Humana Medicare Advantage	Last Updated: 12/14/2021 Regional One Health is not in- network with this payor for Acute Hospital or Inpatient Rehabilitation Servies								Amount We Estimate You Will Owe *	
+ "F" <u>Service Category</u>	Service Setting	<u>Code</u> Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	_Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	Yes	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	\$ 13,710.15	\$ 5,517.78	\$ 31,074.55	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

	Regional One Health is not in-									
	network with this payor for Acute								Amount We	
	Hospital or Inpatient Rehabilitation								<b>Estimate You</b>	
	Servies								Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
					CMS		<b>De-Identified</b>	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Carda				Discountered				
		<u>Code</u>			Shoppable_	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	<u>Type</u>	<u>Code</u>	<b>Description</b>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
				Spinal fusion except cervical						Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		or complications (MCC)	Yes	\$ 89 541 22	\$ 16 237 64	\$ 58,989.92	Non-Par	CPT/HCPCS
nospital inpatient stay		DING	400	or complications (wee)	163	\$ 05,541.22	\$ 10,237.04	\$ 30,303.32	Non-Fai	cr i/ficr c5
										Case Rate-
										Excluding
				Major joint replacement or						Professional
				reattachment of lower extremity						
										Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	470	or complications (MCC).	Yes	\$ 26,747.32	\$ 8,070.44	\$ 37,721.88	Non-Par	CPT/HCPCS

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	network with this payor for Acute								Amount We	
	Hospital or Inpatient Rehabilitation								Estimate You	
	Servies								Will Owe *	
	561 8163								will owe	
To Conrob for a convice Click "CTP!"										
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					CMS		<b>De-Identified</b>	<b>De-Identified</b>	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Comileo Cotocomi	Comvine Cotting		Code	Description						Estimate Tune
Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?	Cash Price	Charge_	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
				Cervical spinal fusion without						Professional
				comorbid conditions (CC) or major						Charges which
				comorbid conditions or						are paid by
Hospital Inpatient Stay	Linewited Immediant	DDC		complications (MCC).	Maa	¢ 27.092.10	¢ 10 100 74	\$ 62,430.00	New Dev	CPT/HCPCS
Hospital inpatient Stay	Hospital Inpatient	DRG	473	complications (IVICC).	Yes	\$ 37,083.10	\$ 10,123.74	\$ 62,430.00	Non-Par	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
						A	A 40.075.07	A 40.000		
Hospital Inpatient Stay	Hospital Inpatient	DRG	480	MAJOR JOINT W MCC	No	\$ 58,727.97	\$ 12,375.85	\$ 48,933.51	Non-Par	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	Non-Par	CPT/HCPCS

	Regional One Health Is not In- network with this payor for Acute Hospital or Inpatient Rehabilitation Servies								Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> Specific <u>Negotiated</u> <u>Charge</u>	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	482	HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	Νο	\$ 35,733.50	\$ 6,745.73	\$ 37,731.25	Non-Par	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	Νο	\$ 46,392.83	\$ 9.438.20	\$ 41,283.64	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay Hospital Inpatient Stay		DRG	493	EXCEPT HIP, FOOT, FEMUR W CC LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	No			\$ 41,283.64 \$ 43,066.25	Non-Par Non-Par	CPT/HCPCS Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

Regional One Health is not in-			1	
network with this payor for Acute			Amount We	
			Estimate You	
Hospital or Inpatient Rehabilitation				
Servies			Will Owe *	
To Search for a service Click "CTRL"				
+ "F"				
CMS	<b>De-Identified</b>	De-Identified	Payer-	
Required	Minimum	Maximum	Specific	
Code     Shoppable     Discounted	<b>Negotiated</b>	Negotiated	Negotiated	
Service Category Service Setting Type Code Description Service? Cash Price	<u>Charge</u>	Charge	Charge	Estimate Type
				Case Rate-
				Excluding
Uterine and adnexa procedures for				Professional
non-malignancy without comorbid				Charges which
conditions (CC) or major comorbid				are paid by
	\$ 3,828.29	\$ 28,968.03	Non-Par	CPT/HCPCS
	y 3,020.23	÷ 20,500.05	Non-La	ci i/iici co
				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	Non-Par	CPT/HCPCS
				-
				Core Data
				Case Rate-
				Excluding
				Professional
				Charges which
		1		
				are paid by
Hospital Inpatient Stay     Hospital Inpatient     DRG     812     MCC     No     \$ 17,544.11			Non-Par	are paid by CPT/HCPCS

	Regional One Health Is not In- network with this payor for Acute Hospital or Inpatient Rehabilitation Servies								Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	Payer- Specific Negotiated Charge	Estimate Type
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	Non-Par	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	Νο	\$ 38,084.70	\$ 6,540.49	\$ 50,000.00	Non-Par	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	\$ <b>3,301.83</b>	\$ 50,000.00	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	956	LIMB REATTACHMENT, HIP FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	No	\$ 105,373.59	\$ 16,085.53	\$ 200,000.00	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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	network with this payor for Acute								Amount We	
	Hospital or Inpatient Rehabilitation								Estimate You	
	Servies								Will Owe *	
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					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Samilas Catagoni	Comico Cotting		Code	Description	-					Estimate Tune
Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?	Cash Price	Charge_	Charge	Charge	Estimate Type
										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	Non-Par	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	Non-Par	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				OTHER MULTIPLE SIGNIFICANT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	964	TRAUMA W CC	No	\$ 34,761.85	\$ 6,123.35	\$ 50,000.00	Non-Par	CPT/HCPCS
						+	+ 0,220.00	+		
										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	Non-Par	CPT/HCPCS

	Regional One Health Is not In- network with this payor for Acute Hospital or Inpatient Rehabilitation Servies								Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	783	CESAREAN SECTION W STERILIZATION W MCC	Νο	\$ 11,915.22	\$ 3,570.00	\$ 39,605.25	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	784	CESAREAN SECTION W STERILIZATION W CC	Νο	\$ 9,940.40	\$ 3,570.00	\$ 27,865.12	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	785	CESAREAN SECTION W STERILIZATION W/O CC/MCC	No	\$ 8,988.27	\$ 3,519.44	\$ 25,870.71	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	786	CESAREAN SECTION W/O STERILIZATION W MCC	Νο	\$ 12,696.27	\$ 3,570.00	\$ 35,011.06	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	787	CESAREAN SECTION W/O STERILIZATION W CC	Νο	\$ 11,322.59	\$ 2,835.00	\$ 27,868.32	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

	Regional One Health is not in- network with this payor for Acute Hospital or Inpatient Rehabilitation Servies								Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
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	Non-Par	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	Non-Par	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	Non-Par	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	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	805	VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	Νο	\$ 10,518.03	\$ 2,464.00	\$ 27,817.08	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

	Regional One Health is not in- network with this payor for Acute								Amount We	
	Hospital or Inpatient Rehabilitation Servies								Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	<u>Code</u> Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_Estimate Type
Service Category	<u>Service Setting</u>	Type	coue	Description	<u>Service:</u>	<u>Cash Price</u>	<u>charge</u>	charge	charge	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG		VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	No	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	807	VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	No	\$ 7,318.91	\$ 2,464.00	\$ 23,397.98	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Rehabilitation Hospital Stay	Inpatient Rehabilitation Hospital	DRG	945	REHABILITATION W CC/MCC	No	N/A	\$ 14,553.00	\$ 14,553.00	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Rehabilitation Hospital Stay	Inpatient Rehabilitation Hospital	DRG	946	REHABILITATION W/O CC/MCC	Νο	N/A	\$ 10,870.00	\$ 10,870.00	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Rehabilitation Hospital Stay	Inpatient Rehabilitation Hospital	UB	118	Inpatient Rehabilitation Hospital Room & Board	Νο	52% Charges Estimated at \$2,341.96 Per Diem			Non-Par	Per Diem Per Day

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	network with this payor for Acute								Amount We	
	Hospital or Inpatient Rehabilitation								Estimate You	
	Servies								Will Owe *	
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					<u>CMS</u>		De-Identified	De-Identified Maximum	<u>Payer-</u> Specific	
		Contra			Required	Discountered	<u>Minimum</u>			
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate- Excluding
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	559	AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC	No	N/A	\$ 18,018.00	\$ 18,018.00	N/A	Professional Charges which are paid by CPT/HCPCS
							+	<u>+ 10,010,000</u>		
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	560	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	Νο	N/A	\$ 10.425.00	\$ 10,435.00	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
inpatient Skilled Nursing	inpatient Skilled Nursing	DKG	500		NO	N/A	ş 10,435.00	ə 10,435.00	IN/A	
				AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE				¢ 7.55.55		Case Rate- Excluding Professional Charges which are paid by Cort (UCDC)
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

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	network with this payor for Acute								Amount We	
	Hospital or Inpatient Rehabilitation								<b>Estimate You</b>	
	Servies								Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
					CMS		<b>De-Identified</b>	De-Identified	Payer-	
					<b>Required</b>		<u>Minimum</u>	Maximum	Specific	
		Code			Shoppable	Discounted	<b>Negotiated</b>	Negotiated	<b>Negotiated</b>	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										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	\$37,703.24	CPT/HCPCS
								1 / 1		
										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	170207	ventilator support >96 hours	No	N/A	\$ 37,703.24	\$ 37,703.24	\$74,931.49	CPT/HCPCS
Stay	Tiospital	DING	110207	ventilator support >50 hours	NO	17/4	\$ 37,703.24	\$ 57,703.24	\$74,531.45	cr i/ficr c5
						70% Charges				
						(Estimated as				
Long Town Acute Core Innetiont	Innetient Long Term Care			Long Torre Core Intensive Core		\$6,047.26 per	\$1,040 Per	¢1.020.0er		Per Diem Per
Long Term Acute Care Inpatient	Inpatient Long-Term Care	UB	200	Long Term Care Intensive Care Room & Board	No	diem)	Diem	\$1,929 Per Diem	N/A	
Stay	Hospital	UB	200		NO	ulemj	Diem	Diem	N/A	Day
						E20/ Changes				
						52% Charges				
Chilled Monster Law et and D						Estimated at			100%	Day Diana Da
Skilled Nursing Inpatient Room &	In a stimut Chille of Neuraine		101	Subaruta Cara Laval 4, Skill, J.C.	N	\$1,109.30 Per	¢	¢ 050.00	100%	Per Diem Per
Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	Diem	\$ 227.70	\$ 850.00	Medicare	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		\$1,109.30 Per			100%	Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	\$ 299.70	\$ 850.00	Medicare	Day

	Regional One Health Is not in- network with this payor for Acute Hospital or Inpatient Rehabilitation Servies								Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> Specific <u>Negotiated</u> <u>Charge</u>	Estimate Typ
Skilled Nursing Inpatient Room & Board	Inpatient Skilled Nursing	UB	193	Subacute Care Level 3- Complex Care	No	52% Charges Estimated at \$1,109.30 Per Diem	\$ 370.00	\$ 850.00	100% Medicare	Per Diem Per Day
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	Non-Par	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	Non-Par	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	Non-Par	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	Non-Par	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19120	Removal of 1 or more breast growth, open procedure	Yes	N/A No Service Volume	\$ -	\$ -	N/A No Service Volume	Case Rate
Injections	Hospital Outpatient	СРТ	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	Non-Par	Case Rate

r	Regional One Health is not in-	1	1				1					
	network with this payor for Acute										Amount We	
	Hospital or Inpatient Rehabilitation										Estimate You	
	Servies										Will Owe *	
	Servies										will Owe	
To Search for a service Click "CTRL"												
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+ "F"												
					CMS		De-Id	entified	De-l	dentified	Payer-	
					Required		Min	imum	Ma	aximum	Specific	
		Code			Shoppable	Discounted	Nego	otiated	Nea	gotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price		arge		harge	Charge	Estimate Type
<u>Scruce category</u>	<u>Service Setting</u>	TYPE	couc	Description	<u>Jervice:</u>	casirritee	<u></u>	urge	<u> </u>	andige	charge	Estimate Type
User its I Output in the Design I	Uservited Outpretient	CDT	27040	The star and of a state for stars		¢ 1.242.40	~	205.02	~	2 504 02	No. Dec	Course Data
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	2/818	Treatment of ankle fracture	No	\$ 1,243.48	\$	395.00	\$	2,581.00	Non-Par	Case Rate
						N/A No					N/A No	
						Service					Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	29826	Arthroscopic Shoulder Surgery	Yes	Volume	\$	-	\$	-	Volume	Case Rate
						N/A No					N/A No	
				Arthroscopic Knee Surgery		Service					Service	
			20004									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	29881	(outpatient)	Yes	Volume	\$	-	\$	-	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	31575	Laryngoscopy - Diagnostic	No	\$ 449.87	\$	135.86	\$	1,978.02	Non-Par	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	32555	Aspirate pleura w/ imaging	No	\$ 608.39	Ś	288.54	Ś	1,852.06	Non-Par	Case Rate
						+	Ŧ		-			
		1										
		1		-		N/A No					N/A No	
		1		Tonsillectomy with Adenoidectomy		Service					Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	42820	(outpatient)	Yes	Volume	\$	-	\$	-	Volume	Case Rate
		1										
		1		Upper Gastrointestinal Endoscopy -								
Hermitel Outpetient Press from	Upperitel Outpetient	CDT	42225		Maa	¢ 2,027,24	6	C1 00	~	1 007 74	New Dec	Casa Data
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43235	Diagnostic	Yes	\$ 2,027.21	\$	61.00	\$	1,867.74	Non-Par	Case Rate

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	network with this payor for Acute Hospital or Inpatient Rehabilitation Servies								Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	<u>Code</u> <u>Type</u>	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
		CDT	42220	Upper Gastrointestinal Endoscopy -	No.	¢ 4 370 34	ć	¢	New Dev	Cours Data
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43239	With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	Non-Par	Case Rate
				Colonoscopy - Diagnostic		<b>A B 4 B</b>	<b>A BBT TB</b>	<b>A</b>		
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45378	(outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	Non-Par	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45380	Colonoscopy - With Biopsy (outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	Non-Par	Case Rate
				Colonoscopy - With Polyp Removal						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45385	(outpatient)	Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	Non-Par	Case Rate
Hospital Outpatient Procedure	Hernital Outpatient	CRT	45201	Ultrasound examination of lower	Vec	N/A No Service	Ś.	ć	N/A No Service	Care Pote
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45391	large bowel using an endoscope	Yes	Volume	Ş -	\$-	Volume	Case Rate

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Service Category	Service Setting	<u>Code</u>	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated	Estimate Type
Service Category	<u>Service Setting</u>	<u>Type</u>	coue	Description	Servicer	Casil Price	Charge	<u>charge</u>	<u>Charge</u>	<u>Estimate Type</u>
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	47562	Gall Bladder Surgery (outpatient)	Yes	\$ 12,062.52	\$ 504.75	\$ 18,374.88	Non-Par	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	Non-Par	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	Non-Par	Case Rate
lospital Outpatient Procedure	Hospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 97.04	\$-	\$ 1,579.20	Non-Par	Case Rate
lospital Outpatient Procedure	Hospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	Non-Par	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	\$ 284.76	\$ 2,631.84	Non-Par	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		endoscope	Yes	Volume	Volume	Volume	Volume	Case Rate

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Service Category	Service Setting	Туре	Code	Description	Service?		sh Price		Charge		Charge	Charge	Estimate Type
Upenitel Outpetient Durandum	Hermitel Outwettent	CDT	50400		N -	~	375.00	~	144.00	~	1 (07 30	New Dev	Core Data
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	20100	Biopsy - Endometrial (Uterus)	No	\$	375.83	>	144.00	>	1,697.39	Non-Par	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	\$	632.24	\$	48.93	\$	1,749.37	Non-Par	Case Rate
Userstal Outputs 1.0	Userstad Octoort	CDT	50224	Barran International International			272.0-	~	22.24		4 405 55	No. D	C
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58301	Remove intrauterine device	No	\$	273.85	\$	32.34	\$	1,495.58	Non-Par	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	59025	Fetal Non-Stress Test	No	\$	260.79	\$	118.53	\$	1,596.22	Non-Par	Case Rate
				Routine obstetric care for vaginal									
Professional Services Associated				delivery, including pre-and post-									
with Inpatient Stay	Professional Services	СРТ	59400	delivery care	Yes	\$	4,496.21	\$	242.00	\$	3,278.48	\$1,997.58	Case Rate
Professional Services Associated													
with Inpatient Stay	Professional Services	СРТ	59410	Obstetrical care	No	\$	2,230.06	\$	133.91	\$	1,625.81	\$984.35	Case Rate
. ,													
				Routine obstetric care for cesarean									
Professional Services Associated				delivery, including pre-and post-									
with Inpatient Stay	Professional Services	СРТ	50540	delivery care	Yes	\$	4,966.56	L 🔺	246.05		3,619.13	\$2,205.19	Case Rate

To Search for a service Click "CTRL" + "F"	Regional One Health Is not In- network with this payor for Acute Hospital or Inpatient Rehabilitation Servies								Amount We Estimate You Will Owe *	
Service Category	Service Setting	<u>Code</u> <u>Type</u>	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_Estimate Type
Professional Services Associated with Inpatient Stay	Professional Services	СРТ		Routine obstetric care for vaginal delivery after prior cesarean delivery including pre-and post- delivery care	Yes	\$ 4,706.58	\$ 305.08	\$ 3,429.34	\$2,090.62	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	62322	Injection of substance into spinal canal of lower back or sacrum using imaging guidance	Yes	\$ 1,055.18	\$ 379.33	\$ 1,880.39	Non-Par	Case Rate

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Service Setting         Type         Code         Description         Service?         Cash Price         Charge         Charge         Estimate Type
Injection of substance into spinal canal of lower back or sacrum using
spital Outpatient CPT 62323 imaging guidance Yes \$ 1,665.98 \$ 305.01 \$ 1,988.33 Non-Par Case Rate
Injections of anesthetic and/or
steroid drug into lower or sacral
spitel Outpetient CDT 64493 guidence Vec É 1776 31 É 258 46 É 1 090 40 Non Der Core Pate
spiral outpatient         CP1         04463         guidance         Tes         \$ 1,776.21         \$ 358.46         \$ 1,980.49         Non-Par         Case Rate
Removal of recurring cataract in     N/A No     N/A No
spital Outpatient       CPT       62323       canal of lower back or sacrum using imaging guidance       Yes       \$ 1,665.98       \$ 305.01       \$ 1,988.33       Non-Par       Case Rai         Spital Outpatient       Imaging guidance       Yes       \$ 1,665.98       \$ 305.01       \$ 1,988.33       Non-Par       Case Rai

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Service Category	Service Setting	<u>Code</u> Type	<u>Code</u>	Description	CMS <u>Required</u> Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_Estimate Type
				Removal of cataract with insertion		N/A No Service			N/A No Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66984	of lens	Yes	Volume	\$ -	\$-	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	69210	Remove impacted ear wax	No	\$ 168.99	\$ 48.93	\$ 1,604.78	Non-Par	Case Rate
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	No	\$ 901.06	\$ 127.22	\$ 1,318.18	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	Yes	\$ 901.06	\$ 127.22	\$ 1,318.18	Non-Par	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	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$ 1,668.57	\$ 127.52	\$ 2,259.85	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70496	Ct angiography head	No	\$ 1,871.05	\$ 223.05	\$ 1,996.31	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$ 1,632.72	\$ 223.05	\$ 1,677.63	Non-Par	Per Unit

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					Required		<u>Minimum</u>	<u>Maximum</u>	Specific	
		Code			Shoppable_	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?	Cash Price	Charge_	Charge	Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$ 1,518.19	\$ 252.20	\$ 2,270.30	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$ 2,314.59	\$ 406.50	\$ 3,409.54	Non-Par	Per Unit
		-				1 10 00				
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$ 138.11	\$ 19.91	\$ 181.37	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$ 148.99	\$ 31.50	\$ 193.55	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$ 205.20	\$ 38.07	\$ 271.73	Non-Par	Per Unit
0,										
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$ 1,024.52	\$ 141.11	\$ 1,468.48	Non-Par	Per Unit
				CT Scan - Chest, with Contrast						
Radiology Services	Hospital Outpatient	СРТ	71260	(outpatient)	No	\$ 1,448.52	\$ 200.76	\$ 2,034.88	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71275	Ct angiography chest	No	\$ 1,935.65	\$ 226.19	\$ 2,092.27	Non-Par	Per Unit
07				5 6 1 7 55	-					-
							<b>A A A A A A A A A A</b>	A		
Radiology Services	Hospital Outpatient	СРТ	72040	X-Ray - Neck, Cervical Spine	No	\$ 154.65	\$ 37.93	\$ 204.42	Non-Par	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Ca	sh Price	Cł	narge		<b>Charge</b>	Charge	Estimate Type
De diele ma Comitere	Usersited Outputient	CDT	72070	V. Devel Middle Develo Theoremic Creixes			254.64	~	22.02		220.00	New Dev	Devi Harib
Radiology Services	Hospital Outpatient	СРТ	/20/0	X-Ray - Middle Back, Thoracic Spine	No	\$	251.61	>	33.93	>	338.99	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	\$	199.60	\$	37.93	\$	265.13	Non-Par	Per Unit
				V Bay lower back minimum four									
De diele en Comisso	Usersited Outpretient	CDT	72440	X-Ray, lower back, minimum four	Mara		242.64	~	52.00	~	204.02	New Dev	Devi Harib
Radiology Services	Hospital Outpatient	СРТ	72110	views	Yes	\$	213.64	>	52.80	>	284.93	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$	1,459.37	\$	136.86	\$	1,750.92	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72126	Ct neck spine w/dye	No	\$	1,293.16	\$	260.86	\$	1,821.59	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72127	Ct neck spine w/o & w/dye	No	\$	1,815.93	Ś	201.73	Ś	2,118.48	Non-Par	Per Unit
	noopital outputient		//			Ŷ	1,010100	Ŷ	202170	Ŷ	2)110140		
Padialam, Camiar -	Upper ital Outpatient	CDT	724.20	Ct shoet enine w/due	NI -		1 530 66	~	100.00		1.005.00	New Dev	Devila
Radiology Services	Hospital Outpatient	СРТ	12129	Ct chest spine w/dye	No	\$	1,520.66	>	199.82	\$	1,805.90	Non-Par	Per Unit
		1											
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/dye	No	\$	1,518.43	\$	260.86	\$	1,805.90	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72133	Ct lumbar spine w/o & w/dye	No	\$	1,904.42	\$	201.90	\$	2,238.70	Non-Par	Per Unit
		1				-							
		1											
Radiology Services	Hospital Outpatient	СРТ	721/1	MRI NECK SPINE W/O DYE	No	Ś	1 //1 0/	ć	252.20	\$	2 177 11	Non Par	Per Unit
Radiology Services	Hospital Outpatient	CPT	/2141	WINT NECK SPINE W/O DIE	NU	<b>?</b>	1,441.84	<b>?</b>	232.20	<b>?</b>	2,177.11	Non-Par	rei Ullit

	Regional One Health is not in- network with this payor for Acute Hospital or Inpatient Rehabilitation Servies											Amount We Estimate You Will Owe *	
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			794.49			<b>^</b>					2 4 2 7 4 2		
Radiology Services Radiology Services	Hospital Outpatient Hospital Outpatient	СРТ		MRI - Back (outpatient) X-Ray - Pelvis	Yes	\$ \$	1,381.13		252.20	\$ \$	2,137.12 327.10	Non-Par Non-Par	Per Unit Per Unit
Radiology Services	nospital Outpatient		72170		NO	\$	245.04	Ş	20.72	\$	327.10	NOII-Pai	
Radiology Services	Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$	208.53	\$	39.60	\$	264.73	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	\$	1,536.96	\$	197.29	\$	2,142.05	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72197	MRI - Pelvis (outpatient)	No	\$	2,448.72	\$	402.71	\$	3,522.33	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$	147.59	\$	22.40	\$	185.92	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73010	X-ray exam of shoulder blade	No	\$	196.93	\$	26.01	\$	251.93	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$	149.50	\$	28.33	\$	196.92	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$	147.62	\$	29.40	\$	195.82	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$	146.83	\$	25.07	\$	191.42	Non-Par	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?		ash Price		arge	Charge	Charge	Estimate Type
<u>Service category</u>	<u>Service Setting</u>	туре	coue	Description	<u>Service:</u>	<u> </u>	asirrice	Chi	arge	charge	charge	Lotinate Type
Radiology Services	Hospital Outpatient	СРТ	73080	X-RAY EXAM OF ELBOW	No	\$	122.83	Ş	26.72	\$ 154.02	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$	117.10	\$	26.40	\$ 151.82	Non-Par	Per Unit
Partialana Camiana	Usersited Outputient	COT	70440				456.53	~	20.72	¢ 400 40	New Dev	Day Unit
Radiology Services	Hospital Outpatient	СРТ	/3110	X-Ray - Wrist (outpatient)	No	\$	156.52	\$	30.72	\$ 196.19	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$	192.03	\$	24.40	\$ 249.73	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$	151.54	\$	32.72	\$ 198.42	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72221	MRI - Shoulder, Elbow, or Wrist	No	\$	1,211.82	ć	246.65	\$ 1,702.46	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	CFI	73221	WRT-Shoulder, Elbow, of Wrist	NO	2	1,211.02	Ş	240.05	\$ 1,702.40	NUII-Fai	reronit
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$	129.58	Ş	37.77	\$ 197.91	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$	150.51	\$	29.51	\$ 189.38	Non-Par	Per Unit
~~			1	-		1						
Padialagy Services	Hospital Outpatient	CDT	725.00		No		201.02	ć	22.40	é	Non Der	Dor Unit
Radiology Services	Hospital Outpatient	СРТ	/3500	X-RAY EXAM OF KNEE 1 OR 2	No	\$	201.92	Ş	32.40	\$ 266.82	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$	263.50	\$	36.52	\$ 351.25	Non-Par	Per Unit

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To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	<u>Code</u> <u>Type</u>	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> Specific <u>Negotiated</u> <u>Charge</u>	<u>Estimate Type</u>
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$ 239.62	\$ 32.40	\$ 321.48	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$ 191.55	\$ 31.98	\$ 278.60	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73610	X-Ray - Ankle (outpatient)	No	\$ 239.05	\$ 25.72	\$ 311.14	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$ 196.24	\$ 29.81	\$ 262.21	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$ 216.05	\$ 33.95	\$ 289.60	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$ 1,231.00	\$ 134.01	\$ 1,400.92	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73721	MRI - Knee (outpatient)	Yes	\$ 1,224.32	\$ 246.65	\$ 1,828.36	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$ 145.61	\$ 28.31	\$ 189.76	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$ 977.64	\$ 142.38	\$ 1,446.99	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$ 1,824.18	\$ 207.86	\$ 2,144.29	Non-Par	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
<u>Service category</u>	Service Setting	туре	coue	Description	Service:	<u>Casil Flice</u>	charge	Charge	charge	<u>Estimate Type</u>
				CT Scan - Abdomen and Pelvis, with						
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$ 2,748.11	\$ 286.79	\$ 3,568.86	Non-Par	Per Unit
				CT Scan - Abdomen and Pelvis, with						
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	Yes	\$ 2,748.11	\$ 286.79	\$ 3,568.86	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$ 394.10	\$ 56.38	\$ 563.71	Non-Par	Per Unit
						+	+	+		
Padialam: Comisso	Upperitel Outpetient	СРТ	74270	V you was called 1 antipatient	Nie	\$ 521.72	ć 70.24	\$ 578.01	New Dev	Deviluit
Radiology Services	Hospital Outpatient	CPT	74270	X-ray xm colon 1cntrst std	No	\$ 521.72	\$ 79.34	\$ 578.01	Non-Par	Per Unit
							A		-	<b>A</b> 11 11
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$ 306.04	\$ 59.00	\$ 323.39	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76536	Ultrasound - Head and Neck	No	\$ 460.62	\$ 78.79	\$ 386.50	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$ 152.68	\$ 78.52	\$ 249.30	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$ 361.43	\$ 91.69	\$ 433.80	Non-Par	Per Unit
nucloogy services	nospital Outpatient	UT I	10100	ona asoana - Abaonina, complete	163	- JUI.43	- JT.03		NUIFFal	i ci unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	ounted	<u>De-Identifie</u> <u>Minimum</u> <u>Negotiateo</u> <u>Charge</u>	-	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$ 327.93	\$ 46.0	5 \$	\$ 372.20	Non-Par	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$ 456.58	\$ 76.5	4 \$	\$ 400.80	Non-Par	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$ 391.57	\$ 86.6	5 \$	\$ 396.27	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76805	Ultrasound - Pregnancy (outpatient)	Yes	\$ 367.73	\$ 100.3	6 \$	\$ 437.10	Non-Par	Per Unit
									·		
Maternity/Delivery	Hospital Outpatient	СРТ	76811	OB US DETAILED SNGL FETUS	No	\$ 522.04	\$ 198.6	5 \$	\$ 587.50	Non-Par	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76815	OB US LIMITED FETUS(S)	No	\$ 309.95	\$ 54.7	5 \$	\$ 384.30	Non-Par	Per Unit
De liste a Cantin		CDT	70010			405.55	A			New D	Destinit
Radiology Services	Hospital Outpatient	СРТ	76816	Ultrasound - Pregnancy Follow-Up	No	\$ 406.54	\$ 64.3		\$ 384.30	Non-Par	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76818	FETAL BIOPHYS PROFILE W/NST	No	\$ 476.50	\$ 82.2	0 \$	\$ 387.27	Non-Par	Per Unit

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Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$	407.39	Ş	97.44	\$	398.34	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76821	MIDDLE CEREBRAL ARTERY ECHO	No	Ś	370.14	ć	88.69	\$	391.69	Non-Par	Per Unit
Natiology Services	nospital outpatient	CFT	70021			<b>,</b>	370.14	<b>Y</b>	00.05	<b>Y</b>	331.03	Non-Fai	reronit
				Ultrasound - Transvaginal (non-									
De diele ny Comission	Uservited Outpatient	CDT	70000		N.s.s	~	475 42	~	00.00	~	462.00	New Dee	Devillet
Radiology Services	Hospital Outpatient	СРТ	76830	maternity)	Yes	\$	475.43	>	98.63	>	463.90	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76856	Ultrasound - Pelvic (outpatient)	No	\$	344.00	Ś	70.34	\$	408.50	Non-Par	Per Unit
						<b>•</b>		<b>•</b>		<b>•</b>			
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$	546.40	\$	107.57	\$	501.03	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$	383.79	\$	135.81	\$	629.70	Non-Par	Per Unit
		1											
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$	406.73	\$	109.22	\$	504.02	Non-Par	Per Unit
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Service Category	Service Setting	Code Type	Code	Description	Shoppable Service?	Discounted Cash Price	Negotiated Charge	Negotiated Charge	Negotiated Charge	Estimate Type
		Type	<u></u>		<u>bernice:</u>	cusinnice	enarge	enarge	enarge	<u>Lotinuce rype</u>
Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$ 247.25	\$ 56.29	\$ 393.45	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$ 116.84	\$ 33.80	\$ 171.64	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$ 1,010.04	\$ 336.74	\$ 2,091.45	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$ 158.03	\$ 11.84	\$ 221.33	Non-Par	Per Unit
				Blood Test - Comprehensive						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80053	Metabolic Panel	Yes	\$ 93.73	\$ 14.78	\$ 136.89	Non-Par	Per Unit
						N/A No	N/A No	N/A No	N/A No	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80055	Blood Test - Pregnancy (Obstetric) Panel	Yes	Service Volume	Service Volume	Service Volume	Service Volume	Per Unit
and the second s	complete and a second sec						. c.anc			
				Blood Test - Cholesterol Test, Lipid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80061		Yes	\$ 46.48	\$ 12.05	\$ 101.77	Non-Par	Per Unit

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Service Category	Service Setting	Type	Code	Description	Service?	Cas	sh Price	Charge	Charge	Charge	Estimate Type
				Right Test, Repol (Kidney)							
				Blood Test - Renal (Kidney)				A 0.00	÷		<b>A 11 1</b>
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80069	Function Panel	Yes	\$	17.24	\$ 8.68	\$ 34.59	Non-Par	Per Unit
				Blood Test - Hepatic (Liver)							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80076	Function Panel	Yes	\$	146.77	\$ 11.44	\$ 205.84	Non-Par	Per Unit
		-									
								A	A 400 F0		
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80307	Drug test prsmv chem anlyzr	No	\$	128.65			Non-Par	Per Unit
							I/A No	N/A No	N/A No	N/A No	
						Se	ervice	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81000	Urinalysis nonauto w/scope	Yes	Vo	olume	Volume	Volume	Volume	Per Unit
				Urine Test - Automated with		Ι.		.			
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81001	Microscope Examination	Yes	\$	23.46	\$ 4.44	\$ 34.47	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81002	Urine Test - Urinalysis, Manual Test	Yes	\$	7.24	\$ 2.67	\$ 14.00	Non-Par	Per Unit
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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	Non-Par	Per Unit
Laboratory & Pathology Services	nospital Outpatient	CFT	02300	blood rest - vitamin D-5 Lever	NO	Ş 100.74	Ş 20.04	Ş 254.00	Non-rai	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82330	Assay of calcium	No	\$ 35.11	\$ 12.31	\$ 67.00	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82375	Assay carboxyhb quant	No	\$ 114.13	\$ 11.09	\$ 153.64	Non-Par	Per Unit
Laboratori & Dathalani Caniti		CDT	93465	Annu bld (annun shalashara)	NI-	é 45.00	ć	é	New Dev	Des Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82465	Assay bld/serum cholesterol	No	\$ 15.28	\$ 3.92	\$ 23.76	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of ck (cpk)	No	\$ 12.70	\$ 5.86	\$ 35.53	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82552	Assay of cpk in blood	No	\$ 26.14	\$ 12.05	\$ 75.41	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82565	Assay of creatinine	No	\$ 124.50	\$ 7.17	\$ 70.25	Non-Par	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	Shoppable Service?	Discounted Cash Price	Negotiated Charge	Negotiated Charge	Negotiated Charge	Estimate Type
				Blood Test - Vitamin B-12						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82607	(Cyanocobalamin) Level	No	\$ 29.40	\$ 13.57	\$ 82.73	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82610	Cystatin c	No	\$ 140.40	\$ 14.17	\$ 405.00	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82668	Assay of erythropoietin	No	\$ 36.68	\$ 16.91	\$ 99.20	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82670	Assay of estradiol	No	\$ 54.51	\$ 25.15	\$ 152.33	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82693	Assay of ethylene glycol	No	\$ 20.29	\$ 13.41	\$ 40.08	Non-Par	Per Unit
				Blood Test - Ferritin (Blood Protein)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82728	Level	No	\$ 33.53	\$ 19.09	\$ 96.63	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82746	Blood Test - Folic Acid Level	No	\$ 37.75	\$ 13.23	\$ 79.52	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82803	Blood gases any combination	No	\$ 73.40	\$ 20.17	\$ 106.16	Non-Par	Per Unit
Laboratory & Dath-Law Card		CDT	03047		N -	\$ 34.04		ĉ. 10.00	Ner Der	Des Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	6294/	Assay glucose blood quant	No	\$ 34.04	\$ 5.51	\$ 49.42	Non-Par	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82962	Glucose blood test	No	\$	45.55	\$ 3.	89	\$ 61.82	Non-Par	Per Unit
			1			†						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83018	Heavy metal quant each nes	No	\$	172.97	\$ 19.	76	\$ 498.96	Non-Par	Per Unit
						· ·		+		,		
				Blood Test - Blood Glucose Control								
Laboratory & Dathalany Construct	Usersited Outputient	COT	02020				74.07	¢ 0	-	¢ 05.04	New Dev	Devillet
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83036	(Hemoglobin A1C)	No	\$	71.27	Ş 8.	74	\$ 95.94	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83088	Assay of histamine	No	\$	75.84	\$ 26.	58	\$ 218.76	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83518	Immunoassay dipstick	No	\$	147.09	\$ 6.	55	\$ 424.29	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83540	Blood Test - Iron Level	No	\$	51.90	\$9.	06	\$ 75.77	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$	27.44	\$ 10.	41	\$ 58.05	Non-Par	Per Unit
				Blood Test - Lipase (fat enzyme)								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690	Level	No	\$	69.47	\$ 6.	20	\$ 93.51	Non-Par	Per Unit
						Í						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83735	Assay of magnesium	No	\$	53.82	\$ 9.	38	\$ 78.56	Non-Par	Per Unit
						1						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83880	Assay of natriuretic peptide	No	\$	172.55	\$ 35.	33	\$ 232.27	Non-Par	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$	61.73	Ś e	5.64	\$	87.67	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$	43.23	\$ 6	5.66	\$	62.65	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	0/100	Assay of serum potassium	No	\$	43.23	ė d	5.66	\$	62.65	Non-Par	Per Unit
Laboratory & Pathology Services		CFT	04132	Assay of serum potassium	NU	2	43.23	<b>ə</b> (	.00	ې ا	02.05	NUIFFai	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$	52.59	\$ 18	3.77	\$	96.68	Non-Par	Per Unit
				Blood Test - Prostate Specific									
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84153	Antigen (PSA) Level	Yes	\$	74.21	\$ 2!	5.75	\$	116.68	Non-Par	Per Unit
Laboratory & Dathalams Count	Upperited Outpetient	CDT	04454		<b>V</b>		105.24	¢		~	142.45	New Dev	Devillait
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84154	PSA (prostate specific antigen)	Yes	\$	106.34	ə 10	5.55	>	143.15	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84182	Protein western blot test	No	\$	382.72	\$ 18	8.76	\$	588.80	Non-Par	Per Unit
Laboratory & Dathology Convices	Hospital Outpatient	СРТ	0420F	Assay of serum sodium	No	s	12 10	ć,	1.33	ć	56 67	Non Dor	Por Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	04295	Assay of serum soulum	INO	Ş	42.10	ې د د	1.33	Ş	56.67	Non-Par	Per Unit

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Service Category	Service Setting	Code Type	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> Specific <u>Negotiated</u> <u>Charge</u>	_Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Blood Test - Thyroxine (Thyroid Chemical) Level, Free	Νο	\$ 66.21	\$ 8.12	\$ 89.13	Non-Par	Per Unit
				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	No	\$ 64.07	\$ 23.52	\$ 119.09	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Blood Test - Thyroid Stimulating Hormone (TSH) Level	Yes	\$ 64.07	\$ 23.52	\$ 119.09	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84480	Assay triiodothyronine (t3)	No	\$ 96.31	\$ 12.76	\$ 129.65	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84484	Assay of troponin quant	No	\$ 81.70	\$ 10.26	\$ 121.45	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84702	Chorionic gonadotropin test	No	\$ 125.77	\$ 11.54	\$ 169.31	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85014	Hematocrit	No	\$ 26.95	\$ 2.13	\$ 36.27	Non-Par	Per Unit

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Service Category	Service Setting	<u>Code</u> Type	<u>Code</u>	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85025	Blood Test - Complete Blood Cell Count and Automated WBC	Yes	\$ 77.98	\$ 10.88	\$ 112.06	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85027	Blood Test - Complete Blood Cell Count (Hemoglobin)	Yes	\$ 60.79	\$ 5.82	\$ 81.83	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85240	Clot factor viii ahg 1 stage	No	\$ 45.97	\$ 16.11	\$ 95.56	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85378	Fibrin degrade semiquant	No	\$ 53.57	\$ 7.44	\$ 72.11	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85610	Blood Test - Clotting Time	Yes	\$ 44.81	\$ 6.01	\$ 64.27	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85613	Russell viper venom diluted	No	\$ 24.61	\$ 8.24	\$ 70.98	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$ 53.32	\$ 4.96	\$ 71.77	Non-Par	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
				Blood Test - Coagulation						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85730	Assessment	Yes	\$ 46.01	\$ 5.41	\$ 61.94	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85732	Thromboplastin time partial	No	\$ 12.63	\$ 5.82	\$ 36.42	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86140	C-reactive protein	No	\$ 48.49	\$ 4.66	\$ 65.28	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86360	T cell absolute count/ratio	No	\$ 65.00	\$ 42.28	\$ 211.59	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$ 132.78	\$ 24.10	\$ 383.03	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ		Rheumatoid factor quant	No	\$ 52.70		\$ 70.95	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$ 37.81	\$ 3.84	\$ 50.90	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$ 37.81	\$ 3.84	\$ 50.90	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$ 57.37	\$ 9.16	\$ 165.50	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86615	Bordetella antibody	No	\$ 25.74	\$ 11.87	\$ 81.45	Non-Par	Per Unit

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		Code			Required Shoppable	Discounted	Minimum Negotiated	Maximum Negotiated	Specific Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86651	Encephalitis californ antbdy	No	\$ 25.74	\$ 11.87	\$ 110.13	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86652	Encephaltis east eqne anbdy	No	\$ 25.74	\$ 11.87	\$ 110.13	Non-Par	Per Unit
				e data data data data da		<u>.</u>	<b>A</b>			
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86653	Encephaltis st louis antbody	No	\$ 25.74	\$ 11.87	\$ 110.13	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86654	Encephaltis west eqne antbdy	No	\$ 25.74	\$ 11.87	\$ 110.13	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86663	Epstein-barr antibody	No	\$ 25.60	\$ 11.81	\$ 83.21	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86677	Helicobacter pylori antibody	No	\$ 30.68	\$ 15.13	\$ 63.03	Non-Par	Per Unit
, ,,										
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86692	Hepatitis delta agent antbdy	No	\$ 29.16	\$ 15.44	\$ 50.98	Non-Par	Per Unit
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						A		A 407.00		
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$ 79.65	\$ 12.41	\$ 107.23	Non-Par	Per Unit
						A				
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 86.11	\$ 10.85	\$ 115.92	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86705	HEP B CORE ANTIBODY IGM	No	\$ 22.98	\$ 10.59	\$ 57.38	Non-Par	Per Unit

	Regional One Health Is not In- network with this payor for Acute Hospital or Inpatient Rehabilitation Servies									Amount We Estimate You Will Owe *	
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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discou Cash		De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated <u>Charge</u>	Payer- Specific Negotiated Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$	98.98	\$ 9.67	\$ 133.25	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86707	Hepatitis be antibody	No	\$	22.56	\$ 10.41	\$ 65.09	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$	22.71	\$ 11.15	\$ 56.71	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	\$	78.19	\$ 12.95	\$ 225.56	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	\$	25.14	\$ 11.59	\$ 72.53	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86769	86769 - SARS-COV-2 COVID-19 ANTIBODY	No	Ş	51.48	\$ -	\$ 112.07	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86790	Virus antibody nos	No	\$	25.14	\$ 11.59	\$ 76.53	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	Blood Test - Hepatitis C Antibody Level	Νο	\$	67.64	\$ 12.84	\$ 91.06	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86804	Hep c ab test confirm	No	\$	23.09	\$ 13.94	\$ 66.62	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86850	Rbc antibody screen	No	\$	20.32	\$ 5.00	\$ 66.92	Non-Par	Per Unit

	Regional One Health Is not In- network with this payor for Acute Hospital or Inpatient Rehabilitation Servies								Amount We Estimate You Will Owe *	
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Service Category	Service Setting	<u>Code</u> <u>Type</u>	Code	Description	CMS Required Shoppable Service?	Discounted <u>Cash Price</u>	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	<u>Estimate Type</u>
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	Non-Par	Per Unit
						·	· · · · · ·			
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	Non-Par	Per Unit
Laboratory & Dathalam Convisas	Hernitel Outpatient	CDT	86003		No	\$ 5.82	\$ 4.84	¢ 202.27	Non Dor	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	00302	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	<i>२</i> 4.84	\$ 383.37	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$ 344.22	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$ 133.90	\$ 9.29	\$ 180.25	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$ 138.63	\$ 7.76	\$ 186.61	Non-Par	Per Unit

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		Code			Required	Discounted	Minimum	Maximum	Specific	
Service Cotegory	Comvine Cotting	Code	Code	Description	Shoppable	Discounted	Negotiated	Negotiated	Negotiated	Fatimate Tune
Service Category	Service Setting	Type	<u>Code</u>	Description	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	Charge_	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	97077	Bacterial Culture - Aerobic Isolates	No	\$ 60.43	\$ 7.27	\$ 81.35	Non-Par	Per Unit
Laboratory & Pathology Services	nospital outpatient	CFT	0/0//	Bacterial Culture - Aerobic Isolates	NU	Ş 00.45	Ş 1.21	Ş 01.55	Non-Fai	rei onit
				Test for Disease-Causing						
				(Pathogenic) Organisms, Not						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87081	Limited to a Specific Condition	No	\$ 81.17	\$ 5.97	\$ 109.26	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87081	Limited to a specific Condition	NO	\$ 81.17	\$ 5.97	\$ 109.26	Non-Par	Per Unit
				Urine Test - Bacterial Culture,		<b>A D A C</b>	÷ = = = =	÷		<b>B</b> 11 11
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87086	Quantitative Colony Count	No	\$ 82.16	\$ 7.26	\$ 110.60	Non-Par	Per Unit
Laboratory & Dathology Condition	Upprited Outpotions	CDT	07000	Uning Test Restarial Culture	No	¢ 15.00	¢ 7.00	¢ 43.00	Non Dec	Dev Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87088	Urine Test - Bacterial Culture	No	\$ 15.80	\$ 7.28	\$ 43.86	Non-Par	Per Unit
Laboratory & Dathology Condition	Upperited Outpetient	CDT	07110	Chlamudia cultura	No	ć 120.74	¢ 17.04	ć 175.00	Non Dec	Dev Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	9/110	Chlamydia culture	No	\$ 130.74	\$ 17.64	\$ 175.99	Non-Par	Per Unit
				Fundamentary of Austin involved D						
Laboratory & Dathalany Co.	Usersited Outputient	CDT	074.00	Evaluation of Antimicrobial Drug	N -	¢	¢ 7.50	¢ 02.50	No. Do.	Developed to
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87186	(antibiotic, antifungal, antiviral)	No	\$ 69.16	\$ 7.79	\$ 93.10	Non-Par	Per Unit

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	<u>Code</u>	Description	Service?	Cash Price	Charge_	Charge_	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87205	Lab Test - Smear for Microorganism	No	\$ 49.93	\$ 3.84	\$ 67.21	Non-Par	Per Unit
				Lab Test - Detection test for						
Laboratory & Pathology Services	Hospital Outpatient	СРТ		Hepatitis B Surface Antigen	No	\$ 63.55	\$ 9.30	\$ 85.55	Non-Par	Per Unit
		-								
				Lab Test - Detection test for HIV-1						
Laboratory & Dathalany Constant	Usersited Outputient	CDT				¢	A 34.67	¢ 140.00	No. Dou	Day Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87389	and HIV-2	No	\$ 110.43	\$ 21.67	\$ 148.66	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87425	Rotavirus ag ia	No	\$ 37.44	\$ 10.78	\$ 108.00	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87491	Urine Test - Chlamydia	No	\$ 108.43	\$ 31.58	\$ 171.03	Non-Par	Per Unit
				Urine Test - Gonorrhoeae						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87501	(Neisseria Gonorrhoeae Bacteria)	No	\$ 90.13	\$ 31.58	\$ 171.03	Non-Par	Per Unit
Laboratory & Fathology Services		CFI	37351	(Neissena Gonornioeae Bacteria)	NU		÷ 51.30	÷ 1/1.05	NUIFral	rerunit
				87635 - SARS-COV-2 COVID-19						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87635	AMP PRB	No	\$ 53.36	\$ -	\$ 136.48	Non-Par	Per Unit

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Constant Containing	Comites Cotting	Code	Carda	Description	Shoppable	Discounted	Negotiated	Negotiated	Negotiated	Fathered Trees
Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?	Cash Price	Charge	Charge	Charge_	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87798	Detect agent nos dna amp	No	\$ 90.13	\$ 31.58	\$ 171.03	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ		Lab Test - Detection test for Influenza Virus	No	\$ 37.58	\$ 19.82	\$ 70.50	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87880	Strep Test (Streptococcus, group A)	No	\$ 101.56	\$ 19.87	\$ 143.48	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	88185	Flowcytometry/tc add-on	No	\$ 68.81	\$ -	\$ 120.30	Non-Par	Per Unit
Vaccinations	Physician Office	СРТ	90460	Immunization Administration First Component	No	\$ 40.10	\$ 11.68	\$ 75.93	\$13.44	Per Unit
Vaccinations	Physician Office	СРТ		Immunization Administration Each Additional Component	No	\$ 25.13	\$ 10.49	\$ 38.51	\$12.07	Per Unit
vaccinations			90401		NU	<i>ş</i> 25.13	<u> </u>	<i>\$</i> 56.51	\$12.07	
Vaccinations	Hospital Outpatient	СРТ	90471	Immunization Administration	No	\$ 44.49	\$ 7.02	\$ 81.80	Non-Par	Per Unit
	and the second									

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	Code	Description	CMS Required Shoppable Service?	Discou Cash	unted Price	De-Identified <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	<u>_Estimate Type</u>
Vaccinations	Hospital Outpatient	СРТ	90472	Immunization Administration Each Additional Component	No	Ş	12.56	Ś-	\$ 38.51	Non-Par	Per Unit
Vaccinations	Hospital Outpatient	СРТ		9V HPV Vaccine 2/3 Dose	No	-	142.32			Non-Par	Per Unit
Vaccination	Hospital Outpatient	СРТ		Vaccine - Pneumococcal Conjugate for Injection into Muscle	Νο	\$	285.59	\$ 9.56	\$ 345.21	Non-Par	Per Unit
Vaccination	Hospital Outpatient	СРТ		Vaccine - Tetanus, Diptheria Toxoids, and Acellular Pertussis (Whooping Cough) for Injection into Muscle	No	\$	57.74	\$-	\$ 77.73	Non-Par	Per Unit

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Service Category	Service Setting	Code Type	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_Estimate Type
Evaluation & Management Services	Professional Services	СРТ	90791	Psychiatric Diagnostic Evaluation	No	\$ 308.81	\$ 118.93	\$ 198.74	\$124.21	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90832	Psychotherapy - 30 Minutes	Yes	\$ 88.03	\$ 57.92	\$ 99.25	\$62.03	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90834	Psychotherapy - 45 Minutes	Yes	\$ 116.77	\$ 77.37	\$ 132.34	\$82.71	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90837	Psychotherapy - 60 Minutes	Yes	\$ 174.90 N/A No	\$ 116.00	\$ 198.22 N/A No	\$123.89 N/A No	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90846	Family psytx w/o pt 50 min	Yes	Service Volume	\$ -	Service Volume	Service Volume	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90847	Psychotherapy - Family Session	Yes	\$ 146.15	\$ 97.13	\$ 166.18	\$103.86	Per Unit
						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	Non-Par	Per Unit
Medicine Cardiovascular	Professional Services	СРТ	93000	Electrocardiogram, routine, with interpretation and report	Yes	\$ 36.27	\$ 28.12	\$ 95.52	\$15.89	Per Unit

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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
Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$ 142.29	\$-	\$ 295.26	Non-Par	Per Unit
Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$ 471.40	\$ 61.00	\$ 634.57	Non-Par	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	\$ 1,404.83	\$ 322.26	\$ 1,593.05	Non-Par	Per Unit
								. ,		
				Insertion of catheter into left heart						
Uppritel Outpotient Dressdure	Upprited Outpotient	CDT	02452	for diagnosis	Mag	\$ 8,847.45	¢ 570.02	\$ 12,920.92	New Dev	Casa Data
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	93452	for diagnosis	Yes	\$ 8,847.45	\$ 579.93	\$ 12,920.92	Non-Par	Case Rate
Medicine Other	Hospital Outpatient	СРТ	93971	Extremity study	No	\$ 240.64	\$ 92.64	\$ 400.67	Non-Par	Per Unit
		CFI	33371	LAGEINLY SLUUY	NU	y 240.04		÷ 400.87	NUI-Pdi	rerunit
Medicine Other	Hospital Outpatient	СРТ	05044	Allergy patch tests	No	\$ 189.82	ć	\$ 1,229.53	Non Par	Per Unit
		CPT	55044	Allergy patch tests	No	-			Non-Par N/A No	rerunit
Madising Neurology and						N/A No Service	N/A No Service	N/A No	N/A NO Service	
Medicine Neurology and	Usersited Output	CDT	05040	Slava studu	м.			Service		Des Halt
Neuromuscular	Hospital Outpatient	СРТ	95810	Sleep study	Yes	Volume	Volume	Volume	Volume	Per Unit
Injections	Hospital Outpatient	СРТ	96402	Chemo hormon antineopl sq/im	No	\$ 110.26	\$ 66.86	\$ 196.20	Non-Par	Case Rate

	Regional One Health is not in- network with this payor for Acute									Amount We	
	Hospital or Inpatient Rehabilitation Servies									Estimate You Will Owe *	
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<u>Service Category</u>	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	<u>Discou</u> <u>Cash P</u>		De-Identified Minimum Negotiated Charge	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	Payer- Specific Negotiated Charge	Estimate Type
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97032	Physical Therapy - Manual Electrical Stimulation Therapy, 15 minutes	No	\$	31.26	\$ 12.56	\$ 59.90	Non-Par	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97035	Physical Therapy - Ultrasound Therapy	No	\$ :	26.92	\$ 11.95	\$ 40.29	Non-Par	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97110	Physical Therapy - Therapeutic Exercises	Yes	Ś	88.74	\$ 17.40	\$ 119.46	Non-Par	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97112	Physical Therapy - Neuromuscular Reeducation	No	\$	59.9 <b>3</b>	\$ 26.14	\$ 104.78	Non-Par	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97116	GAIT TRAINING THERAPY	No	\$	77.61	\$ 22.90	\$ 104.48	Non-Par	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97140	Physical Therapy - Manual Therapy	No	\$ !	56.20	\$ 23.73	\$ 93.92	Non-Par	Per Unit

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	Hospital or Inpatient Rehabilitation											Estimate You	
	Servies											Will Owe *	
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		<u>Code</u>			Shoppable	Disco	ounted	Neg	otiated	Nego	tiated _	<b>Negotiated</b>	
Service Category	Service Setting	Type	<u>Code</u>	Description	Service?	Cash	n Price	Ch	narge	Cha	irge	Charge	Estimate Type
Mandiation Discriminal Mandiation and				Physical Theorem 1 and Convertenity									
Medicine Physical Medicine and				Physical Therapy - Low Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97161	Evaluation	No	\$	168.06	Ş	71.97	Ş	252.78	Non-Par	Per Unit
Medicine Physical Medicine and				Physical Therapy - Moderate									
Rehabilitation	Hospital Outpatient	СРТ	97162	Complexity Evaluation	No	Ś	62.40	ć	71.97	Ś	252.78	Non-Par	Per Unit
Reliabilitation	nospital outpatient	CFT	57102		NO	Ŷ	02.40	Ŷ	/1.5/	Ŷ	232.70	Non-Fai	reronit
Medicine Physical Medicine and				Physical Therapy - High Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97163	Evaluation	No	\$	168.06	\$	71.97	\$	252.78	Non-Par	Per Unit
	-												
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	07164	Physical Thorapy - Po Evaluation	No	\$	113.34	ć	48.67	ć	170.97	Non Par	Per Unit
	Hospital Outpatient	CPT	37104	Physical Therapy - Re-Evaluation	No	>	115.54	Ş	40.07	\$	110.31	Non-Par	rei Ullit
								Ι.					
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$	180.88	\$	77.05	\$	245.32	Non-Par	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	No	Ś	62.40	Ś	72.00	Ś	245.32	Non-Par	Per Unit
			0.100			Ŧ	01.40	T	. 1.00	<b>T</b>			

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					<u>CMS</u>		De-Identified Minimum	De-Identified Maximum	Payer- Specific	
		Code			Required Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Medicine Physical Medicine and				Physical Therapy - Therapeutic						
Rehabilitation	Hospital Outpatient	СРТ	97530	Activities	No	\$ 92.45	\$ 17.40	\$ 124.45	Non-Par	Per Unit
Medicine Physical Medicine and				Physical Therapy - Self-care or						
Rehabilitation	Hospital Outpatient	СРТ	97535	Home Management Training	No	\$ 68.89	\$ -	\$ 109.03	Non-Par	Per Unit
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99024	Postop follow-up visit	No	\$-	\$-	\$ 14.27	\$0.00	Per Unit
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99202	Office Visit - New Patient, Minor	No	\$ 167.93	\$ 90.34	\$ 200.08	\$48.49	Per Unit
Evolution & Monogement Consistent	Professional Convices	CDT	00202	Office Visit - New Patient, Low	Vee	\$ 182.06	\$ 132.54	¢	672 72	Dor Linit
Evaluation & Management Services	Professional Services	СРТ	99203	Complexity	Yes	\$ 182.06	ə 132.54	\$ 273.99	\$72.73	Per Unit
				Office Visit - New Patient,						
Evaluation & Management Services	Professional Services	СРТ	99204	Moderate Complexity	Yes	\$ 250.69	\$ 177.01	\$ 432.49	\$124.44	Per Unit

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Service Category	Service Setting	<u>Type</u>	<u>Code</u>	<u>Description</u>	Service?	Cash	<u>Price</u>	Charge	Charge_	Charge	Estimate Type
				New patient office of other							
Evaluation & Management Services	Professional Services	СРТ	99205	outpatient visit, typically 60 min	Yes	\$	448.04	\$ 156.38	\$ 553.76	\$162.60	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99212	Office Visit - Basic	No	\$	58.74	\$ 46.41	\$ 133.24	\$24.72	Per Unit
Evaluation & Management Services	Professional Services	СРТ		Office Visit - Established Patient, Low Complexity	No	s	99.67	\$ 81.71	\$ 201.59	\$49.43	Per Unit
			55215	Low complexity		Ŷ	55107	<b>V</b> 01.71	Ç 201.00	<b>Q</b> 45145	
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	СРТ	99214	Moderate Complexity	No	\$	151.19	\$ 140.90	\$ 279.47	\$76.23	Per Unit
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	СРТ		High Complexity	No	\$	315.87	\$ 192.33	\$ 385.34	\$107.72	Per Unit
~											
Drofossional Convises Associated											
Professional Services Associated with Inpatient Stay	Professional Services	СРТ	99232	Subsequent hospital care	No	s	159.88	\$ 50.60	\$ 111.92	\$69.95	Per Unit
the inpution only		5	33232	easequent nospital tare		Ŷ	100.00	- 50.00	+ 111.JZ	403.33	. or onit

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		Code			<b>Shoppable</b>	_	counted	Negotiated		gotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Ca	sh Price	Charge		Charge	Charge	Estimate Type
				Patient office consultation,								
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99243	typically 40 min	Yes	\$	212.43	\$-	\$	142.18	\$0.00	Per Unit
				Patient office consultation,								
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99244	typically 60 min	Yes	\$	338.80	\$-	\$	226.38	\$0.00	Per Unit
									· ·			
				Emergency Department Visit -								
Emergency Room Visit	Hospital Outpatient	СРТ		Minor (outpatient)	No	\$	230.81	\$ 74.98	¢	689.88	Non-Par	Case Rate
Emergency Room visit		GET	33201	inition (outpatient)	NU	<b>,</b>	230.01	y /4.30	<b>?</b>	005.00	NUIFFAI	cuse nate
1												
				Emergency Department Visit - Low								
Emorgonou Room Visit	Hospital Outpatient	СРТ			No	Ś	430.38	\$ 93.52	ć	1,114.22	Non-Par	Case Rate
Emergency Room Visit	nospital Outpatient	CPT	33202	Complexity (outpatient)	NU	<b>?</b>	430.38	ə 33.32	<b>?</b>	1,114.22	NUII-Paf	Case Rale

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	CMS Required Shoppable Service?	<u>scounted</u> ash Price	<u>De-Iden</u> <u>Minim</u> <u>Negotia</u> <u>Char</u> g	um ated	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> Specific <u>Negotiated</u> <u>Charge</u>	Estimate Type
Emergency Room Visit	Hospital Outpatient	СРТ	99283	Emergency Department Visit - Moderate Complexity (outpatient)	No	\$ 932.99	\$ 18	32.62	\$ 2,714.83	Non-Par	Case Rate
Emergency Room Visit	Hospital Outpatient	СРТ	99284	Emergency Department Visit - Higher Complexity (outpatient)	No	\$ 2,400.69	\$    27	70.43	\$ 4,475.48	Non-Par	Case Rate
Emergency Room Visit	Hospital Outpatient	СРТ	99285	Emergency Department Visit - High Complexity (outpatient)	No	\$ 3,149.91	\$ 45	58.20	\$ 5,806.95	Non-Par	Case Rate
Emergency Room Visit	Hospital Outpatient	СРТ	99 <b>2</b> 91	Emergency Department Visit - Critical Care (outpatient)	No	\$ 17,860.61	\$ 42	25.50	\$ 6,308.07	Non-Par	Case Rate

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					<b>Required</b>		<u>Minimum</u>	<u>Maximum</u>	Specific	
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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u>Scruce category</u>	<u>Service Setting</u>	Type	couc	Description	<u>Scrvice</u>	casirritec	charge	charge	charge	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient,						
Evaluation & Management Services	Destantional Complete	СРТ		Younger than 1 Year Old	No	\$ 156.75	÷	\$ 225.38	\$0.00	Per Unit
Evaluation & Wanagement Services	Professional Services	CPT	99381	Younger than 1 Year Old	NO	\$ 150.75	\$ -	\$ 225.38	ŞU.UU	Per Unit
				Office Misth Course I i						
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient, 1-						
Evaluation & Management Services	Professional Services	СРТ		4 Years Old	No	\$ 163.82	s -	\$ 236.91	\$0.00	Per Unit
<b>Evaluation &amp; Management Services</b>	FIDIESSIDIIdi Services	CPT	32202	4 rears Olu	NU	<u>۵۵.601 کې 103.82</u>		ə 200.91	ŞU.UU	rei Ullit

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					<b>Required</b>		<u>Minimum</u>	<u>Maximum</u>	Specific	
		Code			<b>Shoppable</b>	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u>Service category</u>	<u>Service Setting</u>	туре	coue	Description	<u>Service:</u>	Casil Plice	Charge	Charge	charge	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient, 5-						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99383	11 Years Old	No	\$ 170.96	ş -	\$ 413.46	\$0.00	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient, 12-						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99384	17 Years Old	No	\$ 193.58	\$-	\$ 280.75	\$0.00	Per Unit
							1			

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Comico Cotogoni	Convice Setting		Code	Description						
Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient, 18-						
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99385	39 Years Old	Yes	\$ 187.80	\$ 59.23	\$ 347.60	\$68.65	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient, 40-						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99386	64 Years Old	Yes	\$ 217.32	\$ 91.72	\$ 1,293.56	\$91.72	Per Unit
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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
				and Management, Younger than 1						
							*	<u>.</u>	<u> </u>	<b>B</b> 11 11
Evaluation & Management Services	Professional Services	СРТ	99391	Year Old	No	\$ 141.19	ş -	\$ 267.83	\$0.00	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99392	and Management, 1-4 Years Old	No	\$ 150.93	\$-	\$ 305.91	\$0.00	Per Unit

To Search for a service Click "CTRL" + "F"	Regional One Health Is not in- network with this payor for Acute Hospital or Inpatient Rehabilitation Servies								Amount We Estimate You Will Owe *	
Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	Payer- Specific Negotiated Charge	_Estimate Type
Evaluation & Management Services	Professional Services	СРТ		Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 5-11 Years Old	No	\$ 150.44	\$ -	\$ 305.91	\$0.00	Per Unit
Evaluation & Management Services	Professional Services	СРТ		Office Visit - Comprehensive Preventive Medicine Reevaluation 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	\$37.07	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	<u>Estimate Type</u>
Evaluation & Management Services	Professional Services	СРТ	99396	Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 40-64 Years Old	No	\$ 180.12	\$ 64.57	\$ 429.79	\$64.57	Per Unit
			55550			ý 100.12	<del>, 04.3</del> 7	<del>,</del> 425.75	<i></i>	
Exablate	Hospital Outpatient	СРТ	0398T	Focused Ultrasound	No	\$ 32,139.56	\$ 11,272.90	\$ 11,272.90	Non-Par	Case Rate
Vaccinations	Hospital Outpatient	СРТ	G0008	Admin influenza virus vaccine	No	\$ 70.15	\$ -	\$ 126.95	Non-Par	Per Unit
Vaccinations	Hospital Outpatient	СРТ	G0009	Admin pneumococcal vaccine	No	\$ 27.43	\$ -	\$ -	Non-Par	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	No	\$ 773.99	\$ 46.24	\$ 1,424.46	Non-Par	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$ 15,685.71	\$ 605.00	\$ 24,131.86	Non-Par	Per Unit

	Regional One Health is not in- network with this payor for Acute Hospital or Inpatient Rehabilitation Servies									Amount We Estimate You Will Owe *	
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Service Category	Service Setting	<u>Code</u> Type	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	<u>Discou</u> <u>Cash</u> I		<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_Estimate Type
Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	<b>\$</b> :	130.00	\$ 74.02	\$ 200.00	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 4	476.03	\$-	\$ 732.35	Non-Par	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$	0.22	\$ 0.03	\$ 0.34	Non-Par	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$	2.13	\$ 0.78	\$ 3.27	Non-Par	Per Unit
-	Hospital Outpatient	HCPCS		Synvisc or synvisc-one	No	\$	26.95	\$-	\$ 89.11	Non-Par	Per Unit
Injections	Hospital Outpatient	СРТ	19217	Eligard	No	\$ 2.8	818.54	Ś -	\$ 4,336.21	Non-Par	Per Unit