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Humana Choice Point of Service	Last Updated: 12/14/2021									
									Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	_Estimate Type_
										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 Volume	Professional Charges which are paid by CPT/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		CPT/HCPCS
				Spinal fusion except cervical						Case Rate- Excluding Professional Charges which
Hospital Innationt Stay	Hospital Innations	DRG	460	without major comorbid conditions	Vos	\$ 90 E41 22	\$ 16 227 64	\$ 50,000.02	\$27 022 07	are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	460	or complications (MCC)	Yes	\$ 89,541.22	\$ 16,237.64	\$ 58,989.92	\$27,933.97	CP1/HCPCS

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Service Category	Service Setting	Code Type	<u>Code</u>	<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-
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		Excluding Professional Charges which are paid by CPT/HCPCS

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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
Service Category	<u> </u>	туре	coue	Description	Service:	Casii Fiice	Charge	Charge	Charge	Estillate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	480	HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	No	\$ 58,727.97	\$ 12,375.85	\$ 48,933.51	\$21,483.02	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	481	HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	No	\$ 48,507.14	\$ 8,559.98	\$ 38,996.68	\$14,884.34	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	482	HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	No	\$ 35,733.50	\$ 6,745.73	\$ 37,731.25	\$11,697.22	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	493	LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	No	\$ 46,392.83	\$ 9,438.20	\$ 41,283.64	\$16,515.90	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
1										
										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	\$ 24 204 91	\$ 7,426.74	\$ 43,066.25	\$13,154.05	CPT/HCPCS
Hospital Inpatient Stay	nospital inpatient	DING	434	CC/ IVICC	140	3 34,304.81	7 7,420.74	3 43,000.23	713,134.03	CF 1/HCFC3
										Case Rate-
										Excluding
				Uterine and adnexa procedures for						Professional
				non-malignancy without comorbid						Charges which
1				conditions (CC) or major comorbid						are paid by
Harmital Louisian Co.	Handad Incasts	DDC	7.00			6 40 000 00	6 2 620 25	¢ 20.000.00	60.000 70	
Hospital Inpatient Stay	Hospital Inpatient	DRG	743	conditions or complications (MCC)	Yes	\$ 18,033.90	\$ 3,828.29	\$ 28,968.03	\$8,042.73	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	\$9,785.09	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	\$6,248.51	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	\$70,469.02	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	\$32,957.91	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	\$15,715.15	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	\$78,005.39	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	\$116,347.85	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	\$61,088.80	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				OTHER MULTIPLE SIGNIFICANT					4	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	964	TRAUMA W CC	No	\$ 34,761.85	\$ 6,123.35	\$ 50,000.00	\$27,556.70	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
										Charges which
				VAGINAL DELIVERY W O.R. PROC						are paid by
Matarnity/Daliyary	Hasnital Innations	DRG	760		No	ć 10.23E.01	¢ 2.464.00	\$ 27,462.61	\$2,464.00	CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DKG	768	EXCEPT STERIL &/OR D&C	INO	\$ 10,335.01	3 2,404.00	3 27,402.01	\$2,464.00	CP1/HCPC3
										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	\$3,901.00	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CECARE AN CECTION W						
				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	\$3,901.00	CPT/HCPCS
						1				
										Case Rate-
						1				Excluding
										Professional
						1				Charges which
				CESAREAN SECTION W		1				are paid by
Maternity/Delivery	Hospital Inpatient	DRG	785	STERILIZATION W/O CC/MCC	No	\$ 8,988.27	\$ 3,519.44	\$ 25,870.71	\$3,901.00	CPT/HCPCS
										Case Rate-
						1				Excluding
						1				
						1				Professional
						1				Charges which
				CESAREAN SECTION W/O		1				are paid by
Maternity/Delivery	Hospital Inpatient	DRG	786	STERILIZATION W MCC	No	\$ 12,696.27	\$ 3,570.00	\$ 35,011.06	\$3,901.00	CPT/HCPCS
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<u>Service Category</u>	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	787	CESAREAN SECTION W/O STERILIZATION W CC	No	\$ 11,322.59	\$ 2,835.00	\$ 27,868.32	\$3,901.00	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	788	CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	No	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$3,901.00	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	No	\$ 1,400.10	\$ 626.89	\$ 18,705.56	\$1,211.63	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	\$2,464.00	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	798	VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	No	\$ 10,897.11	\$ 2,464.00	\$ 25,917.69	\$2,464.00	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Comitoe Cotonomi	Sanda Satina		C- d-	Description						Fathers & Torre
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	Charge	<u>Charge</u>	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				V4.00041 DELIVEDY 14/10						_
				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	\$2,464.00	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	806	STERILIZATION/D&C W CC	No	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	\$2,464.00	CPT/HCPCS
										-
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	807	STERILIZATION/D&C W/O CC/MCC	No	\$ 7,318.91	\$ 2,464.00	\$ 23,397.98	\$2,464.00	CPT/HCPCS
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										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital										are paid by
	Innationt Dobabilitation Hazarta	DBC	045	DEHABILITATION W CC/MCC	N-	N/A	¢ 14 FF2 00	ć 14 FF2 CC	NI / A	CPT/HCPCS
Stay	Inpatient Rehabilitation Hospital	טאט	945	REHABILITATION W CC/MCC	No	N/A	ş 14,555.00	\$ 14,553.00	N/A	CF1/HCPC3
										Case Rate-
										Excluding
										Professional
										Charges which
Innationt Bohobilitation Hamital										
Inpatient Rehabilitation Hospital							4 44 5== =:			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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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Comitoe Cotonomi	Sandar Sattina		C- d-	Description.						Fathers Town
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	<u>Charge</u>	Estimate Type
						52% Charges				
						Estimated at				
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per			\$1,351.80 Per	Per Diem Per
Stay	Inpatient Rehabilitation Hospital	UB	118	Room & Board	No	Diem				Day
Ctuy	inpution renabilitation riospital	0.5		Noom & Board	110	Dicin			Diem	Duy
										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	¢ 10 010 00	\$ 18,018.00		CPT/HCPCS
inpatient skined ivursing	inpatient skilled Nursing	DING	333	WITH MCC	NO	IV/A	3 10,010.00	3 10,010.00	N/A	CF1/HCFC3
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM & CONNECTIVE TISSUE W						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	560	cc	No	N/A	\$ 10,435,00	\$ 10,435.00		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
										Cose Pote
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										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM & CONNECTIVE TISSUE						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	561	W/O CC/MCC	No	N/A	\$ 7,474.00	\$ 7,474.00	N/A	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Pulmonary edema respiratory						are paid by
-		DDC	LTC100		N	N1 / A	ć 74 021 40	ć 74.021.40	New Dev	
Stay	Hospital	DRG	LTC189	railure	No	N/A	\$ 74,931.49	\$ 74,931.49	Non-Par	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Respiratory system diagnosis w						are paid by
Stay	Hospital	DRG	LTC207	ventilator support >96 hours	No	N/A	\$ 37,703.24	\$ 37,703.24	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
	_	UB	200	Room & Board	No	diem)	Diem	Diem	Non Por	
Stay	Hospital	OB	200	NOUTE & BUSTU	INO	uiemj	Dieiii	Dieili	Non-Par	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &						\$1,109.30 Per			\$594 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	Diem	\$ 227.70	\$ 850.00	Diem	Day
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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>C</u>	harge		Charge	<u>Charge</u>	Estimate Type
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						52% Charges						
						Estimated at						
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		\$1,109.30 Per					\$594 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	\$	299.70	\$	850.00	Diem	Day
						52% Charges						
						Estimated at						
Skilled Nursing Inpatient Room &				Subacute Care Level 3- Complex		\$1,109.30 Per					\$594 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	193	Care	No	Diem	\$	370.00	\$	850.00	Diem	Day
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	Ś	161.58	Ś	1,803.41	\$1,763.14	Case Rate
						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		-		7-7	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	ė	167.15	Ġ	1,829.27	\$1,778.44	Case Rate
Tiospital Outpatient Procedure	nospital Outpatient	CFT	11104	biopsy - Functi biopsy of skill	140	3 304.32	٧	107.13	Y	1,023.27	\$1,770.44	Case Nate
											4	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	1/000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$	157.92	\$	1,634.10	\$871.54	Case Rate
<u></u>												
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$	381.25	\$	2,964.36	\$1,037.46	Case Rate
						N/A No					N/A No	
				Removal of 1 or more breast		Service					Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19120	growth, open procedure	Yes	Volume	\$	_	\$	_	Volume	Case Rate
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Service Category	Service Setting	Туре	Code	Description	Service?		ash Price		narge	_	Charge	Charge	Estimate Type
						<u> </u>		_					
Injections	Hospital Outpatient	CPT	20610	Arthrocentesis (outpatient)	No	\$	370.58	\$	182.39	\$	1,461.73	\$860.38	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	27818	Treatment of ankle fracture	No	\$	1,243.48	\$	395.00	\$	2,581.00	\$1,448.94	Case Rate
							N/A No					N/A No	
							Service					Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	29826	Arthroscopic Shoulder Surgery	Yes	1	Volume	\$	-	\$	-	Volume	Case Rate
							N/A No					N/A No	
				Arthroscopic Knee Surgery			Service					Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	29881	(outpatient)	Yes	,	Volume	\$	-	\$	-	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	31575	Laryngoscopy - Diagnostic	No	\$	449.87	\$	135.86	\$	1,978.02	\$891.31	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	32555	Aspirate pleura w/ imaging	No	\$	608.39	\$	288.54	\$	1,852.06	\$966.03	Case Rate
						1	N/A No					N/A No	
				Tonsillectomy with Adenoidectomy			Service	١.		١.		Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	42820	(outpatient)	Yes	<u> </u>	Volume	\$	-	\$	-	Volume	Case Rate
				Upper Gastrointestinal Endoscopy -								4	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43235	Diagnostic	Yes	\$	2,027.21	\$	61.00	Ş	1,867.74	\$979.97	Case Rate

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Service Setting	Code Type	<u>Code</u>	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	СРТ	43239	Upper Gastrointestinal Endoscopy - With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$1,273.61	Case Rate
Hospital Outpatient	CPT	45378	Colonoscopy - Diagnostic	Ves	\$ 2117.86	\$ 335.79	\$ 2.220.88	\$1 346 31	Case Rate
nospital Outpatient	CFI	43376	(outpatient)	res	3 2,117.00	3 333.73	\$ 2,220.00	\$1,540.51	Case Nate
Hospital Outpatient	СРТ	45380	Colonoscopy - With Biopsy (outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$1,370.89	Case Rate
			Colonoscopy - With Polyp Removal						
Hospital Outpatient	CPT	45385	(outpatient)	Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	\$1,455.22	Case Rate
Hospital Outpatient	СРТ	45201	Ultrasound examination of lower large bowel using an endoscope	Yes	N/A No Service Volume	\$ -	s -	N/A No Service Volume	Case Rate
	Hospital Outpatient Hospital Outpatient Hospital Outpatient	Hospital Outpatient CPT Hospital Outpatient CPT Hospital Outpatient CPT Hospital Outpatient CPT	Hospital Outpatient CPT 43239 Hospital Outpatient CPT 45378 Hospital Outpatient CPT 45380 Hospital Outpatient CPT 45385	Code Description CPT Code Description	Service Setting Code Type Code Description CPT A3239 Upper Gastrointestinal Endoscopy - Yes Colonoscopy - Diagnostic (outpatient) CPT A5378 Colonoscopy - Diagnostic (outpatient) CPT A5380 Colonoscopy - With Biopsy Yes Colonoscopy - With Biopsy Yes Colonoscopy - With Polyp Removal (outpatient) Yes Ultrasound examination of lower	Code Description Service Description Description Description Discounted Shoppable Discounted Shoppable Discounted Service? Cash Price	Code Description Service Discounted Shoppable Discounted Service Cash Price Ca	Code Description Service Setting Code Description Service Cash Price Cash Price Charge Char	Service Setting Type Code Description Service Setting Description Service Setting Description Service Service Service Service Description Service Service Service Service Service Service Service Description Service

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	Charge	<u>Charge</u>	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	47562	Gall Bladder Surgery (outpatient)	Yes	\$ 12,062.52	\$ 504.75	\$ 18,374.88	\$4,045.22	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$1,112.24	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49505	Repair of groin hernia patient age 5 years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$2,285.74	Case Rate
			.5555	your or old of		7 3,001.00	7		4 2)2007 1	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 97.04	\$ -	\$ 1,579.20	\$804.80	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$915.74	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	\$ 284.76	\$ 2,631.84	\$1,262.87	Case Rate
				Surgical removal of prostate and surrounding lymph nodes using an		N/A No Service	N/A No Service	N/A No Service	N/A No Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55866	endoscope	Yes	Volume	Volume	Volume	Volume	Case Rate

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	<u>C</u>	ash Price	<u>C</u>	harge		Charge	Charge	Estimate Type
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Hospital Outpatient Procedure	Hospital Outpatient	CPT	58100	Biopsy - Endometrial (Uterus)	No	\$	375.83	\$	144.00	\$	1,697.39	\$889.28	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58300	Insert intrauterine device	No	\$	632.24	\$	48.93	\$	1,749.37	\$803.52	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58301	Remove intrauterine device	No	\$	273.85	\$	32.34	\$	1,495.58	\$894.30	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	59025	Fetal Non-Stress Test	No	\$	260.79	\$	118.53	\$	1,596.22	\$827.29	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	Ś	242.00	\$	3,278.48	\$2,696.73	Case Rate
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Professional Services Associated													
with Inpatient Stay	Professional Services	СРТ	59410	Obstetrical care	No	\$	2,230.06	Ś	133.91	Ś	1,625.81	\$1,328.87	Case Rate
						Ť	_,_30.00	-		-	_,	T-/	
				Doubling abstatule f									
Professional Comp.				Routine obstetric care for cesarean									
Professional Services Associated			E0515	delivery, including pre-and post-	.,,	_	4.000 ==		246.55		0.040.45	40.000	
with Inpatient Stay	Professional Services	CPT	59510	delivery care	Yes	\$	4,966.56	\$	246.05	Ş	3,619.13	\$2,977.01	Case Rate

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
		3/100	555.0							
				Routine obstetric care for vaginal						
				delivery after prior cesarean						
Professional Services Associated				delivery including pre-and post-						
	Punfanianal Camina	CDT	F0C40		W	ć 4.70C.F0	ć 205.00	ć 2.420.24	ć2 022 24	Corre Dote
with Inpatient Stay	Professional Services	СРТ	59610	delivery care	Yes	\$ 4,706.58	\$ 305.08	\$ 3,429.34	\$2,822.34	Case Rate
				Injustice of substance into suinal						
				Injection of substance into spinal						
				canal of lower back or sacrum using						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	62322	imaging guidance	Yes	\$ 1,055.18	\$ 379.33	\$ 1,880.39	\$1,834.73	Case Rate
										
										
										
										
				Injection of substance into spinal						
				canal of lower back or sacrum using						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	62323	imaging guidance	Yes	\$ 1,665.98	\$ 305.01	\$ 1,988.33	\$1,857.82	Case Rate

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Service Category	Service Setting	<u>Code</u> 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
				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	\$963.54	Case Rate
				Removal of recurring cataract in		N/A No Service			N/A No Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	66821	lens capsule using laser	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66984	Removal of cataract with insertion of lens	Yes	N/A No Service Volume	\$ -	\$ -	N/A No Service Volume	Case Rate
		СРТ		Remove impacted ear wax	No	\$ 168.99		\$ 1,604.78	\$841.33	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CFI	03210	nemove impacted edi wax	140	7 100.39	40.33	φ 1,0U4./8	3041.33	Case nate
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	No	\$ 901.06	\$ 127.22	\$ 1,318.18	\$522.63	Per Unit

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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	\$522.63	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	\$542.83	Per Unit
Radiology Services	Tiospital Outpatient	CFT	70402	ct orbit/ear/1033a w/ 00cw/ dye	140	\$ 2,333.00	\$ 207.75	7 2,037.02	3342.03	reronic
Radiology Services	Hospital Outpatient	CPT	70486	Ct maxillofacial w/o dye	No	\$ 1,668.57	\$ 127.52	\$ 2,259.85	\$522.95	Per Unit
Radiology Services	Hospital Outpatient	CPT	70496	Ct angiography head	No	\$ 1,871.05	\$ 223.05	\$ 1,996.31	\$566.53	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$ 1,632.72	\$ 223.05	\$ 1,677.63	\$566.53	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	¢car co	Don Huit
Radiology Services	Hospital Outpatient	CPT	/0551	MRI BRAIN STEM W/O DYE	No	\$ 1,518.19	\$ 252.20	\$ 2,270.30	\$675.69	Per Unit
Radiology Services	Hospital Outpatient	CPT	70553	MRI - Brain (outpatient)	Yes	\$ 2,314.59	\$ 406.50	\$ 3,409.54	\$715.18	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$ 138.11	\$ 19.91	\$ 181.37	\$35.06	Per Unit
		-		,						
Padialani Camina	Hamital Outmations	CDT	71046	V Boy Chast (autmationt)	N.	ć 140.00	ć 21 FO	ć 102.55	Ć45 43	Don Huit
Radiology Services	Hospital Outpatient	CPT	/1046	X-Ray - Chest (outpatient)	No	\$ 148.99	\$ 31.50	\$ 193.55	\$45.42	Per Unit

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Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?			Mi Neg	nimum gotiated	No.	/laximum_	Payer- Specific Negotiated Charge	_Estimate Type
Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$	205.20	\$	38.07	\$	271.73	\$59.54	Per Unit
Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$	1,024.52	\$	141.11	\$	1,468.48	\$537.70	Per Unit
Hospital Outpatient	СРТ	71260	CT Scan - Chest, with Contrast (outpatient)	No	\$	1,448.52	\$	200.76	\$	2,034.88	\$542.07	Per Unit
Hospital Outpatient	СРТ	71275	Ct angiography chest	No	\$	1,935.65	\$	226.19	\$	2,092.27	\$570.03	Per Unit
Hospital Outpatient	СРТ	72040	X-Ray - Neck, Cervical Spine	No	\$	154.65	\$	37.93	\$	204.42	\$53.77	Per Unit
Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$	251.61	\$	33.93	\$	338.99	\$44.12	Per Unit
Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	\$	199.60	\$	37.93	\$	265.13	\$53.77	Per Unit
Hospital Outpatient	СРТ	72110	X-Ray, lower back, minimum four views	Yes	Ś	213.64	Ś	52.80	Ś	284.93	\$69.28	Per Unit
	Hospital Outpatient Hospital Outpatient Hospital Outpatient Hospital Outpatient Hospital Outpatient	Hospital Outpatient CPT Hospital Outpatient CPT	Hospital Outpatient CPT 71110 Hospital Outpatient CPT 71250 Hospital Outpatient CPT 71260 Hospital Outpatient CPT 72040 Hospital Outpatient CPT 72040 Hospital Outpatient CPT 72070 Hospital Outpatient CPT 72070	Type Code Description	Service Setting Code Type Code Description Required_Shoppable Service? Hospital Outpatient CPT 71110 X-ray exam ribs bil 3 views No Hospital Outpatient CPT 71250 CT THORAX W/O DYE No CT Scan - Chest, with Contrast (outpatient) No Hospital Outpatient CPT 71275 Ct angiography chest No Hospital Outpatient CPT 72040 X-Ray - Neck, Cervical Spine No Hospital Outpatient CPT 72070 X-Ray - Middle Back, Thoracic Spine No Hospital Outpatient CPT 72100 X-Ray - Spine (outpatient) No X-Ray, lower back, minimum four	Service Setting Code Type Code Description Required Shoppable Diction Service? Code Description Code Shoppable Service? Code Description Code Shoppable Service? Code Description Code Shoppable Service? Code Description No \$ Hospital Outpatient CPT 71110 X-ray exam ribs bil 3 views No \$ CT Scan - Chest, with Contrast (outpatient) No \$ Hospital Outpatient CPT 71275 Ct angiography chest No \$ Hospital Outpatient CPT 72040 X-Ray - Neck, Cervical Spine No \$ Hospital Outpatient CPT 72070 X-Ray - Middle Back, Thoracic Spine No \$ Hospital Outpatient CPT 72100 X-Ray - Spine (outpatient) No \$ X-Ray, lower back, minimum four	Service Setting Code Type Code Description Price Cash Price Hospital Outpatient CPT 71110 X-ray exam ribs bil 3 views No \$ 205.20 Hospital Outpatient CPT 71250 CT THORAX W/O DYE No \$ 1,024.52 CT Scan - Chest, with Contrast (outpatient) No \$ 1,448.52 Hospital Outpatient CPT 71275 Ct angiography chest No \$ 1,935.65 Hospital Outpatient CPT 72040 X-Ray - Neck, Cervical Spine No \$ 154.65 Hospital Outpatient CPT 72070 X-Ray - Middle Back, Thoracic Spine No \$ 199.60 X-Ray - Spine (outpatient) No \$ 199.60	Service Setting Code Type Code Description Discounted Service? Cash Price	Code Description Service Setting Code Description Service Cash Price Cash Price	Code Description Code Description Discounted Ninimum Negotiated Nagotiated Nag	No. Service Setting No. Service Serv	Estimate You Will Owe * Code

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	C	ash Price	9	<u>Charge</u>		Charge	<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	\$529.99	Per Unit
Radiology Services	nospital Outpatient	CFT	72123	ct neck spine w/o uye	140	7	1,433.37	7	130.00	7	1,730.32	3323.33	reronic
Radiology Services	Hospital Outpatient	CPT	72126	Ct neck spine w/dye	No	\$	1,293.16	\$	260.86	\$	1,821.59	\$540.70	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	\$543.15	Per Unit
De diele en Comitee	Harrist Contractions	CDT	72420	Challes to surface and date	N.	_	4 530 66	_	400.03	_	4 005 00	\$540.70	Per Unit
Radiology Services	Hospital Outpatient	CPT	72129	Ct chest spine w/dye	No	\$	1,520.66	Ģ	199.82	Ģ	1,805.90	\$540.70	Per Unit
Radiology Services	Hospital Outpatient	CPT	72132	Ct lumbar spine w/dye	No	\$	1,518.43	Ś	260.86	Ś	1,805.90	\$540.70	Per Unit
8,		-				*		*		-	_,	70.1011.0	
Radiology Services	Hospital Outpatient	CPT	72133	Ct lumbar spine w/o & w/dye	No	\$	1,904.42	\$	201.90	\$	2,238.70	\$542.83	Per Unit
Padialana Cambas	Harristal Contractions	CDT	724.44	MADI MECK COINE W/O DVE	N -	_	4 444 04		252.20	_	2 4 7 7 4 4	écar co	Daniel Links
Radiology Services	Hospital Outpatient	CPT	/2141	MRI NECK SPINE W/O DYE	No	Þ	1,441.84	\$	252.20	Þ	2,177.11	\$675.69	Per Unit
Radiology Services	Hospital Outpatient	CPT	72148	MRI - Back (outpatient)	Yes	\$	1,381.13	Ś	252.20	Ś	2,137.12	\$675.69	Per Unit
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Radiology Services	Hospital Outpatient	CPT	72170	X-Ray - Pelvis	No	\$	249.04	\$	28.72	\$	327.10	\$39.84	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72100	X-RAY EXAM OF PELVIS	No	\$	208.53	Ġ	39.60	\$	264.73	\$56.88	Per Unit
naarology services	nospital Outpatient	CF I	/2130	A-NAT LAMIN OF FELVIS	NO	٠	200.33	Y	33.00	٠	204.73	750.00	i ci Oiiit
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Radiology Services	Hospital Outpatient	СРТ	72192	CT scan, pelvis, with contrast	Yes	Ġ	1,536.96	Ś	197.29	Ġ	2,142.05	\$537.70	Per Unit
nadiology services	nospital Outpatient	GF I	12133	er scarr, pervis, with contrast	163	7	1,000.00	7	137.23	7	2,172.03	7337.70	i ci onit

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Radiology Services	Hospital Outpatient	СРТ	72197	MRI - Pelvis (outpatient)	No	\$ 2,448	3.72	\$ 402.71	\$ 3,522.33	\$710.27	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$ 14	7.59	\$ 22.40	\$ 185.92	\$44.65	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73010	X-ray exam of shoulder blade	No	\$ 19	5.93	\$ 26.01	\$ 251.93	\$38.45	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$ 14	9.50	\$ 28.33	\$ 196.92	\$46.85	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$ 14	7.62	\$ 29.40	\$ 195.82	\$44.65	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$ 14	5.83	\$ 25.07	\$ 191.42	\$40.06	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73080	X-RAY EXAM OF ELBOW	No	\$ 12	2.83	\$ 26.72	\$ 154.02	\$43.86	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$ 11	7.10	\$ 26.40	\$ 151.82	\$40.63	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$ 150	5.52	\$ 30.72	\$ 196.19	\$56.46	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$ 192	2.03	\$ 24.40	\$ 249.73	\$42.93	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	72120	X-Ray - Hand	No	\$	151.54	Ś	32.72	Ś	198.42	\$50.16	Per Unit
naulology services	nospital Outpatient	CFI	73130	A-nay - nanu	NO	ņ	131.34	,	32.72	ş	138.42	330.10	rei Oilit
Radiology Services	Hospital Outpatient	СРТ	73221	MRI - Shoulder, Elbow, or Wrist	No	\$	1,211.82	\$	246.65	\$	1,702.46	\$670.02	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$	129.58	\$	37.77	\$	197.91	\$65.22	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$	150.51	\$	29.51	\$	189.38	\$49.38	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$	201.92	\$	32.40	\$	266.82	\$48.08	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$	263.50	\$	36.52	\$	351.25	\$56.58	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$	239.62	\$	32.40	\$	321.48	\$43.74	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$	191.55	\$	31.98	\$	278.60	\$45.21	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73610	X-Ray - Ankle (outpatient)	No	\$	239.05	\$	25.72	\$	311.14	\$50.16	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$	196.24	\$	29.81	\$	262.21	\$39.42	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?		iscounted ash Price	Mi Neg	dentified nimum gotiated harge	N	e-Identified Maximum egotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
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Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$	216.05	\$	33.95	\$	289.60	\$46.97	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	\$	134.01	\$	1,400.92	\$529.99	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73721	MRI - Knee (outpatient)	Yes	\$	1,224.32	\$	246.65	\$	1,828.36	\$669.33	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	145.61	\$	28.31	\$	189.76	\$40.79	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$	977.64	\$	142.38	\$	1,446.99	\$539.29	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$	1,824.18	\$	207.86	\$	2,144.29	\$549.50	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74177	CT Scan - Abdomen and Pelvis, with Contrast	No	\$	2,748.11	\$	286.79	\$	3,568.86	\$570.35	Per Unit
						T		7	200.70	T	3,000.30	 	
Radiology Services	Hospital Outpatient	СРТ	74177	CT Scan - Abdomen and Pelvis, with Contrast	Yes	\$	2,748.11	\$	286.79	\$	3,568.86	\$570.35	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$	394.10	\$	56.38	\$	563.71	\$135.65	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounte Cash Pric	<u>d 1</u>	e-Identified Minimum Vegotiated Charge	M Ne	Identified aximum egotiated Charge	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	\$214.95	Per Unit
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$ 306	04 \$	59.00	ċ	323.39	\$509.28	Per Unit
Radiology Services	nospital outpatient	CFT	73371	ct int w/o dye w/ca test	140	ÿ 300.	04 3	33.00	7	323.33	3303.28	reronit
Radiology Services	Hospital Outpatient	СРТ	76536	Ultrasound - Head and Neck	No	\$ 460	62 \$	78.79	\$	386.50	\$168.84	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$ 152	68 \$	78.52	\$	249.30	\$119.46	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$ 361	43 \$	91.69	\$	433.80	\$171.97	Per Unit
Padiology Comings	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$ 327	93 \$	46.05	\$	372.20	\$128.10	Per Unit
Radiology Services	nospital Outpatient	CFI	70703	on asound - Abdollillal, Lillilled	No	у 3 27.	33 3	40.05	7	3/2.20	3120.IU	rei Ollit
Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$ 456	58 \$	76.54	\$	400.80	\$158.94	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$ 391	57 \$	86.65	\$	396.27	\$165.26	Per Unit

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<u>Jervice Category</u>	<u>Service Setting</u>	Туре	coue	Description	Service:	Casiir	TICE	Citai	<u>se</u>	Cital	ge	Charge	Littilate Type
				Ultrasound - Pregnancy									
Radiology Services	Hospital Outpatient	CPT	76805	(outpatient)	Yes	\$ 3	67.73	\$ 10	0.36	\$ 4	137.10	\$193.92	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76811	OB US DETAILED SNGL FETUS	No	\$ 5	22.04	\$ 19	8.65	¢ i	587.50	\$226.00	Per Unit
waterinty/ benvery	Trospital Outputient	CIT	70011	OB 03 DETAILED SINGETETOS	140	7 3	22.04	y	0.03	,	307.30	3220.00	T CT OTHE
		CD=	76045									4444.60	5
Maternity/Delivery	Hospital Outpatient	CPT	/6815	OB US LIMITED FETUS(S)	No	\$ 3	09.95	\$ 5	4.75	\$:	384.30	\$114.62	Per Unit
Radiology Services	Hospital Outpatient	CPT	76816	Ultrasound - Pregnancy Follow-Up	No	\$ 4	06.54	\$ 6	4.37	\$ 3	384.30	\$155.37	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76818	FETAL BIOPHYS PROFILE W/NST	No	\$ 4	76.50	\$ 9	2.20	¢ :	387.27	\$156.90	Per Unit
watermey, benvery	Trospital Gatpatient	C. 1	70010	TETAL BIOTITIST NOTICE W/NST	110	7 -	70.50	<u> </u>		,	,0,,,,,	\$230.30	T CI OIIIC
Maternity/Delivery	Hospital Outpatient	CPT	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$ 4	07.39	\$ 9	7.44	\$ 3	398.34	\$115.42	Per Unit
Radiology Services	Hospital Outpatient	CPT	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$ 3	70.14	\$ 8	8.69	\$ 3	391.69	\$123.75	Per Unit
				Ultracound Transvaginal /non									
Padialana Cambas	Uit-1 0ttit	CDT	70000	Ultrasound - Transvaginal (non-			75 40		0.63		162.00	6476.26	Day Haite
Radiology Services	Hospital Outpatient	CPT	/6830	maternity)	Yes	\$ 4	75.43	> 9	8.63	> 4	163.90	\$176.30	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	76856	Ultrasound - Pelvic (outpatient)	No	\$	344.00	\$	70.34	\$ 408.50	\$154.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$	546.40	\$	107.57	\$ 501.03	\$189.74	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$	383.79	\$	135.81	\$ 629.70	\$240.11	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	Ś	406.73	Ś	109.22	\$ 504.02	\$195.88	Per Unit
						•						
Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$	247.25	\$	56.29	\$ 393.45	\$56.98	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$	116.84	\$	33.80	\$ 171.64	\$45.27	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$	1,010.04	\$	336.74	\$ 2,091.45	\$744.10	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	80048	Blood Test - Basic Metabolic Panel	Yes	\$ 158.03	\$ 11.84	\$ 221.33	\$21.57	Per Unit
						7	7	,	7-2-0-1	
				Bland Task Community						
				Blood Test - Comprehensive						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80053	Metabolic Panel	Yes	\$ 93.73	\$ 14.78	\$ 136.89	\$26.93	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 Outpotiont	СРТ	80055		Voc		Volume	Volume	Volume	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	00055	Patier	Yes	Volume	volulile	volulile	volume	Per Unit
				Blood Test - Cholesterol Test, Lipid						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80061	Panel	Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$27.45	Per Unit
7										
				Placed Tost Panel (Videous)						
				Blood Test - Renal (Kidney)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80069	Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$22.13	Per Unit
				Blood Test - Hepatic (Liver)						
Laboratory & Doth-law Carri	Heavital Outrations	CDT	00070		Va -	6 446 ==	6 44 44	6 305.04	¢20.04	Dou Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$20.84	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	\$127.39	Per Unit
		-	22307			N/A No	N/A No	N/A No	N/A No	
						Service	Service	Service	Service	
Laboratani O Bathalani Candara	Unamital Contrastions	CDT	04000	Using kair and a section of the sect	W					Dan Hait
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	\$8.09	Per Unit
		-				7	•	7	70.00	
									4	
Laboratory & Pathology Services	Hospital Outpatient	CPT	81002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$7.13	Per Unit
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$5.74	Per Unit
		-				7 20110	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	y o n	
Laboratory & Dathalomy Samiles	Hospital Outpationt	CDT	91025	Uring Tost Brognongy	No	\$ 40.87	ć 10.4F	ć E0 30	¢21.06	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$21.96	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$10.29	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$60.68	Per Unit
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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cas	sh Price	Cha	rge	<u>Charge</u>	<u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	82330	Assay of calcium	No	\$	35.11	\$	12.31	\$ 67.00	\$28.04	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82375	Assay carboxyhb quant	No	\$	114.13	Ś	11.09	\$ 153.64	\$25.26	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82465	Assay bld/serum cholesterol	No	\$	15.28	\$	3.92	\$ 23.76	\$8.92	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of ck (cpk)	No	\$	12.70	Ś	5.86	\$ 35.53	\$13.35	Per Unit
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		CDT					25.44		40.05		407.45	
Laboratory & Pathology Services	Hospital Outpatient	CPT	82552	Assay of cpk in blood	No	\$	26.14	\$	12.05	\$ 75.43	\$27.45	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82565	Assay of creatinine	No	\$	124.50	\$	7.17	\$ 70.25	\$13.06	Per Unit
				DI 17 1 17 1 D 40								
<u> </u>		1		Blood Test - Vitamin B-12		١.						
Laboratory & Pathology Services	Hospital Outpatient	CPT	82607	(Cyanocobalamin) Level	No	\$	29.40	\$	13.57	\$ 82.73	\$30.91	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82610	Cystatin c	No	\$	140.40	\$	14.17	\$ 405.00	\$37.97	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82669	Assay of erythropoietin	No	\$	36.68	Ś	16.91	\$ 99.20	\$38.52	Per Unit
Laboratory & Fathology Services	Tiospital Outpatient	CF I	32008	Assay of erythropoletin	140	7	30.00	7	10.51	y 33.20	730.32	1 Ci Oliit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82670	Assay of estradiol	No	\$	54.51	Ş	25.15	\$ 152.33	\$57.28	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	82693	Assay of ethylene glycol	No	\$ 20.29	\$ 13.41	\$ 40.08	\$30.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82728	Blood Test - Ferritin (Blood Protein) Level	No	\$ 33.53	\$ 19.09	\$ 96.63	\$34.76	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82746	Blood Test - Folic Acid Level	No	\$ 37.75	\$ 13.23	\$ 79.52	\$30.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82803	Blood gases any combination	No	\$ 73.40	\$ 20.17	\$ 106.16	\$53.44	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34.04	\$ 5.51	\$ 49.42	\$10.03	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82962	Glucose blood test	No	\$ 45.55	\$ 3.89	\$ 61.82	\$8.36	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83018	Heavy metal quant each nes	No	\$ 172.97	\$ 19.76	\$ 498.96	\$45.02	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83036	Blood Test - Blood Glucose Control (Hemoglobin A1C)	No	\$ 71.27	\$ 8.74	\$ 95.94	\$19.91	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83088	Assay of histamine	No	\$	75.84	\$ 26.58	Ś	218.76	\$60.54	Per Unit
Ediboratory & Fathology Screeces	nospital outputient	CIT	03000	Assay of histarrine	NO	,	75.04	20.30	7	210.70	900.34	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83518	Immunoassay dipstick	No	\$	147.09	\$ 6.55	\$	424.29	\$19.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83540	Blood Test - Iron Level	No	\$	51.90	\$ 9.06	\$	75.77	\$16.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$	27.44	\$ 10.41	\$	58.05	\$23.72	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690	Blood Test - Lipase (fat enzyme) Level	No	\$	69.47	\$ 6.20	\$	93.51	\$14.12	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83735	Assay of magnesium	No	\$	53.82	\$ 9.38	\$	78.56	\$17.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83880	Assay of natriuretic peptide	No	\$	172.55	\$ 35.33	\$	232.27	\$80.48	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$	61.73	\$ 6.64	\$	87.67	\$12.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$	43.23	\$ 6.66	\$	62.65	\$12.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$	43.23	\$ 6.66	\$	62.65	\$12.14	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	СРТ	84144	Assay of progesterone	No	\$ 52.59	\$ 18.77	\$ 96.68	\$42.76	Per Unit
				Blood Test - Prostate Specific						
Laboratory & Pathology Services	Hospital Outpatient	CPT	84153	Antigen (PSA) Level	Yes	\$ 74.21	\$ 25.75	\$ 116.68	\$46.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84154	PSA (prostate specific antigen)	Yes	\$ 106.34	\$ 16.55	\$ 143.15	\$37.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84182	Protein western blot test	No	\$ 382.72	\$ 18.76	\$ 588.80	\$37.41	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$ 42.10	\$ 4.33	\$ 56.67	\$9.86	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Blood Test - Thyroxine (Thyroid Chemical) Level, Free	No	\$ 66.21	\$ 8.12	\$ 89.13	\$18.49	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Blood Test - Thyroid Stimulating Hormone (TSH) Level	No	\$ 64.07	\$ 23.52	\$ 119.09	\$42.84	Per Unit

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				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Hormone (TSH) Level	Yes	\$ 64.07	\$ 23.52	\$ 119.0	9 \$42.84	Per Unit
						4				
Laboratory & Pathology Services	Hospital Outpatient	CPT	84480	Assay triiodothyronine (t3)	No	\$ 96.31	\$ 12.70	\$ 129.6	\$29.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84484	Assay of troponin quant	No	\$ 81.70	\$ 10.20	\$ 121.4	\$25.56	Per Unit
200000000000000000000000000000000000000				, and a separate quant		, ,	7	7	7=0:00	
Laboratory & Pathology Services	Hospital Outpatient	CPT	84702	Chorionic gonadotropin test	No	\$ 125.77	7 \$ 11.54	\$ 169.3	\$30.85	Per Unit
						4				
Laboratory & Pathology Services	Hospital Outpatient	CPT	85014	Hematocrit	No	\$ 26.95	\$ 2.13	\$ 36.2	7 \$4.86	Per Unit
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	CPT	85025	Count and Automated WBC	Yes	\$ 77.98	\$ 10.8	\$ \$ 112.0	\$19.82	Per Unit
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85027	Count (Hemoglobin)	Yes	\$ 60.79	\$ 5.82	\$ 81.8	\$13.26	Per Unit
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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	C	harge	Charge	Charge	Estimate Type
<u> </u>		-71-5					_				
Laboratory & Pathology Services	Hospital Outpatient	CPT	85240	Clot factor viii ahg 1 stage	No	\$ 45.9	7 \$	16.11	\$ 95.56	\$36.70	Per Unit
						7	-		7 33.33	70000	
Laboratory & Pathology Services	Hospital Outpatient	CPT	85378	Fibrin degrade semiquant	No	\$ 53.5	7 S	7.44	\$ 72.11	\$19.93	Per Unit
	Troopital Carpations		00070	uog. uuo ooquu		7 55.5	T		¥ /2	725.55	
Laboratory & Pathology Services	Hospital Outpatient	CPT	85610	Blood Test - Clotting Time	Yes	\$ 44.83	ιĠ	6.01	\$ 64.27	\$10.94	Per Unit
						7			7 0	7-0101	
Laboratory & Pathology Services	Hospital Outpatient	CPT	85613	Russell viper venom diluted	No	\$ 24.6	ιĠ	8.24	\$ 70.98	\$19.64	Per Unit
		-				7	-		7	7-0101	
Laboratory & Pathology Services	Hospital Outpatient	CPT	85660	RBC SICKLE CELL TEST	No	\$ 53.32	2 \$	4.96	\$ 71.77	\$11.30	Per Unit
				Blood Test - Coagulation							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85730	Assessment	Yes	\$ 46.0	ı İs	5.41	\$ 61.94	\$12.32	Per Unit
		J	33730	- LUCUS STITE III		7 40.0.		3.71	÷ 01.54	712.02	. c. o.me
Laboratory & Pathology Services	Hospital Outpatient	CPT	85732	Thromboplastin time partial	No	\$ 12.63	3 S	5.82	\$ 36.42	\$13.26	Per Unit
	France and analysis					,	7	3.02	, 55.72	7-3:20	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86140	C-reactive protein	No	\$ 48.49	\$	4.66	\$ 65.28	\$10.62	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86360	T cell absolute count/ratio	No	\$ 65.00	\$	42.28	\$ 211.59	\$96.31	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$ 132	.78	\$ 24.10	\$ 383.03	\$54.90	Per Unit
Laboratory & Fathology Scretces	Tiospital outputient	Ci i	00301	T cen absolute count	110	7	.,0	7 24.10	ÿ 303.03	754.50	T CT OTHE
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86431	Rheumatoid factor quant	No	\$ 52	.70	\$ 5.10	\$ 70.95	\$11.62	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 37	.81	\$ 3.84	\$ 50.90	\$8.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 37	.81	\$ 3.84	\$ 50.90	\$8.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86611	Bartonella antibody	No	\$ 57	.37	\$ 9.16	\$ 165.50	\$20.87	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86615	Bordetella antibody	No	\$ 25	.74	\$ 11.87	\$ 81.45	\$27.04	Per Unit
			55525			· -		T	+ 52.15	V 27101	
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86651	Encephalitis californ antbdy	No	\$ 25	.74	\$ 11.87	\$ 110.13	\$27.04	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86652	Encephaltis east eqne anbdy	No	\$ 25	.74	\$ 11.87	\$ 110.13	\$27.04	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86653	Encephaltis st louis antbody	No	\$ 25	.74	\$ 11.87	\$ 110.13	\$27.04	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86654	Encephaltis west eque antbdy	No	\$ 25	.74	\$ 11.87	\$ 110.13	\$27.04	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86663	Epstein-barr antibody	No	\$ 25	.60	\$ 11.81	\$ 83.21	\$26.90	Per Unit
Laboratory & Fathology Services	Hospital Outpatient	CFI	00003	Lpstein-ball alltibouy	INU	25 ب	.00	11.01 ب	03،21	320.30	rei Ullit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	26677	Helicobacter pylori antibody	No	\$	30.68	ė	15.13	¢ 6	3.03	\$34.54	Per Unit
Laboratory & Fathology Services	nospital Outpatient	CFI	80077	neicobacter pylori antibody	NO	۶	30.08	ې	15.15	, C	13.03	334.34	rei oiiit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86692	Hepatitis delta agent antbdy	No	\$	29.16	\$	15.44	\$ 5	0.98	\$35.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$	79.65	Ś	12.41	\$ 10	07.23	\$28.27	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86704	HEP B CORE ANTIBODY TOTAL	No	\$	86.11	\$	10.85	\$ 11	15.92	\$24.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86705	HEP B CORE ANTIBODY IGM	No	\$	22.98	\$	10.59	\$ 5	7.38	\$24.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$	98.98	ė	9.67	\$ 13	33.25	\$22.02	Per Unit
Laboratory & Patriology Services	nospital outpatient	CFT	80700	THE BOOK ACE ANTIBODI	140	7	36.36	y	3.07	y 10	3.23	722.02	reronic
Laboratory & Pathology Services	Hospital Outpatient	CPT	86707	Hepatitis be antibody	No	\$	22.56	\$	10.41	\$ 6	5.09	\$23.72	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$	22.71	Ġ	11.15	¢ 5	6.71	\$25.40	Per Unit
Laboratory & Fathology Services	nospital Outpatient	GF I	00708	περαιτίο α απτίνους	140	٦	22.71	٠	11.13	ي ج	I	723.40	i ei oiiit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86762	Rubella antibody	No	\$	78.19	\$	12.95	\$ 22	25.56	\$29.50	Per Unit
Laboratory & Dathology Consises	Hospital Outpations	CDT	96765	Puboola antibody	No	ć	25 14	ė	11 50	, -	2 52	¢26.40	Por Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80/65	Rubeola antibody	No	\$	25.14	Ş	11.59	ə /	2.53	\$26.40	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	Service?	Discounted Cash Price	Negotiated Charge	Negotiated Charge	Negotiated Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86769	86769 - SARS-COV-2 COVID-19 ANTIBODY	No	\$ 51.48	\$ -	\$ 112.07	\$86.37	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$26.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	Blood Test - Hepatitis C Antibody Level	No	\$ 67.64	\$ 12.84	\$ 91.06	\$29.25	Per Unit
						7 01101	,	7 02.00	7-0-1-0	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$31.75	Per Unit
						7 25.05	Ψ 2010 1	7 00:02	Ψ	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$20.03	Per Unit
			30030			Ţ 25.52	5.00	Ţ 00.3E	720.03	. c. ome
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$11.73	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$6.13	Per Unit
Laboratory & Dathology Consises	Hospital Outpations	СРТ	96000	Plood tuning corologic cho	No	\$ 198.99	¢ 270	¢ 267.00	\$6.13	Por Unit
Laboratory & Pathology Services	Hospital Outpatient	CPI	00800	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$6.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$6.13	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	Mini Nego	entified imum otiated arge	<u>N</u>	-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	\$6.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$	5.82	\$	4.84	\$	383.37	\$13.02	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$	244.72	\$	13.44	\$	344.22	\$265.29	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$	133.90	\$	9.29	\$	180.25	\$21.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$	138.63	\$	7.76	\$	186.61	\$17.67	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$	60.43	\$	7.27	\$	81.35	\$16.56	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	07004	Test for Disease-Causing (Pathogenic) Organisms, Not Limited to a Specific Condition	No	Ś	81.17	ć	5.97	ć	109.26	\$13.59	Per Unit

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				Urine Test - Bacterial Culture,									
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87086	Quantitative Colony Count	No	\$	82.16	\$	7.26	\$	110.60	\$16.54	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87088	Urine Test - Bacterial Culture	No	\$	15.80	Ś	7.28	\$	43.86	\$16.58	Per Unit
						1		*		-		,	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87110	Chlamydia culture	No	\$	130.74	\$ 1	7.64	\$	175.99	\$40.18	Per Unit
				Evaluation of Antimicrobial Drug									
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87186	(antibiotic, antifungal, antiviral)	No	\$	69.16	Ś	7.79	\$	93.10	\$17.73	Per Unit
						T		*		-		7	
							40.00				C7 04	40.75	
Laboratory & Pathology Services	Hospital Outpatient	CPT	8/205	Lab Test - Smear for Microorganism	No	\$	49.93	\$	3.84	\$	67.21	\$8.75	Per Unit
Laboratory & Pathology Services	Hospital Outpationt	СРТ	97240	Lab Test - Detection test for	No	Ś	63.55	ė	9.30	\$	85.55	\$21.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CFI	0/340	Hepatitis B Surface Antigen	IAO	Ş	03.55	ş	J.3U	Ş	03.33	3 21.1 8	reronit
			07000	Lab Test - Detection test for HIV-1			446.55				445.55	440.00	5
Laboratory & Pathology Services	Hospital Outpatient	CPT	87389	and HIV-2	No	\$	110.43	\$ 2	1.67	\$	148.66	\$49.36	Per Unit

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Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Outpatient	СРТ	87425	Rotavirus ag ia	No	\$ 37.44	\$ 10.78	\$ 108.00	\$24.56	Per Unit
Hospital Outpatient	СРТ	87491	Urine Test - Chlamydia	No	\$ 108.43	\$ 31.58	\$ 171.03	\$71.93	Per Unit
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Hospital Outpatient	СРТ	87591	Urine Test - Gonorrhoeae (Neisseria Gonorrhoeae Bacteria)	No	\$ 90.13	\$ 31.58	\$ 171.03	\$71.93	Per Unit
nospital outputient	C. 1	0,001	(Neisseria Gonormocae Bacteria)	110	ÿ 30.23	ÿ 51.50	ψ 1/1/05	771.55	r er ome
Hospital Outpatient	СРТ	87635	87635 - SARS-COV-2 COVID-19 AMP PRB	No	\$ 53.36	\$ -	\$ 136.48	\$136.48	Per Unit
Hospital Outpatient	CPT	87798	Detect agent nos dna amp	No	\$ 90.13	\$ 31.58	\$ 171.03	\$71.93	Per Unit
Hospital Outpatient	СРТ	87804	Lab Test - Detection test for Influenza Virus	No	\$ 37.58	\$ 19.82	\$ 70.50	\$42.21	Per Unit
Hospital Outpatient	СРТ	87880	Strep Test (Streptococcus, group A)	No	\$ 101.56	\$ 19.87	\$ 143.48	\$42.16	Per Unit
Hospital Outpatient	СРТ	88185	Flowcytometry/tc add-on	No	\$ 68.81	\$ -	\$ 120.30	\$41.14	Per Unit
	Hospital Outpatient Hospital Outpatient Hospital Outpatient Hospital Outpatient Hospital Outpatient Hospital Outpatient	Hospital Outpatient CPT Service Setting Type Code	Type Code Description	Service Setting Code Type Code Description Required Shoppable Service? Hospital Outpatient CPT 87425 Rotavirus ag ia No Hospital Outpatient CPT 87491 Urine Test - Chlamydia No Urine Test - Chlamydia No Hospital Outpatient CPT 87591 (Neisseria Gonorrhoeae Bacteria) No 87635 - SARS-COV-2 COVID-19 Hospital Outpatient CPT 87798 Detect agent nos dna amp No Hospital Outpatient CPT 87804 Influenza Virus No Hospital Outpatient CPT 87805 Strep Test (Streptococcus, group A) No	Code Description Code Description Description	Service SettingCode TypeDescriptionRequired Shoppable Service?Discounted Cash PriceMinimum Negotiated ChargeHospital OutpatientCPT87425Rotavirus ag iaNo\$ 37.44\$ 10.78Hospital OutpatientCPT87491Urine Test - ChlamydiaNo\$ 108.43\$ 31.58Hospital OutpatientCPT87591(Neisseria Gonorrhoeae (Neisseria Gonorrhoeae Bacteria)No\$ 90.13\$ 31.58Hospital OutpatientCPT87635AMP PRBNo\$ 53.36\$ -Hospital OutpatientCPT87798Detect agent nos dna ampNo\$ 90.13\$ 31.58Hospital OutpatientCPT87804Lab Test - Detection test for Influenza VirusNo\$ 37.58\$ 19.82Hospital OutpatientCPT87880Strep Test (Streptococcus, group A)No\$ 101.56\$ 19.87	No Service Setting Code Description Discounted Shoppable Cash Price Charge Ch	Code Code Code Service Code Code Service Code Co	

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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
				Immunization Administration First						
Vaccinations	Physician Office	CPT	90460	Component	No	\$ 40.10	\$ 11.68	\$ 75.93	\$18.14	Per Unit
				Immunization Administration Each						
Vaccinations	Physician Office	СРТ	90461		No	\$ 25.13	\$ 10.49	\$ 38.51	\$16.29	Per Unit
T decinations	i nysician omec	C	30401	Additional component	110	Ų 23:13	V 20143	ŷ 30.31	V10.23	. c. oc
Vaccinations	Hospital Outpatient	CPT	90471	Immunization Administration	No	\$ 44.49	\$ 7.02	\$ 81.80	\$56.64	Per Unit
				Immunization Administration Each						
Vaccinations	Hospital Outpatient	СРТ	90472	Additional Component	No	\$ 12.56	\$ -	\$ 38.51	\$27.16	Per Unit
Vaccinations	Hospital Outpatient	CPT	90651	9V HPV Vaccine 2/3 Dose	No	\$ 142.32	\$ 9.56	\$ 227.93	\$603.00	Per Unit
				Vaccine - Pneumococcal Conjugate						
Vaccination	Hospital Outpatient	CPT	90670	for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 345.21	\$247.14	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Ca	sh Price	Ch	arge	<u>Charge</u>	<u>Charge</u>	Estimate Type
				Vaccine - Tetanus, Diptheria								
				Toxoids, and Acellular Pertussis								
				(Whooping Cough) for Injection								
Massination	Heavital Outrations	СРТ	00715	into Muscle	No	\$	57.74	4	_	\$ 77.73	\$84.41	Per Unit
Vaccination	Hospital Outpatient	CPT	90/15	into iviuscie	No	ş	37.74	ş	-	\$ 77.73	304.41	Per Unit
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Evaluation & Management Services	Professional Services	CPT	90791	Psychiatric Diagnostic Evaluation	No	\$	308.81	\$	118.93	\$ 198.74	\$167.68	Per Unit
Evaluation & Management Services	Professional Services	СРТ	00833	Psychotherapy - 30 Minutes	Yes	\$	88.03	\$	57.92	\$ 99.25	\$83.74	Per Unit
Evaluation & Management Services	i Totessional Services	CF I	30032	i sychotherapy - 30 Millutes	163	٠	00.03	ų	37.32	y 33.23	Ç03.74	i ci Oiiit
Evaluation & Management Services	Professional Services	CPT	90834	Psychotherapy - 45 Minutes	Yes	\$	116.77	\$	77.37	\$ 132.34	\$111.66	Per Unit
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Fundamental Control	Dueforeite el Comitero	CDT	00007	Developed and the CO Million of the Co	W		474.00		446.00	ć 400.00	64.67.25	Dan Hait
Evaluation & Management Services	Professional Services	CPT	90837	Psychotherapy - 60 Minutes	Yes	\$	174.90	>	116.00		\$167.25	Per Unit
							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
			555-10	The state of the second		-		Τ				
Evaluation & Management Services	Professional Services	CPT	90847	Psychotherapy - Family Session	Yes	\$	146.15	\$	97.13	\$ 166.18	\$140.21	Per Unit
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Evaluation & Management Services	Professional Services	СРТ	90853	Psychotherapy - Group Session	Yes	Volur	ne	\$	-	Volume	Volume	Per Unit
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$	52.00	\$	17.40	\$ 251.43	\$137.01	Per Unit
Medicine Cardiovascular	Professional Services	СРТ	93000	Electrocardiogram, routine, with interpretation and report	Yes	\$	36.27	\$	28.12	\$ 95.52	\$21.45	Per Unit
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Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$ 1	42.29	\$	-	\$ 295.26	\$102.04	Per Unit
Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$ 4	71.40	\$	61.00	\$ 634.57	\$407.94	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	\$ 1,4	04.83	\$	322.26	\$ 1,593.05	\$895.37	Per Unit
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	93452	Insertion of catheter into left heart for diagnosis	Yes	\$ 8,8	17.45	\$	579.93	\$ 12,920.92	\$1,517.02	Case Rate
Medicine Other	Hospital Outpatient	СРТ	93971	Extremity study	No	\$ 2	40.64	\$	92.64	\$ 400.67	\$216.88	Per Unit

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Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Josnital Outpatient	CDT	05044	Allorgy patch tosts	No	¢ 199.92	ć	¢ 1 220 E2	\$164.26	Per Unit
ospital Outpatient	CFI	93044	Allergy pater tests	NO					rei Ollit
					Service		l		
lospital Outpatient	СРТ	95810	Sleep study	Yes	Volume	Volume	Volume	Volume	Per Unit
Hospital Outpatient	СРТ	96402	Chemo hormon antineopl sg/im	No	\$ 110.26	\$ 66.86	\$ 196.20	\$166.69	Case Rate
Hospital Outpatient	СРТ	97032	Physical Therapy - Manual Electrical Stimulation Therapy, 15 minutes	No	\$ 31.26	\$ 12.56	\$ 59.90	\$25.61	Per Unit
			Physical Therapy - Ultrasound						
lospital Outpatient	СРТ	97035	Therapy	No	\$ 26.92	\$ 11.95	\$ 40.29	\$24.76	Per Unit
Hospital Outpatient	СРТ	97110	Physical Therapy - Therapeutic Exercises	Yes	\$ 88.74	\$ 17.40	\$ 119.46	\$52.62	Per Unit
			Physical Therapy - Neuromuscular						
lospital Outpatient	СРТ	97112	Reeducation	No	\$ 69.93	\$ 26.14	\$ 104.78	\$60.43	Per Unit
Hospital Outpatient	СРТ	97116	GAIT TRAINING THERAPY	No	\$ 77.61	\$ 22.90	\$ 104.48	\$52.03	Per Unit
4 4	lospital Outpatient lospital Outpatient lospital Outpatient	lospital Outpatient CPT Service Setting Type Code	Service Setting Type Code Description	Service Setting Code Type Code Description Required Shoppable Service? Iospital Outpatient CPT 95044 Allergy patch tests No Iospital Outpatient CPT 95810 Sleep study Yes Iospital Outpatient CPT 96402 Chemo hormon antineopl sq/im No Physical Therapy - Manual Electrical Stimulation Therapy, 15 minutes No Iospital Outpatient CPT 97035 Physical Therapy - Ultrasound Therapy No Iospital Outpatient CPT 97110 Exercises Physical Therapy - Therapeutic Exercises Yes Iospital Outpatient CPT 97111 Physical Therapy - Neuromuscular Reeducation No	Service Setting Code Type Description Required Shoppable Spervice? Discounted Cash Price Iospital Outpatient CPT 95044 Allergy patch tests No \$ 189.82 Iospital Outpatient CPT 95810 Sleep study Yes No \$ 170.26 Iospital Outpatient CPT 96402 Chemo hormon antineopl sq/im No \$ 110.26 Iospital Outpatient CPT 97032 minutes No \$ 31.26 Iospital Outpatient CPT 97035 Therapy - Ultrasound Therapy - Ultrasound Therapy - Ultrasound Therapy No \$ 26.92 Iospital Outpatient CPT 97110 Exercises Yes \$ 88.74 Iospital Outpatient CPT 97112 Physical Therapy - Neuromuscular Exercises No \$ 69.93	Service Setting Type Code Description Service? Service Setting Type Code Description Service? Allergy patch tests No \$ 189.82 \$ - NAN NO Service Service Polymer Service Service Polymer Service Charge Inspital Outpatient CPT 95810 Sleep study Yes Volume Volume Volume Physical Therapy - Manual Electrical Stimulation Therapy, 15 minutes No \$ 31.26 \$ 66.86 Physical Therapy - Ultrasound No \$ 26.92 \$ 11.95 Physical Therapy - Therapeutic Service Yes Service Physical Therapy - Therapeutic Service Yes Service Service Service Service Service Service Physical Therapy - Therapeutic Service	Service Settling Code Type Code Description Service? Service Settling Code Service Volume Code Service Serv	Service Setting Code Type Code Description Shoppable Service? Service? Service? Shoppable Service? Service? Service? Service Service? Service Volume Service	

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Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97140	Physical Therapy - Manual Therapy	No	\$	56.20	\$	23.73	Ś	93.92	\$85.20	Per Unit
			0	The state of the s		*		*		-		7001=0	
Medicine Physical Medicine and				Physical Therapy - Low Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97161	Evaluation	No	\$	168.06	Ś	71.97	Ś	252.78	\$146.73	Per Unit
			57252			_		_	7 2.07	Ť		+	
Medicine Physical Medicine and				Physical Therapy - Moderate									
Rehabilitation	Hospital Outpatient	СРТ	97162		No	Ś	62.40	Ś	71.97	Ś	252.78	\$146.73	Per Unit
			37232			Ť		Ť	7 2.07	<u> </u>		+-10170	
Medicine Physical Medicine and				Physical Therapy - High Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97163	Evaluation	No	Ś	168.06	Ś	71.97	Ś	252.78	\$146.73	Per Unit
			3.230			_		-		7		7-10110	
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	Ś	113.34	Ś	48.67	Ś	170.97	\$100.45	Per Unit
		-	3.104	The Every of the E		_		_	.5.07	T		Ţ	
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	Ś	180.88	Ś	77.05	Ś	245.32	\$155.36	Per Unit
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Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$	62.40	Ś	72.00	Ś	245.32	\$154.79	Per Unit
у при						T		T		-		7-0-111	
Medicine Physical Medicine and				Physical Therapy - Therapeutic									
Rehabilitation	Hospital Outpatient	CPT	97530	Activities	No	\$	92.45	\$	17.40	\$	124.45	\$66.95	Per Unit
				DI : 1771 C 16									
Medicine Physical Medicine and				Physical Therapy - Self-care or									
Rehabilitation	Hospital Outpatient	CPT	97535	Home Management Training	No	\$	68.89	\$	-	\$	109.03	\$102.64	Per Unit
Evaluation & Management Services	Professional Services	CPT	99024	Postop follow-up visit	No	\$	_	\$	_	\$	14.27	\$0.00	Per Unit
				·								-	
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Evaluation & Management Services	Professional Services	CPT	99202	Office Visit - New Patient, Minor	No	\$	167.93	\$	90.34	\$	200.08	\$65.46	Per Unit
				Office Visit - New Patient, Low									
Fredrick C Management C :	Dunfanda un I Camiliana	CDT	00202	-	W	,	402.00	_	422.54	,	272.00	ć00 40	Day Haite
Evaluation & Management Services	Protessional Services	CPT	99203	Complexity	Yes	\$	182.06	\$	132.54	\$	273.99	\$98.19	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Shoppable Service?	Discour Cash P		Negotiated Charge	Negotiated Charge	Negotiated Charge	Estimate Type
Evaluation & Management Services	Professional Services	СРТ	99204	Office Visit - New Patient, Moderate Complexity	Yes	\$ 2	50.69	\$ 177.01	\$ 432.49	\$167.99	Per Unit
				New patient office of other							
Evaluation & Management Services	Professional Services	СРТ	99205	outpatient visit, typically 60 min	Yes	\$ 44	48.04	\$ 156.38	\$ 553.76	\$219.51	Per Unit
Evaluation & Management Services	Professional Services	СРТ	00212	Office Visit - Basic	No	\$!	58.74	\$ 46.41	\$ 133.24	\$33.37	Per Unit
Evaluation & Management Services	Froiessional Services	CFT	33212	Office visit - basic	140	,	30.74	7 40.41	3 133.24	33.37	reronit
Evaluation & Management Services	Professional Services	СРТ	00212	Office Visit - Established Patient, Low Complexity	No	s s	99.67	\$ 81.71	\$ 201.59	\$66.73	Per Unit
Evaluation & initialization pervices	r i diessional services	CFI	33213	LOW COMPLEXICY	140	٠	23.07	φ 01./1	201.59	300.73	rei Ollit
Fundament Comition	Dysfosional Comices	CDT	00214	Office Visit - Established Patient,	No	, a	-1 10	ć 140.00	ć 270.47	¢102.01	Dou I Init
Evaluation & Management Services	Professional Services	CPT	99214	Moderate Complexity	No	\$ 1	51.19	\$ 140.90	\$ 279.47	\$102.91	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	 ounted n Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	_Estimate Type
				Office Visit - Established Patient,						
Evaluation & Management Services	Professional Services	СРТ	99215	High Complexity	No	\$ 315.87	\$ 192.33	\$ 385.34	\$145.42	Per Unit
Professional Services Associated with Inpatient Stay	Professional Services	СРТ	99232	Subsequent hospital care	No	\$ 159.88	\$ 50.60	\$ 111.92	\$94.43	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99243	Patient office consultation, typically 40 min	Yes	\$ 212.43	\$-	\$ 142.18	\$0.00	Per Unit
				Patient office consultation,						
Evaluation & Management Services	Professional Services	CPT	99244	typically 60 min	Yes	\$ 338.80	\$-	\$ 226.38	\$0.00	Per Unit
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Emergency Department Visit - Minor (outpatient)	No	\$ 230.81	\$ 74.98	\$ 689.88	\$ \$448.43	Case Rate

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	Charge	Estimate Type
Forman on Boom Winte	Uit-l O-ttit	CDT	00202	Emergency Department Visit - Low	NI-	ć 430.30	6 02.52	ć 4444.22	6746.74	Const Date
Emergency Room Visit	Hospital Outpatient	CPT	99282	Complexity (outpatient)	No	\$ 430.38	\$ 93.52	\$ 1,114.22	\$746.71	Case Rate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ	99283	Moderate Complexity (outpatient)	No	\$ 932.99	\$ 182.62	\$ 2,714.83	\$1,119.08	Case Rate
Emergency Room visit	Tiospital Outpatient	CFT	33283	ivioderate complexity (outpatient)	140	3 332.33	7 102.02	<i>y</i> 2,714.03	\$1,115.00	Case Nate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ	99284	Higher Complexity (outpatient)	No	\$ 2,400.69	\$ 270.43	\$ 4,475.48	\$1,588.66	Case Rate
	-									
				Emergency Department Visit - High						
Emergency Room Visit	Hospital Outpatient	CPT	99285	Complexity (outpatient)	No	\$ 3,149.91	\$ 458.20	\$ 5,806.95	\$2,851.43	Case Rate

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	CPT	99291	Critical Care (outpatient)	No	\$ 17,860.61	\$ 425.50	\$ 6,308.07	\$24,935.11	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	\$0.00	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	\$0.00	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, 5- 11 Years Old	No	\$ 170.96	\$ -	\$ 413.46	\$0.00	Per Unit
Evaluation & Management Services	Drefessional Continue	СРТ		Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 12- 17 Years Old	No	\$ 193.58	\$ -	\$ 280.75	\$0.00	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	99385	Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 18- 39 Years Old	Yes	\$ 187.80	\$ 59.23	\$ 347.60	\$92.68	Per Unit
Evaluation & Management Services	Trotessional services	CIT	33303	33 rears ora	163	7 107.00	33.23	y 347.00	\$32.00	Terome
				Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 40-						
Evaluation & Management Services	Professional Services	CPT	99386	64 Years Old	Yes	\$ 217.32	\$ 91.72	\$ 1,293.56	\$123.82	Per Unit

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				Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, Younger than 1						
Evaluation & Management Services	Professional Services	СРТ	99391	Year Old	No	\$ 141.19	\$ -	\$ 267.83	\$0.00	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	\$0.00	Per Unit

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Service Category	Service Setting	Type	coue	Description	Servicer	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	\$0.00	Per Unit
- U										
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
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Evaluation & Management Services	Professional Services	CPT	99394	and Management, 12-17 Years Old	No	\$ 165.14	\$ -	\$ 398.57	\$0.00	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	\$50.04	Per Unit
Evaluation & Ivialiagement Services	FI DIESSIUIIAI SEI VICES	CFI	22323	and management, 10-33 rears of	INU	100.61	71.07 ب	y 304.00	330.04	rei Ollit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
				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	\$87.18	Per Unit
						7	7 0	7	701120	
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Exablate	Hospital Outpatient	CPT	0398T	Focused Ultrasound	No	\$ 32,139.56	\$ 11,272.90	\$ 11,272.90	Payer	Case Rate
							•		476 76	B 11 11
Vaccinations	Hospital Outpatient	CPT	G0008	Admin influenza virus vaccine	No	\$ 70.15	\$ -	\$ 126.95	\$76.76	Per Unit
Vaccinations	Hospital Outpationt	СРТ	GOOOG	Admin pneumococcal vaccino	No	\$ 27.43	¢	\$ -	\$43.94	Per Unit
vacciliations	Hospital Outpatient	CPI	00009	Admin pneumococcal vaccine	INO	21.43	\$ -	7 -	343.34	rei Ollit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	No	\$ 773.99	\$ 46.24	\$ 1,424.46	\$387.21	Per Unit
Wicalcine Hyberbalic	nospital Outpatient	GF I	302//	risot, full sour challiser, soill	140	y //3.33	y 40.24	y 1,424.40	7307.21	i ci Oiiit
Hospital Observation Per Hour	Hospital Outpatient	CPT	G0378	Hospital observation per hr	No	\$ 15,685.71	\$ 605.00	\$ 24,131.86	\$13,574.17	Per Unit
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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Ch	arge	Charge	Estimate Type
Evaluation & Management Services	Hospital Outpatient	CPT	G0463	Hospital outpt clinic visit	No	\$ 130.00	\$ 74.02	\$	200.00	\$112.50	Per Unit
										-	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 476.03	\$ -	\$	732.35	\$234.58	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$ 0.22	\$ 0.03	Ś	0.34	\$0.26	Per Unit
,	2.00			,			, 5155	† ·			
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$ 2.13	\$ 0.78	5	3.27	\$2.46	Per Unit
,	- Copital Gaepacient		31013	- Injection		7 2.13	÷ 0.70	-	3.27	92.40	
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$ 26.95	Ś -	\$	89.11	\$31.10	Per Unit
injections	nospital Outpatient	HCFC3	3/323	Syllviac Of Syllviac-Offe	NU	y 20.95	-	7	03.11	331.10	rei Ollit
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Injections	Hospital Outpatient	CPT	J9217	Eligard	No	\$ 2,818.54	Ş -	\$ 4	1,336.21	\$3,252.16	Per Unit