient	CII	01001	Interescope Examination	103	7 23.40	7	34.47	\$7.00	T CI OIIIC
Laboratory & Pathology Services	Hospital Outpatient	CPT	81002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$8.67	Per Unit
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$5.77	Per Unit
Education y de l'attrology services	Trospital Gatpatient	C	01003	iviid occope	103	7 20140	ý 5.10	ÿ 11.25	ψ3.77	T CI OIIIC
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Laboratory & Pathology Services	Hospital Outpatient	CPT	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$19.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$15.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$97.97	Per Unit
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Service Category	Service Setting	Type	Code	Description	Service?	Ca	sh Price	Cna	irge	<u>Charge</u>	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	82330	Assay of calcium	No	\$	35.11	\$	12.31	\$ 67.00	\$41.46	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82375	Assay carboxyhb quant	No	\$	114.13	Ś	11.09	\$ 153.64	\$39.85	Per Unit
Education y de l'attrology services	Troopital Outputient	C	02373	rissay carsoxyris quare		7	11-1115	<u> </u>	11.03	7 155.04	V 001.00	T CI OIIIC
Laboratory & Pathology Services	Hospital Outpatient	CPT	82465	Assay bld/serum cholesterol	No	\$	15.28	\$	3.92	\$ 23.76	\$14.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of ck (cpk)	No	\$	12.70	Ġ	5.86	\$ 35.53	\$21.98	Per Unit
Laboratory & Fathology Screeces	Trospital Outputient	Ci i	02330	Assay of the (tph)	140	7	12.70	7	3.00	y 33.33	721.30	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	CPT	82552	Assay of cpk in blood	No	\$	26.14	\$	12.05	\$ 75.41	\$44.54	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82565	Assay of creatinine	No	\$	124.50	\$	7.17	\$ 70.25	\$25.21	Per Unit
				Blood Test - Vitamin B-12								
Laboratory & Pathology Services	Hospital Outpatient	CPT	82607	(Cyanocobalamin) Level	No	\$	29.40	\$	13.57	\$ 82.73	\$51.20	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82610	Cystatin c	No	\$	140.40	Ś	14.17	\$ 405.00	\$18.99	Per Unit
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Laboratory & Both J. C. C.	Us suited Contracti	CDT	02000			,	20.00	<u>,</u>	46.04	A 00.55	655.55	Day Hade
Laboratory & Pathology Services	Hospital Outpatient	CPT	82668	Assay of erythropoietin	No	\$	36.68	\$	16.91	\$ 99.20	\$61.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82670	Assay of estradiol	No	\$	54.51	\$	25.15	\$ 152.33	\$94.27	Per Unit
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<u>Service Category</u>	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	82693	Assay of ethylene glycol	No	\$ 20.29	\$ 13.41	\$ 40.08	\$24.80	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82728	Blood Test - Ferritin (Blood Protein) Level	No	\$ 33.53	\$ 19.09	\$ 96.63	\$66.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82746	Blood Test - Folic Acid Level	No	\$ 37.75	\$ 13.23	\$ 79.52	\$49.21	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82803	Blood gases any combination	No	\$ 73.40	\$ 20.17	\$ 106.16	\$65.69	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34.04	\$ 5.51	\$ 49.42	\$19.23	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82962	Glucose blood test	No	\$ 45.55	\$ 3.89	\$ 61.82	\$16.23	Per Unit
Experiency of actionogy services			02302	Sideose producest	140	Ų 43.33	ÿ 3.83	y 01.02	¥±0.23	. cr omt
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83018	Heavy metal quant each nes	No	\$ 172.97	\$ 19.76	\$ 498.96	\$56.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83036	Blood Test - Blood Glucose Control (Hemoglobin A1C)	No	\$ 71.27	\$ 8.74	\$ 95.94	\$32.16	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?		counted th Price	De-Identified Minimum Negotiated Charge	V	e-Identified Maximum legotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83088	Assay of histamine	No	Ś	75.84	\$ 26.58	Ś	218.76	\$94.94	Per Unit
Ediboratory & Fathology Screeces	nospital outputient	Ci i	03000	Assay of histarrine	140	,	73.04	20.30	7	210.70	 	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83518	Immunoassay dipstick	No	\$	147.09	\$ 6.55	\$	424.29	\$22.43	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83540	Blood Test - Iron Level	No	\$	51.90	\$ 9.06	\$	75.77	\$31.60	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$	27.44	\$ 10.41	\$	58.05	\$35.93	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690	Blood Test - Lipase (fat enzyme) Level	No	\$	69.47	\$ 6.20	\$	93.51	\$23.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83735	Assay of magnesium	No	\$	53.82	\$ 9.38	\$	78.56	\$32.53	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83880	Assay of natriuretic peptide	No	\$	172.55	\$ 35.33	\$	232.27	\$63.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$	61.73	\$ 6.64	\$	87.67	\$17.95	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$	43.23	\$ 6.66	\$	62.65	\$22.22	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$	43.23	\$ 6.66	\$	62.65	\$22.22	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	_Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 52.59	\$ 18.77	\$ 96.68	\$59.83	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84153	Blood Test - Prostate Specific Antigen (PSA) Level	Yes	\$ 74.21	\$ 25.75	\$ 116.68	\$45.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84154	PSA (prostate specific antigen)	Yes	\$ 106.34	\$ 16.55	\$ 143.15	\$55.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84182	Protein western blot test	No	\$ 382.72	\$ 18.76	\$ 588.80	\$43.64	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$ 42.10	\$ 4.33	\$ 56.67	\$16.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Blood Test - Thyroxine (Thyroid Chemical) Level, Free	No	\$ 66.21	\$ 8.12	\$ 89.13	\$25.62	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Blood Test - Thyroid Stimulating Hormone (TSH) Level	No	\$ 64.07	\$ 23.52	\$ 119.09	\$82.05	Per Unit

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
		71-								
				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	Yes	\$ 64.07	\$ 23.52	\$ 119.09	\$82.05	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84480	Assay triiodothyronine (t3)	No	\$ 96.31	\$ 12.76	\$ 129.65	\$46.74	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84484	Assay of troponin quant	No	\$ 81.70	\$ 10.26	\$ 121.45	\$75.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84702	Chorionic gonadotropin test	No	\$ 125.77	\$ 11.54	\$ 169.31	\$51.10	Per Unit
Education & Factoring Screeces	nospital outputient	Ci i	04702	Chonome gonddotrophii test	140	7 125.77	7 11.54	J 103.31	\$31.10	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85014	Hematocrit	No	\$ 26.95	\$ 2.13	\$ 36.27	\$8.01	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	\$37.66	Per Unit
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	CPT	85027	Count (Hemoglobin)	Yes	\$ 60.79	\$ 5.82	\$ 81.83	\$21.98	Per Unit

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	85240	Clot factor viii ahg 1 stage	No	\$ 45.97	\$ 16.11	\$ 95.56	\$59.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85378	Fibrin degrade semiquant	No	\$ 53.57	\$ 7.44	\$ 72.11	\$36.41	Per Unit
		CDT	05640			A 44.04			440.00	
Laboratory & Pathology Services	Hospital Outpatient	CPT	85610	Blood Test - Clotting Time	Yes	\$ 44.81	\$ 6.01	\$ 64.27	\$19.23	Per Unit
Laboratori & Dathalami Comicae	Hespital Outpotiont	СРТ	00013	Duncell viner venera diluted	No	\$ 24.61	ć 0.24	ć 70.00	Ć24 21	Doublait
Laboratory & Pathology Services	Hospital Outpatient	CPI	85013	Russell viper venom diluted	No	\$ 24.61	\$ 8.24	\$ 70.98	\$34.21	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85660	RBC SICKLE CELL TEST	No	\$ 53.32	\$ 4.96	\$ 71.77	\$0.00	Per Unit
	·								-	
				Blood Test - Coagulation						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85730	Assessment	Yes	\$ 46.01	\$ 5.41	\$ 61.94	\$20.38	Per Unit
			30.00			, .5101	7 0.42	7 32134	7-0.00	
Laboratory & Pathology Services	Hospital Outpatient	CPT	85732	Thromboplastin time partial	No	\$ 12.63	\$ 5.82	\$ 36.42	\$21.98	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86140	C-reactive protein	No	\$ 48.49	\$ 4.66	\$ 65.28	\$14.89	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	00000	Tariff charles and the con-		\$ 65.00	\$ 42.28	\$ 211.59	\$130.94	Per Unit
		14 12 1	XP 3PU	T cell absolute count/ratio	No	\$ 65.00	1 47 78	. 711 59	\$130.94	PARLINIT

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Service Category	Service Setting	Type	Code	Description	Service?		h Price	Charge	Charge	Charge	Estimate Type
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86361	T cell absolute count	No	\$	132.78	\$ 24.10	\$ 383	.03 \$127.72	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86431	Rheumatoid factor quant	No	\$	52.70	\$ 5.10	\$ 70.	95 \$16.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	96503	Syphilis test non-trep qual	No	\$	37.81	\$ 3.84	\$ 50.	90 \$11.73	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFI	80332	syphins test non-trep quar	NO	ş	37.01	ÿ 3.6 4	Ş 30.	30 311.73	Pel Oliit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$	37.81	\$ 3.84	\$ 50	90 \$11.73	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$	57.37	\$ 9.16	\$ 165	.50 \$19.75	Per Unit
East-rately a rathology services	nospital outputient	C	00011	Dartonella antibody	140	· ·	37.37	ÿ 3.10	Ų 103	ψ13.73	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	CPT	86615	Bordetella antibody	No	\$	25.74	\$ 11.87	\$ 81.	45 \$50.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86651	Encephalitis californ antbdy	No	\$	25.74	\$ 11.87	\$ 110	.13 \$68.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86652	Encephaltis east eqne anbdy	No	\$	25.74	\$ 11.87	\$ 110	.13 \$68.15	Per Unit
	- Copital Outputient	J	30032			7	23.74	7 11.07	Ţ 110	, , , , , , , , , , , , , , , , , , ,	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86653	Encephaltis st louis antbody	No	\$	25.74	\$ 11.87	\$ 110	.13 \$68.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86654	Encephaltis west eqne antbdy	No	\$	25.74	\$ 11.87	\$ 110	\$68.15	Per Unit
Laboratory & Dath daws Camil	Heavital Outrations	CDT	00000	Fuetain ham autility de	N/ -	ċ	35.66	ć 44.04	ć cc	24 654 40	Day Huit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80003	Epstein-barr antibody	No	\$	25.60	\$ 11.81	\$ 83.	21 \$51.49	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	 ounted h Price	Min Nego	entified imum otiated arge	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	\$39.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86692	Hepatitis delta agent antbdy	No	\$ 29.16	\$	15.44	\$ 50.98	\$23.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$ 79.65	\$	12.41	\$ 107.23	\$42.55	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	\$ 133.25	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86707	Hepatitis be antibody	No	\$ 22.56	\$	10.41	\$ 65.09	\$34.89	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$ 22.71	\$	11.15	\$ 56.71	\$35.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	\$ 78.19	\$	12.95	\$ 225.56	\$16.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	\$ 25.14	\$	11.59	\$ 72.53	\$29.04	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
		3/62						<u></u>		
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	\$47.36	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	Blood Test - Hepatitis C Antibody Level	No	\$ 67.64	\$ 12.84	\$ 91.06	\$43.05	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$35.72	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$33.82	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$15.46	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$13.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$13.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$13.09	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	 counted h Price	De-Identified Minimum Negotiated Charge	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	\$13.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$ 4.84	\$	383.37	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$	344.22	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$ 133.90	\$ 9.29	\$	180.25	\$35.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$ 138.63	\$ 7.76	\$	186.61	\$29.25	Per Unit
Laboratoria di Bathala angaritan	Userial Outsetiers	CDT	07077	Destrict Colours Associated as		60.43	ć 7.27	•	04.25	\$4E CO	Double's
Laboratory & Pathology Services	Hospital Outpatient	СРТ	8/0//	Bacterial Culture - Aerobic Isolates	No	\$ 60.43	\$ 7.27	\$	81.35	\$15.69	Per Unit
				Test for Disease-Causing (Pathogenic) Organisms, Not							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87081	Limited to a Specific Condition	No	\$ 81.17	\$ 5.97	\$	109.26	\$21.98	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cas	h Price	Char	ge		<u>Charge</u>	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87086	Urine Test - Bacterial Culture, Quantitative Colony Count	No	\$	82.16	\$	7.26	\$	110.60	\$26.19	Per Unit
Education of a rathology services	nospital outputient	Ci i	07000	Quantitative colony count	110	·	02.110	*	7120	_	110.00	Ų20.13	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87088	Urine Test - Bacterial Culture	No	\$	15.80	\$	7.28	\$	43.86	\$27.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87110	Chlamydia culture	No	\$	130.74	\$ 1	7.64	\$	175.99	\$66.56	Per Unit
				Evaluation of Antimicrobial Drug									
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87186	(antibiotic, antifungal, antiviral)	No	\$	69.16	\$	7.79	\$	93.10	\$29.35	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87205	Lab Test - Smear for Microorganism	No	\$	49.93	\$	3.84	\$	67.21	\$13.28	Per Unit
												·	
				Lab Test - Detection test for									
Laboratory & Pathology Services	Hospital Outpatient	CPT	87340	Hepatitis B Surface Antigen	No	\$	63.55	\$	9.30	\$	85.55	\$26.40	Per Unit
				Lab Test - Detection test for HIV-1									
Laboratory & Pathology Services	Hospital Outpatient	CPT	87389	and HIV-2	No	\$	110.43	\$ 2	1.67	\$	148.66	\$47.95	Per Unit

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Service Category	Service Setting	Code Type	<u>Code</u>	Description	CMS Required Shoppable Service?		ounted 1 Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87425	Rotavirus ag ia	No	\$	37.44	\$ 10.78	\$ 108.00	\$34.54	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87491	Urine Test - Chlamydia	No	\$	108.43	\$ 31.58	\$ 171.03	\$105.84	Per Unit
				Urine Test - Gonorrhoeae							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$	90.13	\$ 31.58	\$ 171.03	\$ \$105.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87635	87635 - SARS-COV-2 COVID-19 AMP PRB	No	\$	53.36	\$ -	\$ 136.48	\$0.00	Per Unit
Laboratory & Patriology Services	nospital outpatient	CFT	87033	AMERIC	140	,	33.30	<u>, </u>	3 130.40	30.00	rei oiiit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87798	Detect agent nos dna amp	No	\$	90.13	\$ 31.58	\$ 171.03	\$105.84	Per Unit
				Lab Test - Detection test for							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87804	Influenza Virus	No	\$	37.58	\$ 19.82	\$ 70.50	\$37.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87880	Strep Test (Streptococcus, group A)	No	\$	101.56	\$ 19.87	\$ 143.48	\$49.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	88185	Flowcytometry/tc add-on	No	\$	68.81	\$ -	\$ 120.30	\$31.00	Per Unit

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	С	harge	Charge	Charge	Estimate Type
							_				
				Immunization Administration First							
Vaccinations	Physician Office	CPT	90460	Component	No	\$ 40.1) \$	11.68	\$ 75.93	\$22.87	Per Unit
				Immunization Administration Each							
Vaccinations	Physician Office	СРТ	90/61	Additional Component	No	\$ 25.1	ء اد	10.49	\$ 38.51	\$11.50	Per Unit
Vaccinations	rifysician Office	CFT	30401	Additional Component	140	\$ 23.1.	, ,	10.43	30.31	\$11.50	reronit
										40.40	
Vaccinations	Hospital Outpatient	CPT	90471	Immunization Administration	No	\$ 44.4	\$	7.02	\$ 81.80	\$3.13	Per Unit
				Immunization Administration Each							
Vaccinations	Hospital Outpatient	СРТ	90472	Additional Component	No	\$ 12.5	5 6	_	\$ 38.51	\$3.13	Per Unit
		J	33472	- additional component	.40	y 12.3			÷ 30.31	73.13	. c. cc
Vaccinations	Hasnital Outpationt	СРТ	00654	OV HDV Vaccino 3/3 Doco	No	\$ 142.3	ء ا	9.56	\$ 227.93	\$0.00	Per Unit
vaccillations	Hospital Outpatient	CPI	30051	9V HPV Vaccine 2/3 Dose	INO	ې 142.3	· >	3.50	۶ <u>۷۷۱.93</u>	30.00	rei Uiiit
				Vaccine - Pneumococcal Conjugate							
Vaccination	Hospital Outpatient	CPT	90670	for Injection into Muscle	No	\$ 285.5	\$	9.56	\$ 345.21	\$0.00	Per Unit
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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		F7 74	4		\$ 77.73	Ć0.00	Doublait
Vaccination	Hospital Outpatient	CPT	90/15	into Muscle	No	\$	57.74	Þ	-	\$ 77.73	\$0.00	Per Unit
Evaluation & Management Services	Professional Services	CPT	90791	Psychiatric Diagnostic Evaluation	No	\$	308.81	\$	118.93	\$ 198.74	\$149.02	Per Unit
Evaluation & Management Services	Professional Services	СРТ	00022	Psychotherapy - 30 Minutes	Yes	\$	88.03	\$	57.92	\$ 99.25	\$62.16	Per Unit
Evaluation & Management Services	r i oressionar services	CFI	2002	r sychotherapy - 30 Millutes	162	P	00.03	Ģ	37.32	75.25 ب	302.10	r er Offit
Evaluation & Management Services	Professional Services	CPT	90834	Psychotherapy - 45 Minutes	Yes	\$	116.77	\$	77.37	\$ 132.34	\$80.99	Per Unit
<u> </u>						T .		-		-	·	

Evaluation & Management Services	Professional Services	CPT	90837	Psychotherapy - 60 Minutes	Yes	\$	174.90	\$	116.00		\$118.71	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	\$104.32	Per Unit
or with a management services		·	30047	. Janes are appropriately session		Υ	1-10.13	7	37.123	Ţ 100.10	920-102	

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discount Cash Pric	ed_	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
						N/A No Service			N/A No Service	N/A No Service	
Evaluation & Management Services	Professional Services	СРТ	90853	Psychotherapy - Group Session	Yes	Volume		\$ -	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	\$66.01	Per Unit
Medicine Other	Hospital Outpatient	CPT	93005	Electrocardiogram (ECG or EKG)	No	\$ 142	.29	<u> </u>	\$ 295.26	\$38.95	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	\$ 1,404	.83	\$ 322.26	\$ 1,593.05	\$324.46	Per Unit
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	93452	Insertion of catheter into left heart for diagnosis	Yes	\$ 8,847	.45	\$ 579.93	\$ 12,920.92	\$1,024.68	Case Rate
Medicine Other	Hospital Outpatient	СРТ	93971	Extremity study	No	\$ 240	.64	\$ 92.64	\$ 400.67	\$209.87	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	\$10.19	Per Unit
				377	_	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
	Поорная сигранен	<u> </u>	55525			7 0101110				
Injections	Hospital Outpatient	СРТ	96402	Chemo hormon antineopl sq/im	No	\$ 110.26	\$ 66.86	\$ 196.20	\$100.16	Case Rate
,		<u> </u>	50.02	Спото потпот споторгоду по		Ţ 110.120	+	7 255.25	7 200.20	- Case Hate
				Physical Theren: Manual						
Madisina Physical Madisina and				Physical Therapy - Manual Electrical Stimulation Therapy, 15						
Medicine Physical Medicine and	Hernital Outrations	СРТ	97032		No	\$ 31.26	\$ 12.56	\$ 59.90	\$21.81	Don Hait
Rehabilitation	Hospital Outpatient	CPI	97032	minutes	No	\$ 31.26	\$ 12.56	\$ 59.90	\$21.81	Per Unit
				S						
Medicine Physical Medicine and				Physical Therapy - Ultrasound					4	
Rehabilitation	Hospital Outpatient	СРТ	97035	Therapy	No	\$ 26.92	\$ 11.95	\$ 40.29	\$22.37	Per Unit
Madiaina Dhuaisal Madiaina				Dhusiaal Thomas, Thomas						
Medicine Physical Medicine and	Hamital Outrait	CP=	07446	Physical Therapy - Therapeutic		A 22.55	A 47.45	4 440.55	625.44	Deville:
Rehabilitation	Hospital Outpatient	СРТ	9/110	Exercises	Yes	\$ 88.74	\$ 17.40	\$ 119.46	\$35.11	Per Unit
Medicine Physical Medicine and				Physical Therapy - Neuromuscular					4-0	
Rehabilitation	Hospital Outpatient	СРТ	97112	Reeducation	No	\$ 69.93	\$ 26.14	\$ 104.78	\$26.14	Per Unit
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	CPT	97116	GAIT TRAINING THERAPY	No	\$ 77.61	\$ 22.90	\$ 104.48	\$0.00	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cas	sh Price	Charg	<u>e</u>	9	Charge_	Charge	Estimate Type
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	CPT	97140	Physical Therapy - Manual Therapy	No	\$	56.20	\$ 2	3.73	\$	93.92	\$60.01	Per Unit
Medicine Physical Medicine and				Physical Therapy - Low Complexity									
Rehabilitation	Hospital Outpatient	CPT	97161	Evaluation	No	\$	168.06	\$ 7	1.97	\$	252.78	\$115.44	Per Unit
Medicine Physical Medicine and				Physical Therapy - Moderate									
Rehabilitation	Hospital Outpatient	CPT	97162	Complexity Evaluation	No	\$	62.40	\$ 7	1.97	\$	252.78	\$115.44	Per Unit
Medicine Physical Medicine and	Hamital Outmations	CDT	07163	Physical Therapy - High Complexity	Na	Ś	100.00	ć 7.	1 07	,	252.70	Ć11F 44	Day Huit
Rehabilitation	Hospital Outpatient	CPT	3/103	Evaluation	No	Þ	168.06	ş /.	1.97	Þ	252.78	\$115.44	Per Unit
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	\$	113.34	\$ 4	8.67	\$	170.97	\$78.08	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$	180.88	\$ 7	7.05	\$	245.32	\$0.00	Per Unit

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Service Category	Service Setting	Code Type	<u>Code</u>	<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				Physical Therapy - Therapeutic									
Rehabilitation	Hospital Outpatient	CPT	97530	Activities	No	\$	92.45	\$	17.40	\$	124.45	\$38.07	Per Unit
Medicine Physical Medicine and				Physical Therapy - Self-care or								4	
Rehabilitation	Hospital Outpatient	CPT	97535	Home Management Training	No	\$	68.89	Ş	-	\$	109.03	\$53.02	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99024	Postop follow-up visit	No	\$	-	\$	-	\$	14.27	\$0.00	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99202	Office Visit - New Patient, Minor	No	\$	167.93	\$	90.34	\$	200.08	\$123.06	Per Unit
				Office Visit - New Patient, Low									
Evaluation & Management Services	Professional Services	СРТ	99203	Complexity	Yes	\$	182.06	Ś	132.54	Ś	273.99	\$172.83	Per Unit
Evaluation & Management Services	i i oreasional act vices	5	33203	Complexity	1 03	7	102.00	7	132.34	7	2/3.33	7172.03	. Cr Oint

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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
		CDT	00204	Office Visit - New Patient,	Was a	A 250 CO	6 477.01	ć 422.40	6254.05	Page Marit
Evaluation & Management Services	Protessional Services	CPT	99204	Moderate Complexity	Yes	\$ 250.69	\$ 177.01	\$ 432.49	\$254.05	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99205	New patient office of other outpatient visit, typically 60 min	Yes	\$ 448.04	\$ 156.38	\$ 553.76	\$320.50	Per Unit
			33200	Caspacini ciore, cypreany commi		Ţ	+ 100.00	+	ψοΞοίος	
Evaluation & Management Services	Professional Services	СРТ	99212	Office Visit - Basic	No	\$ 58.74	\$ 46.41	\$ 133.24	\$85.71	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99213	Office Visit - Established Patient, Low Complexity	No	\$ 99.67	\$ 81.71	\$ 201.59	\$107.08	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99214	Office Visit - Established Patient, Moderate Complexity	No	\$ 151.19	\$ 140.90	\$ 279.47	\$149.20	Per Unit

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Charge	Charge	Estimate Type
33 \$ 385.3	4 \$228.69	Per Unit
60 \$ 111.9	2 \$48.03	Per Unit
\$ 1/2.1	8 \$07.22	Per Unit
7 142.1	8 337.33	reronic
\$ 226.3	8 \$138.48	Per Unit
98 \$ 689.8	8 \$83.08	Case Rate
	Maximum Negotiated Charge 33 \$ 385.3 60 \$ 111.9 \$ 142.1	Maximum Specific Negotiated Charge Charge

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u> </u>	Service Setting	туре	coue	Description	<u>Jervice:</u>	Casii Fiice	Charge	Charge	Charge	Littiliate Type
				Emanage Department Visit Law						
				Emergency Department Visit - Low						
Emergency Room Visit	Hospital Outpatient	CPT	99282	Complexity (outpatient)	No	\$ 430.38	\$ 93.52	\$ 1,114.22	\$114.90	Case Rate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	CPT	99283	Moderate Complexity (outpatient)	No	\$ 932.99	\$ 182.62	\$ 2,714.83	\$228.40	Case Rate
3,		_		, , , , , , , , , , , , , , , , , , ,				, ,		
				Emergency Department Visit -						
Emergency Poom Visit	Hospital Outpations	СРТ		Higher Complexity (outpatient)	No	\$ 2,400.69	\$ 270.43	\$ 4,475.48	\$630.09	Case Rate
Emergency Room Visit	Hospital Outpatient	CPI	33284	nigher complexity (outpatient)	INO	<i>⇒</i> ∠,400.69	ş 2/0.43	4,4/5.48	20.05	case nate
				Emergency Department Visit - High						
Emergency Room Visit	Hospital Outpatient	CPT	99285	Complexity (outpatient)	No	\$ 3,149.91	\$ 458.20	\$ 5,806.95	\$904.43	Case Rate

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		<u>Code</u>			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	<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	\$3,227.43	Case Rate
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient,						
Evaluation & Management Services	Professional Services	СРТ	99381	Younger than 1 Year Old	No	\$ 156.75	\$ -	\$ 225.38	\$141.84	Per Unit
•									-	
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient, 1-						
Evaluation & Management Services	Professional Services	СРТ	99382	4 Years Old	No	\$ 163.82	\$ -	\$ 236.91	\$154.87	Per Unit
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<u>Service Category</u>	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Evaluation & Management Services	Professional Services	СРТ		Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 5- 11 Years Old	No	\$ 170.96	\$ -	\$ 413.46	\$155.93	Per Unit
Evaluation & Management Services	Trotessional services		33363	III reason	110	7 170.50	<u> </u>	- 413.40	VISSISS	T C I O III C
				Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 12-						
Evaluation & Management Services	Professional Services	CPT	99384	17 Years Old	No	\$ 193.58	\$ -	\$ 280.75	\$178.81	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Evaluation & Management Services	Professional Services	СРТ		Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 18- 39 Years Old	Yes	\$ 187.80	\$ 59.23	\$ 347.60	\$176.97	Per Unit
				Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 40-			.	.	4242	
Evaluation & Management Services Evaluation & Management Services		СРТ	99385	Preventive Medicine Evaluation and Management, New Patient, 18-39 Years Old Office Visit - Comprehensive Preventive Medicine Evaluation	Yes	\$ 187.80 \$ 217.32		\$ 347.60 \$ 1,293.56		Per U

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Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
				Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, Younger than 1					4	
Evaluation & Management Services	Professional Services	СРТ	99391	Year Old	No	\$ 141.19	\$ -	\$ 267.83	\$135.80	Per Unit
				Office Visit - Comprehensive Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	CPT	99392	and Management, 1-4 Years Old	No	\$ 150.93	\$ -	\$ 305.91	\$149.34	Per Unit

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	CPT	99393	and Management, 5-11 Years Old	No	\$ 150.44	\$ -	\$ 305.91	\$153.39	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	CPT	99394	and Management, 12-17 Years Old	No	\$ 165.14	\$ -	\$ 398.57	\$148.70	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99395	and Management, 18-39 Years Old	No	\$ 168.81	\$ 37.07	\$ 304.60	\$154.71	Per Unit
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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99396	and Management, 40-64 Years Old	No	\$ 180.12	\$ 64.57	\$ 429.79	\$192.81	Per Unit
Evaluation & Management Services	Toressional services	C	33330	una management, 40 04 rears ora	110	y 100/12	ÿ 04137	423173	Q132.01	T CT OTHE
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Exablate	Hospital Outpatient	CPT	03981	Focused Ultrasound	No	\$ 32,139.56	\$ 11,272.90	\$ 11,272.90	Payer	Case Rate
Vaccinations	Hospital Outpatient	СРТ	G0008	Admin influenza virus vaccine	No	\$ 70.15	\$ -	\$ 126.95	\$3.13	Per Unit
Vaccinations	Hospital Outpatient	CPT	G0009	Admin pneumococcal vaccine	No	\$ 27.43	\$ -	\$ -	\$3.13	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	60277	Hbot, full body chamber, 30m	No	\$ 773.99	\$ 46.24	\$ 1,424.46	\$41.57	Per Unit
імецісте пуреграпс	nospitai Outpatient	CPI	GU2//	mot, full body champer, 30m	INO	7/3.99	9 40.24	1,424.46	341.5 <i>/</i>	reronit
Hospital Observation Per Hour	Hospital Outpatient	CPT	G0378	Hospital observation per hr	No	\$ 15,685.71	\$ 605.00	\$ 24,131.86	\$1,897.45	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price		narge		Charge	Charge	Estimate Type
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Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$ 130.00	Ġ	74.02	Ġ	200.00	\$0.00	Per Unit
Evaluation & Management Services	Trospital Catpatient	C	30403	Trospitar outpe diffic visit	110	Ţ 150.00	7	74102	7	200.00	40.00	i ci oiiic
lahawatawa Q Bathalawa Cawdaa	Hamital Cotastiant	CDT	60400	Down to st def 4 7 deces	81-	476.00			_	722.25	ć0.00	Description in
Laboratory & Pathology Services	Hospital Outpatient	CPT	G0480	Drug test def 1-7 classes	No	\$ 476.03	>	-	\$	732.35	\$0.00	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$ 0.22	\$	0.03	\$	0.34	\$0.00	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$ 2.13	\$	0.78	\$	3.27	\$0.00	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$ 26.95	Ś	_	\$	89.11	\$55.14	Per Unit
,		1	3.023			÷ 23.33	7		_		700.2	
Injections	Hospital Outpatient	СРТ	19217	Eligard	No	\$ 2,818.54	ė	_	Ś	4,336.21	\$1,260.33	Per Unit
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