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Magnolia Mississippi Medicaid	Last Updated: 12/14/2021									
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Service Category	Service Setting	<u>Type</u>	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
										Case Rate-
										Excluding
				Cardiac valve and other major						Professional
				cardiothoracic procedures with		N/A No	N/A No	N/A No		Charges which
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	cardiac catheterization with major complications or comorbidities	Yes	Service Volume	Service Volume	Service Volume		are paid by CPT/HCPCS
Hospital Inpatient Stay	nospital ilipatient	DNG	210	complications of comorbidities	163	volume	volume	Volume	volume	CFI/HCFC3
										Case Rate-
										Excluding
										Professional
										Charges which
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	\$ 13,710,15	\$ 5,517.78	\$ 31,074.55	\$6,824.91	are paid by CPT/HCPCS
		23		The state of the s		Ţ 15// 10/15	- 5,527.70		70,024.02	.,
										Case Rate-
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				Spinal fusion except cervical						Charges which
Handral Investigation	Houstant Insulation:	DDC	460	without major comorbid conditions	v	ć 00 = 44 CC	A 46 227 63	ć F0.000.00	674 700 66	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	460	or complications (MCC)	Yes	\$ 89,541.22	\$ 16,237.64	\$ 58,989.92	\$71,709.62	CPT/HCPCS

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Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified  Maximum  Negotiated  Charge	Payer- Specific Negotiated Charge	Estimate Type
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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		Code			<u>Shoppable</u>	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	<u>Charge</u>	Estimate Type
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										Excluding
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										Charges which
				HIP FEMUR PROCEDURES EXCEPT			4		4	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	480	MAJOR JOINT W MCC	No	\$ 58,727.97	\$ 12,375.85	\$ 48,933.51	\$21,286.46	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	\$9,777.81	CPT/HCPCS
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										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	482	MAJOR JOINT W/O CC/MCC	No	\$ 35,733.50	\$ 6,745.73	\$ 37,731.25	\$11,373.63	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
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Hospital Inpatient Stay	Hospital Inpatient	DRG	493	EXCEPT HIP, FOOT, FEMUR W CC	No	\$ 46,392.83	\$ 9,438.20	\$ 41,283.64	\$7,931.57	CPT/HCPCS

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				LOWER EXTREM HUMER PROC						Charges which
				EXCEPT HIP, FOOT, FEMUR W/O						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	494	CC/MCC	No	\$ 34,304.81	\$ 7,426.74	\$ 43,066.25	\$6,640.65	CPT/HCPCS
										Case Rate-
										Excluding
				Uterine and adnexa procedures for						Professional
				non-malignancy without comorbid						Charges which
L				conditions (CC) or major comorbid						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	743	conditions or complications (MCC)	Yes	\$ 18,033.90	\$ 3,828.29	\$ 28,968.03	\$5,548.89	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W						are paid by
<b>Hospital Inpatient Stay</b>	<b>Hospital Inpatient</b>	DRG	811	MCC	No	\$ 23,221.02	\$ 4,255.93	\$ 31,015.82	\$20,008.45	CPT/HCPCS
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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	812	RED BLOOD CELL DISORDERS W/O	No	\$ 17,544.11	\$ 2,955.18	\$ 26,002.03		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	928	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	No	\$ 81,430.86	\$ 21,639.28	\$ 150,000.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	929	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	No	\$ 38,084.70	\$ 6,540.49	\$ 50,000.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	935	NON-EXTENSIVE BURNS	No	\$ 18,159.73	\$ 3,301.83	\$ 50,000.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Hospital Inpatient Stay	Hospital Inpatient	DRG	956	SIGNIFICANT TRAUMA	No	\$ 105,373.59	\$ 16,085.53	\$ 200,000.00	\$37,827.34	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	\$31,112.10	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	\$14,040.39	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				OTHER MULTIPLE SIGNIFICANT						are paid by
<b>Hospital Inpatient Stay</b>	Hospital Inpatient	DRG	964	TRAUMA W CC	No	\$ 34,761.85	\$ 6,123.35	\$ 50,000.00	\$10,101.46	CPT/HCPCS

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	<b>Estimate Type</b>
										Case Rate-
										Excluding
										Professional
										<b>Charges which</b>
				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	\$6,703.77	CPT/HCPCS
	The state of the s					<b>+</b> 10,000.01	<del>+ -)</del>	<del>+ 17,102.02</del>	<del>+ + + + + + + + + + + + + + + + + + + </del>	G. 1711G. GC
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				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	783	STERILIZATION W MCC	No	\$ 11,915.22	¢ 2 570 00	\$ 39,605.25	\$8,333.77	CPT/HCPCS
iviaternity/ Denvery	nospital inpatient	DING	703	STERIEIZATION W WICE	140	3 11,313.22	3,370.00	3 33,003.23	70,333.77	CF 1/HCFC3
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Maternity/Delivery	Hospital Inpatient	DRG	784	STERILIZATION W CC	No	\$ 9,940.40	\$ 3,570.00	\$ 27,865.12	\$2,372.65	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CECADEAN SECTION W						
				CESAREAN SECTION W					40.000	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	785	STERILIZATION W/O CC/MCC	No	\$ 8,988.27	\$ 3,519.44	\$ 25,870.71	\$6,435.24	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				GEGARIAN GEGETICA (CANADA)						Charges which
				CESAREAN SECTION W/O					_	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	786	STERILIZATION W MCC	No	\$ 12,696.27	\$ 3,570.00	\$ 35,011.06	\$5,229.54	CPT/HCPCS

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										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	787	STERILIZATION W CC	No	\$ 11,322.59	\$ 2,835.00	\$ 27,868.32	\$2,807.88	CPT/HCPCS
inaternity, benivery	Troopital Impatient	DITO	707	STERREIZATION W CC	110	Ψ 11,522.55	<del>\$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>	φ 27,000.02	\$2,007.00	Ci 1/11Ci Co
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										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	788	STERILIZATION W/O CC/MCC	No	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$3,806.78	CPT/HCPCS
inaternity, benvery	Troopital Impatient	DITO	700	STERRED TO TO TO CONTINUE	110	ÿ 3,020.23	ψ 3)E-1E1-1-1	Ç 20,501.00	45,000.70	Ci 1/11Ci Co
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										Excluding
										Professional
										Charges which
										are paid by
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	No	\$ 1,400.10	\$ 626.89	\$ 18,705.56	\$1,278.14	CPT/HCPCS
inaternity, bentery	Troopical impactoric	Ditto	7.55	TOTAL TELEVISION OF THE PROPERTY OF THE PROPER	110	ÿ 1,400.10	<b>V</b> 020.03	Ç 10,703.30	<b>V1)27011</b> 4	Ci 1/11Ci Co
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										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	797	STERILIZATION/D&C W CC	No	\$ 12,785.73	\$ 2,464,00	\$ 25,917.69	\$3,934.07	CPT/HCPCS
		55		T. I.		Ţ 12,703.73	- 2j-104.00	÷ 25,517.05	75,554.07	c. 1/11c1 co
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				VAGINAL DELIVERY W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	798	STERILIZATION/D&C W/O CC/MCC	No	\$ 10 907 11	\$ 2,464,00	\$ 25,917.69	\$3,352.96	CPT/HCPCS
waterinty/ Derivery	nospital inpatient	מאמ	130	STERREIZATION DAL W/O CC/MICC	140	11./22/יוד ל	2,404.00	23,717,09	باردورون 10.200رون	CF 1/HCPC3

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Comitoe Cotonomi	Samilar Samilar		0-4-	Description						Followsky Towns
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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				VACINIAL DELIVERY W/O						_
				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	\$3,488.52	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	\$2,105.19	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	\$2,557.28	CPT/HCPCS
										Case Rate-
1										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital										are paid by
Stay	Inpatient Rehabilitation Hospital	DRG	945	REHABILITATION W CC/MCC	No	N/A	\$ 14,553,00	\$ 14,553.00	\$13,139.54	CPT/HCPCS
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Inpatient Rehabilitation Hospital										are paid by
	Innationt Pohabilitation Hospital	DRG	046	DEHABILITATION W/O CC/MCC	No	N/A	¢ 10 970 00	\$ 10,070,00	\$10 00¢ 7F	
Stay	Inpatient Rehabilitation Hospital	מאמ	946	REHABILITATION W/O CC/MCC	IVO	IV/A	0.070،00 خ	\$ 10,870.00	\$18,986.75	CPT/HCPCS

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Inpatient Rehabilitation Hospital Stay	Inpatient Rehabilitation Hospital	UB	118	Inpatient Rehabilitation Hospital Room & Board	No	52% Charges Estimated at \$2,341.96 Per Diem			N/A	Per Diem Per Day
				ATTERCARE MUSCULOSVELETAL						Case Rate- Excluding Professional
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		Charges which are paid by CPT/HCPCS
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	560	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	No	N/A	\$ 10,435.00	\$ 10,435.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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					Required		Minimum	<u>Maximum</u>	<u>Specific</u>	
Comitoe Cottonom	Complex Coasting	Code	C-d-	Description.	Shoppable	<u>Discounted</u>	Negotiated	Negotiated	Negotiated	Fating to Toma
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM & CONNECTIVE TISSUE						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	561	w/o cc/mcc	No	N/A	\$ 7,474.00	\$ 7,474.00	\$17,913.43	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Pulmonary edema respiratory						are paid by
Stay	Hospital	DRG	LTC189	failure	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
Stay	Hospital	UB	200	Room & Board	No	36,047.26 per diem)	Diem	Diem	Non-Par	Day
July	ποσμιται	UB	200	Nooni & Board	INU	ulellij	DIEIII	DIEIII	INUIT-PdI	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &						\$1,109.30 Per				Per Diem Per
Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	Diem	\$ 227.70	\$ 850.00	Non-Par	Day
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Samilar Catalana	Complex Coasting	Code	C- 4-	Description.	Shoppable	<u>Discounted</u>		gotiated		egotiated		Fathers & Town
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price		harge		Charge	Charge	Estimate Type
						52% Charges						
						Estimated at						
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		\$1,109.30 Per						Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	\$	299.70	\$	850.00	Non-Par	Day
						52% Charges						
						Estimated at						
Skilled Nursing Inpatient Room &				Subacute Care Level 3- Complex		\$1,109.30 Per						Per Diem Per
Board	Inpatient Skilled Nursing	UB	193	Care	No	Diem	\$	370.00	\$	850.00	Non-Par	Day
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	Ś	161.58	Ś	1,803.41	\$172.85	Case Rate
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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	ċ	167.15	Ġ	1,829.27	\$181.20	Case Rate
Tiospital Outpatient Procedure	nospital Outpatient	CFT	11104	biopsy - Functi biopsy of skill	140	3 304.32	٠	107.13	7	1,023.27	3101.20	case nate
											4	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	1/000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$	157.92	۶	1,634.10	\$184.27	Case Rate
<u></u>							١.					
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$	381.25	\$	2,964.36	\$1,235.02	Case Rate
						N/A No					N/A No	
				Removal of 1 or more breast		Service					Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19120	growth, open procedure	Yes	Volume	\$	_	\$	-	Volume	Case Rate
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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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Injections	Hospital Outpatient	СРТ	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$248.20	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$1,444.99	Case Rate
Trospital Gatpatient Foceaute	Troopital Suspassions	- C	27010	Treatment of annie fractare	110	ÿ 2)243143	<b>\$</b> 333.00	Ç 2,301.00	<b>42)</b>	case nate
						N/A No			N/A No	
						Service			Service	
Hospital Quitnotiont Dropoduro	Hasnital Outpationt	СРТ	20026	Arthroscopic Shoulder Surgery	Voc	Volume	\$ -	\$ -	Volume	Casa Bata
Hospital Outpatient Procedure	Hospital Outpatient	CPT	29020	Arthroscopic Shoulder Surgery	Yes	volume	<b>,</b> -	<b>-</b>	volume	Case Rate
						NI / O NI -			21/2 21-	
						N/A No			N/A No	
				Arthroscopic Knee Surgery		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	29881	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	31575	Laryngoscopy - Diagnostic	No	\$ 449.87	\$ 135.86	\$ 1,978.02	\$180.64	Case Rate
Hospital Outpatient Procedure	<b>Hospital Outpatient</b>	CPT	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$601.48	Case Rate
						NI/A NIO			NI/A NI-	
						N/A No			N/A No	
				Tonsillectomy with Adenoidectomy		Service	_		Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	42820	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
				<b>Upper Gastrointestinal Endoscopy -</b>						
<b>Hospital Outpatient Procedure</b>	<b>Hospital Outpatient</b>	CPT	43235	Diagnostic	Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$733.39	Case Rate

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Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified  Maximum  Negotiated  Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Outpatient	СРТ	43239	Upper Gastrointestinal Endoscopy - With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$746.87	Case Rate
Hospital Outpatient	СРТ	45378	Colonoscopy - Diagnostic	Yes	\$ 2,117,86	\$ 335.79	\$ 2.220.88	\$769.06	Case Rate
nospital Outputient	Ci i	43370	(outputent)	103	7 2,117.00	ÿ 333.73	7 2,220.00	\$705.00	cuse nate
Hospital Outpatient	СРТ	45380	Colonoscopy - With Biopsy (outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$974.99	Case Rate
			Colonoscopy - With Polyp Removal						
Hospital Outpatient	СРТ	45385	(outpatient)	Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	\$1,021.17	Case Rate
Hospital Outpatient	CRT	45201	Ultrasound examination of lower	Voc	N/A No Service	د	ė	N/A No Service	Case Rate
	Hospital Outpatient  Hospital Outpatient  Hospital Outpatient	Hospital Outpatient CPT  Hospital Outpatient CPT  Hospital Outpatient CPT  Hospital Outpatient CPT	Hospital Outpatient CPT 45378  Hospital Outpatient CPT 45380  Hospital Outpatient CPT 45385	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 Biopsy  Yes  Colonoscopy - With Polyp Removal (outpatient)  Yes  Ultrasound examination of lower	Code   Description   Code   Description   Code   Description   Discounted   Shoppable   Service?   Cash Price   Cash Price	Code   Description   Service   Discounted   Shoppable   Discounted   Service   Cash Price   Ca	Code   Description   Service Setting   Code   Description   Property   Code   Description   Service   Cash Price   Charge   Cha	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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Service Category	Service Setting	Туре	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<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	\$4,419.56	Case Rate
nospital Outpatient Procedure	nospital Outpatient	CFT	47302	dan biadder Surgery (outpatient)	163	7 12,002.32	3 304.73	7 10,374.00	\$4,415.50	Case Nate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$1,423.87	Case Rate
			15 1 16	i nace gastrostom, tune pere		<del>+ 0,222.00</del>	¥ 1.0.12	<del>+ •,=•••</del>	<del>+2,120.07</del>	
Heavital Outpatient Dress dure	Hernital Outrations	CDT	40505	Repair of groin hernia patient age 5	Vaa	\$ 9,867.85	ć 470.00	ć 15.040.03	ća 022 20	Cose Date
Hospital Outpatient Procedure	Hospital Outpatient	CPT	49505	years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$2,923.30	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	51700	Urine Capacity Measurement	No	\$ 97.04	\$ -	\$ 1,579.20	\$52.02	Case Rate
nospital Outpatient Procedure	nospital Outpatient	CFT	31736	Office Capacity Weasurement	140	3 37.04	· ·	7 1,373.20	732.02	case nate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$514.67	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	\$ 284.76	\$ 2,631.84	\$1,530.66	Case Rate
				Surgical removal of prostate and		N/A No	N/A No	N/A No	N/A No	
				surrounding lymph nodes using an		Service	Service	Service	Service	
<b>Hospital Outpatient Procedure</b>	<b>Hospital Outpatient</b>	CPT	55866	endoscope	Yes	Volume	Volume	Volume	Volume	Case Rate

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Hospital Outpatient Procedure	Hospital Outpatient	CPT	58100	Biopsy - Endometrial (Uterus)	No	\$	375.83	\$	144.00	\$	1,697.39	\$187.44	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58300	Insert intrauterine device	No	\$	632.24	\$	48.93	\$	1,749.37	\$88.90	Case Rate
<b>Hospital Outpatient Procedure</b>	Hospital Outpatient	CPT	58301	Remove intrauterine device	No	\$	273.85	\$	32.34	\$	1,495.58	\$274.03	Case Rate
<b>Hospital Outpatient Procedure</b>	<b>Hospital Outpatient</b>	CPT	59025	Fetal Non-Stress Test	No	\$	260.79	\$	118.53	\$	1,596.22	\$157.26	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	\$0.00	Case Rate
, ,				,		ľ	,				,		
Professional Services Associated													
with Inpatient Stay	Professional Services	СРТ	59410	Obstetrical care	No	\$	2,230.06	Ś	133.91	Ś	1,625.81	\$864.46	Case Rate
		-				Ť	_,_30.00	-		-	_,	+···•	
				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	40.00	
with Inpatient Stay	Professional Services	CPT	59510	delivery care	Yes	\$	4,966.56	\$	246.05	Ş	3,619.13	\$0.00	Case Rate

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
		3/100								
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				Routine obstetric care for vaginal						
				delivery after prior cesarean						
Professional Services Associated				delivery including pre-and post-						
	Professional Compless	CDT	F0C40		W	ć 4.70C.F0	ć 205.00	ć 2.420.24	60.00	Corre Boto
with Inpatient Stay	Professional Services	CPT	59610	delivery care	Yes	\$ 4,706.58	\$ 305.08	\$ 3,429.34	\$0.00	Case Rate
										<b> </b>
				Injection of substance into spinal						
				canal of lower back or sacrum using						<b> </b>
Hospital Outpatient Procedure	Hospital Outpatient	CPT	62322	imaging guidance	Yes	\$ 1,055.18	\$ 379.33	\$ 1,880.39	\$572.72	Case Rate
										<b> </b>
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				Injection of substance into spinal						
				canal of lower back or sacrum using						
<b>Hospital Outpatient Procedure</b>	Hospital Outpatient	CPT	62323	imaging guidance	Yes	\$ 1,665.98	\$ 305.01	\$ 1,988.33	\$585.34	Case Rate
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Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	_Estimate Type
				Injections of anesthetic and/or steroid drug into lower or sacral						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	64483	spine nerve root using imaging guidance	Yes	\$ 1,776.21	\$ 358.46	\$ 1,980.49	\$745.26	Case Rate
						N/A No			N/A No	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66821	Removal of recurring cataract in lens capsule using laser	Yes	Service Volume	\$ -	\$ -	Service Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpations	СРТ	66094	Removal of cataract with insertion of lens	Yes	N/A No Service Volume	\$ -	\$ -	N/A No Service Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CFI	00364	OI IEIIS	res	volulile	÷ -	-	volume	Case Nate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	69210	Remove impacted ear wax	No	\$ 168.99	\$ 48.93	\$ 1,604.78	\$72.19	Case Rate
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	No	\$ 901.06	\$ 127.22	\$ 1,318.18	\$89.78	Per Unit

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<u> Jervice Category</u>	<u>Jervice Jetting</u>	туре	coue	Description	Service:	Casii Fiice	Charge	Charge	Charge	Littillate Type
				CT Scan - Head/Brain, without						
Radiology Services	Hospital Outpatient	CPT	70450	Contrast	Yes	\$ 901.06	\$ 127.22	\$ 1,318.18	\$89.78	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	\$145.96	Per Unit
Radiology Services	nospital Outpatient	CFT	70402	ct orbit/ear/1033a w/ 00cw/ dye	140	\$ 2,333.00	\$ 207.75	7 2,037.02	\$143.50	reronit
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Radiology Services	Hospital Outpatient	CPT	70486	Ct maxillofacial w/o dye	No	\$ 1,668.57	\$ 127.52	\$ 2,259.85	\$89.78	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	CPT	70496	Ct angiography head	No	\$ 1,871.05	\$ 223.05	\$ 1,996.31	\$145.96	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$ 1,632.72	\$ 223.05	\$ 1,677.63	\$145.96	Per Unit
			70.50	at an Brography mount		Ţ 1,002.72	7	<del>+ -)011100</del>	<b>42.0.00</b>	
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Radiology Services	Hospital Outpatient	СРТ	/0551	MRI BRAIN STEM W/O DYE	No	\$ 1,518.19	\$ 252.20	\$ 2,270.30	\$186.66	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	CPT	70553	MRI - Brain (outpatient)	Yes	\$ 2,314.59	\$ 406.50	\$ 3,409.54	\$305.86	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$ 138.11	\$ 19.91	\$ 181.37	\$63.92	Per Unit
		1		,					7.3.02	
Padialana Camba	Usesited Contrast	CDT	74046	V David Chart (aut. 11 1)		A 440.65	6 24 ==	A 400 F-	662.02	Day Hait
Radiology Services	Hospital Outpatient	CPT	/1046	X-Ray - Chest (outpatient)	No	\$ 148.99	\$ 31.50	\$ 193.55	\$63.92	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	 scounted	Mi Neg	dentified nimum otiated harge	M Ne	Identified aximum egotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$ 205.20	\$	38.07	\$	271.73	\$89.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$ 1,024.52	\$	141.11	\$	1,468.48	\$89.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71260	CT Scan - Chest, with Contrast (outpatient)	No	\$ 1,448.52	\$	200.76	\$	2,034.88	\$145.96	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71275	Ct angiography chest	No	\$ 1,935.65	\$	226.19	\$	2,092.27	\$145.96	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72040	X-Ray - Neck, Cervical Spine	No	\$ 154.65	\$	37.93	\$	204.42	\$63.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$ 251.61	\$	33.93	\$	338.99	\$89.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	\$ 199.60	\$	37.93	\$	265.13	\$89.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72110	X-Ray, lower back, minimum four views	Yes	\$ 213.64	\$	52.80	\$	284.93	\$89.78	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
Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$ 1,459.37	\$ 136.86	\$ 1,750.92	\$89.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72126	Ct neck spine w/dye	No	\$ 1,293.16	\$ 260.86	\$ 1,821.59	\$305.86	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72127	Ct neck spine w/o & w/dye	No	\$ 1,815.93	\$ 201.73	\$ 2,118.48	\$145.96	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72129	Ct chest spine w/dye	No	\$ 1,520.66	\$ 199.82	\$ 1,805.90	\$145.96	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/dye	No	\$ 1,518.43	\$ 260.86	\$ 1,805.90	\$305.86	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72133	Ct lumbar spine w/o & w/dye	No	\$ 1,904.42	\$ 201.90	\$ 2,238.70	\$145.96	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72141	MRI NECK SPINE W/O DYE	No	\$ 1,441.84	\$ 252.20	\$ 2,177.11	\$186.66	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72148	MRI - Back (outpatient)	Yes	\$ 1,381.13	\$ 252.20	\$ 2,137.12	\$186.66	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$ 249.04	\$ 28.72	\$ 327.10	\$89.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$ 208.53	\$ 39.60	\$ 264.73	\$89.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	\$ 1,536.96	\$ 197.29	\$ 2,142.05	\$145.96	Per Unit

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<u>Service Category</u>	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?		ounted h Price	Min Nego	entified imum otiated arge	Max Nego	entified imum tiated arge	Payer- Specific Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	72197	MRI - Pelvis (outpatient)	No	\$ 2	2,448.72	\$	402.71	\$ 3,	522.33	\$305.86	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$	147.59	\$	22.40	\$	185.92	\$63.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73010	X-ray exam of shoulder blade	No	\$	196.93	\$	26.01	\$	251.93	\$89.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$	149.50	\$	28.33	\$	196.92	\$63.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$	147.62	\$	29.40	\$	195.82	\$63.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72070	X-ray exam of elbow	No	\$	146.83	ė	25.07	\$	191.42	\$63.92	Per Unit
Radiology Services	nospital outpatient	CFT	73070	A-ray exam or elbow	NO	7	140.03	7	23.07	Ţ	131.42	303.32	rei Ollit
Radiology Services	Hospital Outpatient	СРТ	73080	X-RAY EXAM OF ELBOW	No	\$	122.83	\$	26.72	\$	154.02	\$63.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$	117.10	\$	26.40	\$	151.82	\$63.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$	156.52	\$	30.72	\$	196.19	\$63.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$	192.03	Ś	24.40	Ś	249.73	\$89.78	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	 iscounted ash Price	M Ne	Identified inimum gotiated Charge	N	e-Identified Maximum legotiated Charge	Payer- Specific Negotiated Charge	_Estimate Type
Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$ 151.54	Ś	32.72	Ś	198.42	\$63.92	Per Unit
3, 11												
Radiology Services	Hospital Outpatient	СРТ	73221	MRI - Shoulder, Elbow, or Wrist	No	\$ 1,211.82	\$	246.65	\$	1,702.46	\$186.66	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$ 129.58	\$	37.77	\$	197.91	\$63.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$ 150.51	\$	29.51	\$	189.38	\$63.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$ 201.92	\$	32.40	\$	266.82	\$63.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$ 263.50	\$	36.52	\$	351.25	\$63.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$ 239.62	\$	32.40	\$	321.48	\$63.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$ 191.55	\$	31.98	\$	278.60	\$63.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73610	X-Ray - Ankle (outpatient)	No	\$ 239.05	\$	25.72	\$	311.14	\$63.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$ 196.24	\$	29.81	\$	262.21	\$63.92	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	2-Identified Maximum legotiated 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	\$63.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	\$	134.01	\$	1,400.92	\$89.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73721	MRI - Knee (outpatient)	Yes	\$	1,224.32	\$	246.65	\$	1,828.36	\$186.66	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	145.61	\$	28.31	\$	189.76	\$63.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$	977.64	\$	142.38	\$	1,446.99	\$89.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$	1,824.18	\$	207.86	\$	2,144.29	\$145.96	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74177	CT Scan - Abdomen and Pelvis, with Contrast	No	\$	2,748.11	\$	286.79	\$	3,568.86	\$305.86	Per Unit
	- Copins Outputer		. 74/			Υ	_,,,,,,,,,	7	200.73	<u> </u>	3,333.30	<del>-</del>	
Radiology Services	Hospital Outpatient	СРТ	74177	CT Scan - Abdomen and Pelvis, with Contrast	Yes	\$	2,748.11	\$	286.79	\$	3,568.86	\$305.86	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$	394.10	\$	56.38	\$	563.71	\$145.96	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	Discount Cash Pri		De-Identified Minimum Negotiated Charge	Ne	-Identified laximum egotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$ 52:	L. <b>72</b>	\$ 79.34	\$	578.01	\$145.96	Per Unit
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$ 300	5.04	\$ 59.00	Ś	323.39	\$63.92	Per Unit
nadiology services	nospital outputient	C. I	73371	et int tij o dye tij ed test	140	<del>y</del> 50.	,,,,,	<del>y 33.00</del>	Ÿ	323.33	<del>-</del>	T CI OIIIC
Radiology Services	Hospital Outpatient	СРТ	76536	Ultrasound - Head and Neck	No	\$ 460	0.62	\$ 78.79	\$	386.50	\$89.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$ 15	2.68	\$ 78.52	\$	249.30	\$63.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$ 36	L.43	\$ 91.69	\$	433.80	\$89.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$ 32	7.93	\$ 46.05	\$	372.20	\$89.78	Per Unit
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Maternity/Delivery	Hospital Outpatient	CPT	76770	US EXAM ABDO BACK WALL COMP	No	\$ 450	5.58	\$ 76.54	\$	400.80	\$89.78	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76801	OB US < 14 WKS SINGLE FETUS	No	\$ 39:	L. <b>57</b>	\$ 86.65	\$	396.27	\$89.78	Per Unit

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Service Category	Service Setting	Type	Code	Description	Service?	Cash	Price	Ch	arge	C	Charge	Charge	Estimate Type
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				Ultrasound - Pregnancy									
Radiology Services	Hospital Outpatient	CPT	76805	(outpatient)	Yes	\$	367.73	\$	100.36	Ş	437.10	\$89.78	Per Unit
Maternity/Delivery	<b>Hospital Outpatient</b>	CPT	76811	OB US DETAILED SNGL FETUS	No	\$	522.04	\$	198.65	\$	587.50	\$186.66	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76815	OB US LIMITED FETUS(S)	No	\$	309.95	\$	54.75	\$	384.30	\$89.78	Per Unit
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Dadialary Cambasa	Hamital Cotostiant	CDT	70046				406 54		64.27	,	204.20	ć00 70	Description to
Radiology Services	Hospital Outpatient	CPT	70810	Ultrasound - Pregnancy Follow-Up	No	\$	406.54	Þ	64.37	Ş	384.30	\$89.78	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76818	FETAL BIOPHYS PROFILE W/NST	No	\$	476.50	\$	82.20	\$	387.27	\$89.78	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$	407.39	\$	97.44	\$	398.34	\$89.78	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	76921	MIDDLE CEREBRAL ARTERY ECHO	No	\$	370.14	ċ	88.69	ċ	391.69	\$89.78	Per Unit
naulology services	riospital Outpatient	CFI	70021	WIDDLE CEREBRAL ARTER FECHO	INU	J.	370.14	ب	00.03	ş	331.03	303.70	rei Ollit
				Ultrasound - Transvaginal (non-									
Radiology Services	Hospital Outpatient	CPT	76830	maternity)	Yes	\$	475.43	\$	98.63	\$	463.90	\$89.78	Per Unit
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Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?		scounted sh Price	Mi Ne	dentified inimum gotiated charge	Ma Ne	dentified eximum gotiated charge	Payer- Specific Negotiated Charge	_Estimate Type
Radiology Services	Hospital Outpatient	СРТ	76856	Ultrasound - Pelvic (outpatient)	No	\$	344.00	\$	70.34	\$	408.50	\$89.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$	546.40	\$	107.57	\$	501.03	\$107.66	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$	383.79	\$	135.81	\$	629.70	\$135.66	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$	406.73	\$	109.22	Ś	504.02	\$109.68	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	/7080	Bone Density Scan (outpatient)	No	\$	247.25	\$	56.29	Ş	393.45	\$89.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$	116.84	\$	33.80	\$	171.64	\$63.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$	1,010.04	\$	336.74	\$	2,091.45	\$1019.01	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	\$7.61	Per Unit
						7	7	,	7	
				Planet Tank Communication						
				Blood Test - Comprehensive						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80053	Metabolic Panel	Yes	\$ 93.73	\$ 14.78	\$ 136.89	\$9.50	Per Unit
						N/A No	N/A No	N/A No	N/A No	
				Blood Test - Pregnancy (Obstetric)		Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80055		Yes	Volume	Volume	Volume	Volume	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	00055	Pallel	res	volulile	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	\$12.05	Per Unit
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				Plood Tost Ponel (Videou)						
				Blood Test - Renal (Kidney)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80069	Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$7.81	Per Unit
				Blood Test - Hepatic (Liver)						
Laboratory & Doth-law Carri	Heavital Outrations	CDT	00070		Va -	6 446 ==	6 44 44	6 305.04	67.25	Dou Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$7.35	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	\$55.93	Per Unit
	proof washangile	-	22307			N/A No	N/A No	N/A No	N/A No	
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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	CPT	81001	Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$2.85	Per Unit
						7	•	7	72.00	
Laboratory & Pathology Services	Hospital Outpatient	CPT	81002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	#N/A	Per Unit
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	CPT	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$2.03	Per Unit
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Laboratory & Pathology Comises	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$7.75	Per Unit
Laboratory & Pathology Services	nospitai Outpatielit	CFI	01023	Office rest - Fregueticy	IVU	40.67	y 10.45	y 50.29	\$1.15	rei Uiiit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$4.52	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$26.64	Per Unit
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Service Category	Service Setting	Type	Code	Description	Service?	Ca	sh Price	Cha	ge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	82330	Assay of calcium	No	\$	35.11	\$	12.31	\$ 67.00	\$12.31	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82375	Assay carboxyhb quant	No	\$	114.13	Ś	11.09	\$ 153.64	\$11.09	Per Unit
Laboratory at rathology services	Tiospital Gatpatient	C	02075	rissay carsoxyris quare		7	11-1115	<u> </u>	11.03	ψ 155.04	<b>V11.03</b>	T CT OTHE
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	82465	Assay bld/serum cholesterol	No	\$	15.28	\$	3.92	\$ 23.76	\$3.92	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of ck (cpk)	No	\$	12.70	Ś	5.86	\$ 35.53	\$5.86	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82552	Assay of cpk in blood	No	\$	26.14	Ş	12.05	\$ 75.41	#N/A	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82565	Assay of creatinine	No	\$	124.50	\$	7.17	\$ 70.25	\$4.61	Per Unit
				Blood Test - Vitamin B-12								
Laboratory & Pathology Services	Hospital Outpatient	CPT	82607	(Cyanocobalamin) Level	No	\$	29.40	\$	13.57	\$ 82.73	\$13.57	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82610	Cystatin c	No	\$	140.40	\$	14.17	\$ 405.00	\$16.67	Per Unit
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Laboratory & Datheless Comit	Hasnital Outpations	CDT	92000	Assay of another relative	NI-	\$	20.00	ė	16.01	¢ 00.30	¢1C 01	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82008	Assay of erythropoietin	No	Þ	36.68	\$	16.91	\$ 99.20	\$16.91	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82670	Assay of estradiol	No	\$	54.51	\$	25.15	\$ 152.33	\$25.15	Per Unit
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Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identi Minimu Negotiat Charge	m ed	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	\$13.41	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82728	Blood Test - Ferritin (Blood Protein) Level	No	\$ 33.53	\$ \$ 19	.09	\$ 96.63	\$12.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82746	Blood Test - Folic Acid Level	No	\$ 37.75	\$ \$ 13	.23	\$ 79.52	\$13.23	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82803	Blood gases any combination	No	\$ 73.40	\$ 20	.17	\$ 106.16	\$23.46	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34.04	\$ \$ 5	.51	\$ 49.42	\$3.54	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82962	Glucose blood test	No	\$ 45.55	\$ \$ 3	.89	\$ 61.82	\$2.95	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83018	Heavy metal quant each nes	No	\$ 172.97	\$ 19	.76	\$ 498.96	#N/A	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83036	Blood Test - Blood Glucose Control (Hemoglobin A1C)	No	\$ 71.27	, s &	.74	\$ 95.94	\$8.74	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83088	Assay of histamine	No	\$ 75.8	4 \$	26.58	\$	218.76	\$26.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83518	Immunoassay dipstick	No	\$ 147.0	9 \$	6.55	\$	424.29	#N/A	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83540	Blood Test - Iron Level	No	\$ 51.9	00 \$	9.06	\$	75.77	\$5.82	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$ 27.4	4 \$	10.41	\$	58.05	\$10.41	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690	Blood Test - Lipase (fat enzyme) Level	No	\$ 69.4	7 \$	6.20	\$	93.51	\$6.20	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83735	Assay of magnesium	No	\$ 53.8	\$2 \$	9.38	\$	78.56	\$6.03	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83880	Assay of natriuretic peptide	No	\$ 172.5	5 \$	35.33	\$	232.27	\$35.33	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$ 61.7	3 \$	6.64	\$	87.67	\$4.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 43.2	3 \$	6.66	\$	62.65	\$4.28	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 43.2	:3 \$	6.66	\$	62.65	\$4.28	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	De-Identified Minimum Negotiated Charge	De-Identified  Maximum  Negotiated  Charge	Payer- Specific Negotiated Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 52.59	\$ 18.77	\$ 96.68	\$18.77	Per Unit
				Blood Test - Prostate Specific						
Laboratory & Pathology Services	Hospital Outpatient	CPT	84153	Antigen (PSA) Level	Yes	\$ 74.21	\$ 25.75	\$ 116.68	\$16.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84154	PSA (prostate specific antigen)	Yes	\$ 106.34	\$ 16.55	\$ 143.15	\$16.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84182	Protein western blot test	No	\$ 382.72	\$ 18.76	\$ 588.80	#N/A	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$ 42.10	\$ 4.33	\$ 56.67	\$4.33	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Blood Test - Thyroxine (Thyroid Chemical) Level, Free	No	\$ 66.21	\$ 8.12	\$ 89.13	\$8.12	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Blood Test - Thyroid Stimulating Hormone (TSH) Level	No	\$ 64.07	\$ 23.52	\$ 119.09	\$15.12	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	9.09 \$15.12	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84480	Assay triiodothyronine (t3)	No	\$ 96.	31 5	12.76	\$ 129	9.65 \$12.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84484	Assay of troponin quant	No	\$ 81.	70 \$	10.26	\$ 121	1.45 \$11.22	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84702	Chorionic gonadotropin test	No	\$ 125.	77 9	11.54	\$ 169	9.31 \$13.55	Per Unit
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<b>Laboratory &amp; Pathology Services</b>	Hospital Outpatient	CPT	85014	Hematocrit	No	\$ 26.	95 \$	2.13	\$ 36	5.27 \$2.13	Per Unit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85025	Count and Automated WBC	Yes	\$ 77.	98 5	10.88	\$ 112	2.06 \$6.99	Per Unit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85027	Count (Hemoglobin)	Yes	\$ 60.	79 9	5.82	\$ 81	.83 \$5.82	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	85240	Clot factor viii ahg 1 stage	No	\$ 45.97	\$ 16.11	\$ 95.56	\$16.11	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85378	Fibrin degrade semiquant	No	\$ 53.57	\$ 7.44	\$ 72.11	\$8.75	Per Unit
Laboratore & Dathalam Comissa	Heavital Outrations	CDT	05610	Blood Took Clotting Time	Vaa	\$ 44.81	ć C.01	ć C4.27	¢2.00	Don Huit
Laboratory & Pathology Services	Hospital Outpatient	CPT	92010	Blood Test - Clotting Time	Yes	\$ 44.81	\$ 6.01	\$ 64.27	\$3.86	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85613	Russell viper venom diluted	No	\$ 24.61	\$ 8.24	\$ 70.98	\$8.62	Per Unit
Education y at 1 actionogy services	nospital outputient	C	03013	rassen viper venom anatea	110	ŷ 24101	ÿ 0,24	70.50	\$0.0 <u>2</u>	. c. oc
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$ 53.32	\$ 4.96	\$ 71.77	\$4.96	Per Unit
								-	-	
				Blood Test - Coagulation						
Laboratory & Pathology Services	Hospital Outpatient	CPT	85730	Assessment	Yes	\$ 46.01	\$ 5.41	\$ 61.94	\$5.41	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85732	Thromboplastin time partial	No	\$ 12.63	\$ 5.82	\$ 36.42	#N/A	Per Unit
Laboratory & Dathalam Camiles	Hasnital Outnoticet	CPT	96140	C reactive protein	N-	¢ 40.40	6 4.00	ć (F.30	\$4.CC	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80140	C-reactive protein	No	\$ 48.49	\$ 4.66	\$ 65.28	\$4.66	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86360	T cell absolute count/ratio	No	\$ 65.00	\$ 42.28	\$ 211.59	\$42.28	Per Unit
appraising or rathology services	Hospital Outpatient	CF I	00300	i cen absolute count/ratio	140	00،00	7 42.20	211.35	<b>γ</b> ₹2.20	i Ci Oillt

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cas	sh Price_	<u>Charge</u>	Cr	arge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$	132.78	\$ 24.10	\$	383.03	\$24.10	Per Unit
											4	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86431	Rheumatoid factor quant	No	\$	52.70	\$ 5.10	\$	70.95	\$5.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$	37.81	\$ 3.84	\$	50.90	\$3.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$	37.81	\$ 3.84	\$	50.90	\$3.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$	57.37	\$ 9.16	\$	165.50	\$9.16	Per Unit
				-								
Laboratory & Pathology Services	Hospital Outpatient	CPT	86615	Bordetella antibody	No	\$	25.74	\$ 11.87	\$	81.45	#N/A	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	СРТ	86651	Encephalitis californ antbdy	No	\$	25.74	\$ 11.87	\$	110.13	#N/A	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86652	Encephaltis east eqne anbdy	No	\$	25.74	\$ 11.87	Ś	110.13	#N/A	Per Unit
			55552		.10	Ÿ	23.74	Ţ 11.07	<u> </u>	110.13	yr	. 3. 3
Laboratory & Pathology Services	Hospital Outpatient	CPT	86653	Encephaltis st louis antbody	No	\$	25.74	\$ 11.87	\$	110.13	#N/A	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86654	Encephaltis west eqne antbdy	No	\$	25.74	\$ 11.87	\$	110.13	#N/A	Per Unit
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Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	86663	Epstein-barr antibody	No	\$	25.60	\$ 11.81	\$	83.21	#N/A	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cas	h Price	<u></u>	harge	<u></u>	harge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	86677	Helicobacter pylori antibody	No	\$	30.68	Ś	15.13	\$	63.03	\$15.17	Per Unit
	Trooping Carpanent	<b>.</b> .	00077	Trendestation pyron and accept		T		Ť		Ψ		710.11	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86692	Hepatitis delta agent antbdy	No	\$	29.16	Ś	15.44	Ś	50.98	\$15.44	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86698	Histoplasma antibody	No	\$	79.65	\$	12.41	\$	107.23	\$12.41	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86704	HEP B CORE ANTIBODY TOTAL	No	\$	86.11	\$	10.85	\$	115.92	\$10.85	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86705	HEP B CORE ANTIBODY IGM	No	\$	22.98	\$	10.59	\$	57.38	\$10.59	Per Unit
Laboratoria O Dotholoria Comitoria	!!it-! O. ttit	CDT	00700	HED D CHIDEACE ANTIDODY	N	_	00.00	,	0.67	_	422.25	ć0.67	Dan Hada
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$	98.98	>	9.67	\$	133.25	\$9.67	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86707	Hepatitis be antibody	No	\$	22.56	Ś	10.41	\$	65.09	#N/A	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86708	Hepatitis a antibody	No	\$	22.71	\$	11.15	\$	56.71	\$11.15	Per Unit
Laboratory & Dathalam Camilana	Hospital Outpations	CDT	96763	Buhalla antihadu	NI-	ė	70.10	ė	12.95	ė	225.50	\$12.95	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80/02	Rubella antibody	No	\$	78.19	Þ	12.95	ş	225.56	\$12.95	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86765	Rubeola antibody	No	\$	25.14	Ś	11.59	Ś	72.53	\$11.59	Per Unit
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Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86769	86769 - SARS-COV-2 COVID-19 ANTIBODY	No	\$ 51.48	\$ -	\$ 112.07	\$37.92	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$11.59	Per Unit
				Blood Test - Hepatitis C Antibody						
Laboratory & Pathology Services	Hospital Outpatient	CPT	86803	Level	No	\$ 67.64	\$ 12.84	\$ 91.06	\$12.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	#N/A	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$39.62	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$114.94	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$87.33	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$87.33	Per Unit
			22300			230,33	5.75	207.00	<del>+0.100</del>	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$26.78	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$	3.78	\$	81.10	\$26.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$	4.84	\$	383.37	\$227.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$	13.44	\$	344.22	\$114.94	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$ 133.90	\$	9.29	\$	180.25	\$9.29	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$ 138.63	\$	7.76	\$	186.61	\$7.76	Per Unit
						50.40	4		•	04.05	<b>47.07</b>	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$ 60.43	\$	7.27	\$	81.35	\$7.27	Per Unit
				Test for Disease-Causing (Pathogenic) Organisms, Not								
<b>Laboratory &amp; Pathology Services</b>	<b>Hospital Outpatient</b>	CPT	87081	Limited to a Specific Condition	No	\$ 81.17	\$	5.97	\$	109.26	\$5.97	Per Unit

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Service Category Service Setting Type Code Description Service? Cash Price	Charge	Charge	Charge	Estimate Type
Urine Test - Bacterial Culture,				
Laboratory & Pathology Services Hospital Outpatient CPT 87086 Quantitative Colony Count No \$ 82.1	5 \$ 7.26	\$ 110.60	\$7.26	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 87088 Urine Test - Bacterial Culture No \$ 15.8	0 \$ 7.28	\$ 43.86	\$7.28	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 87088 Urine Test - Bacterial Culture No \$ 15.8	7.20	\$ 45.60	\$7.28	Per Offic
Laboratory & Pathology Services Hospital Outpatient CPT 87110 Chlamydia culture No \$ 130.7	4 \$ 17.64	\$ 175.99	\$17.64	Per Unit
Evaluation of Antimicrobial Drug				
Laboratory & Pathology Services Hospital Outpatient CPT 87186 (antibiotic, antifungal, antiviral) No \$ 69.1	5 \$ 7.79	\$ 93.10	\$7.79	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 87205 Lab Test - Smear for Microorganism No \$ 49.9	3 \$ 3.84	\$ 67.21	\$3.84	Per Unit
Lab Test - Detection test for				
Laboratory & Pathology Services Hospital Outpatient CPT 87340 Hepatitis B Surface Antigen No \$ 63.5	5 \$ 9.30	\$ 85.55	\$9.30	Per Unit
Lab Test - Detection test for HIV-1				
Laboratory & Pathology Services Hospital Outpatient CPT 87389 and HIV-2 No \$ 110.4	3 \$ 21.67	\$ 148.66	\$21.67	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	Discounted	Ne	Identified linimum egotiated Charge	De-Identified  Maximum  Negotiated  Charge	Payer- Specific Negotiated Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87425	Rotavirus ag ia	No	\$ 37.4	4 \$	10.78	\$ 108.00	#N/A	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87491	Urine Test - Chlamydia	No	\$ 108.4	3 \$	31.58	\$ 171.03	\$31.58	Per Unit
				Urine Test - Gonorrhoeae							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$ 90.1	\$	31.58	\$ 171.03	\$31.58	Per Unit
				87635 - SARS-COV-2 COVID-19							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87635	AMP PRB	No	\$ 53.3	5 \$	-	\$ 136.48	\$46.20	Per Unit
Laboratory & Dathology Comises	Hospital Outpotiont	СРТ	07700	Detect agent not due amn	No	\$ 90.1	,	31.58	\$ 171.03	\$31.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	6//36	Detect agent nos dna amp	NO	\$ 90.1	3 3	31.36	\$ 171.05	\$51.56	Per Onit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87804	Lab Test - Detection test for Influenza Virus	No	\$ 37.5	R ¢	19.82	\$ 70.50	\$14.90	Per Unit
autoratory of rathology services	Troopical Outputient	C. 1	37004	THE	140	ψ 37.3	7	15.52	70.30	<b>714.50</b>	. Cr Oint
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87880	Strep Test (Streptococcus, group A)	No	\$ 101.5	6 \$	19.87	\$ 143.48	\$14.88	Per Unit
Laboratory & Dathology Comises	Hospital Outpotiont	СРТ	00105	Eleventemetry/to add on	No	\$ 68.8	٠	_	\$ 120.30	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CFI	00103	Flowcytometry/tc add-on	No	Ψ 06.8	. J		120.30	90.00	reronit

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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
Vaccinations	Physician Office	СРТ	90460	Immunization Administration First	No	\$ 40.10	\$ 11.68	\$ 75.93	\$12.98	Per Unit
					-					
Vaccinations	Physician Office	СРТ	90461	Immunization Administration Each Additional Component	No	\$ 25.13	\$ 10.49	\$ 38.51	\$0.00	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90471	Immunization Administration	No	\$ 44.49	\$ 7.02	\$ 81.80	\$61.41	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90472	Immunization Administration Each Additional Component	No	\$ 12.56	\$ -	\$ 38.51	\$11.66	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90651	9V HPV Vaccine 2/3 Dose	No	\$ 142.32	\$ 9.56	\$ 227.93	\$227.93	Per Unit
Vaccination	Hospital Outpatient	СРТ	90670	Vaccine - Pneumococcal Conjugate for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 345.21	\$214.62	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								
Vessinstian	Heavital Outrations	CDT	00715		No	4	F7 74	4		\$ 77.73	ć22.40	Day Huit
Vaccination	Hospital Outpatient	CPT	90/15	into Muscle	No	\$	57.74	Þ	-	\$ 77.73	\$33.10	Per Unit
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	90791	Psychiatric Diagnostic Evaluation	No	\$	308.81	\$	118.93	\$ 198.74	\$109.12	Per Unit
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	00022	Psychotherapy - 30 Minutes	Yes	\$	88.03	Ś	57.92	\$ 99.25	\$54.50	Per Unit
Evaluation & Management Services	r i oressionar services	CFI	2002	r sychotherapy - 30 Millutes	162	٠	00.03	Ą	37.32	ر عرور ب	334.3U	recount
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	90834	Psychotherapy - 45 Minutes	Yes	\$	116.77	\$	77.37	\$ 132.34	\$72.68	Per Unit
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<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	90837	Psychotherapy - 60 Minutes	Yes	\$	174.90	\$	116.00		\$108.84	Per Unit
							N/A No			N/A No	N/A No	
						9	Service			Service	Service	
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	90846	Family psytx w/o pt 50 min	Yes	1	/olume	\$	_	Volume	Volume	Per Unit
Evaluation & Management Services	. To restrict services	- · ·	20040	ranny payor w/o pr so min	103	<u> </u>	- Ciuille	7	_	Volunic	Volume	. c. ome
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	90847	Psychotherapy - Family Session	Yes	Ś	146.15	Ś	97.13	\$ 166.18	\$91.50	Per Unit
or with a management services		·	30047	. Janes are appropriately session		Υ	1-10:13	7	37.123	Ţ 200.10	932.50	

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							A No			N/A No Service	N/A No Service	
Evaluation & Management Services	Professional Services	СРТ	90853	Psychotherapy - Group Session	Yes		ume	\$	-	Volume	Volume	Per Unit
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$	52.00	\$	17.40	\$ 251.43	\$67.60	Per Unit
Medicine Cardiovascular	Professional Services	СРТ	93000	Electrocardiogram, routine, with interpretation and report	Yes	\$	36.27	\$	28.12	\$ 95.52	\$27.62	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$	142.29	\$	_	\$ 295.26	\$50.62	Per Unit
Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	\$	61.00	\$ 634.57	\$202.73	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	\$ 1,	,404.83	\$	322.26	\$ 1,593.05	\$448.97	Per Unit
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	93452	Insertion of catheter into left heart for diagnosis	Yes	\$ 8	,847.45	\$	579.93	\$ 12,920.92	\$2,482.46	Case Rate
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Medicine Other	Hospital Outpatient	СРТ	93971	Extremity study	No	\$	240.64	\$	92.64	\$ 400.67	\$108.75	Per Unit

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Medicine Other	Hospital Outpatient	CPT	95044	Allergy patch tests	No	\$ 189.82	\$ -	\$ 1,229.53	\$728.05	Per Unit
						N/A No	N/A No	N/A No	N/A No	
Medicine Neurology and						Service	Service	Service	Service	
Neuromuscular	<b>Hospital Outpatient</b>	CPT	95810	Sleep study	Yes	Volume	Volume	Volume	Volume	Per Unit
Injections	Hospital Outpatient	CPT	96402	Chemo hormon antineopl sq/im	No	\$ 110.26	\$ 66.86	\$ 196.20	\$73.71	Case Rate
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				Physical Thorany Manual						
Madisina Physical Madisina and				Physical Therapy - Manual						
Medicine Physical Medicine and		CDT	07022	Electrical Stimulation Therapy, 15		ć 24.26	ć 12.5C	ć 50.00	642 FC	Dan Hait
Rehabilitation	Hospital Outpatient	СРТ	9/032	minutes	No	\$ 31.26	\$ 12.56	\$ 59.90	\$12.56	Per Unit
Medicine Physical Medicine and				Physical Therapy - Ultrasound						
Rehabilitation	Hospital Outpatient	CPT	97035	Therapy	No	\$ 26.92	\$ 11.95	\$ 40.29	\$12.12	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic						
Rehabilitation	<b>Hospital Outpatient</b>	CPT	97110	Exercises	Yes	\$ 88.74	\$ 17.40	\$ 119.46	\$26.13	Per Unit
Medicine Physical Medicine and				Physical Therapy - Neuromuscular						
Rehabilitation	Hospital Outpatient	СРТ	97112	Reeducation	No	\$ 69.93	\$ 26.14	\$ 104.78	\$29.72	Per Unit
	Table of a support								¥	3 0 3 3 3
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	СРТ	97116	GAIT TRAINING THERAPY	No	\$ 77.61	\$ 22.90	\$ 104.48	\$25.84	Per Unit
	pitai outputicit	5	3,110	Co. Homens Higher	140	7 77.01	7 22.30	7 104.40	Y23.04	

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Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97140	Physical Therapy - Manual Therapy	No	\$	56.20	\$	23.73	\$	93.92	\$47.46	Per Unit
Medicine Physical Medicine and				Physical Therapy - Low Complexity									
Rehabilitation	Hospital Outpatient	CPT	97161	Evaluation	No	\$	168.06	\$	71.97	\$	252.78	\$71.97	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97162	Physical Therapy - Moderate Complexity Evaluation	No	\$	62.40	\$	71.97	\$	252.78	\$71.97	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97163	Physical Therapy - High Complexity Evaluation	No	\$	168.06	Ś	71.97	\$	252.78	\$71.97	Per Unit
			3.230			_		7		_		7	
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	\$	113.34	\$	48.67	\$	170.97	\$48.67	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$	180.88	\$	77.05	\$	245.32	\$77.05	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?		sh Price		harge	_	Charge	Charge	Estimate Type
<u>Service Category</u>	Service Setting	туре	coue	Description	<u>Jervice:</u>	Ca	311 FIICE		ilaige		Charge	Charge	Estillate Type
Medicine Occupational Therapy	Hospital Outpatient	CPT	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$	62.40	\$	72.00	\$	245.32	\$77.05	Per Unit
												-	
Medicine Physical Medicine and				Physical Therapy - Therapeutic									
Rehabilitation	Hospital Outpatient	CPT	97530	Activities	No	\$	92.45	\$	17.40	\$	124.45	\$32.67	Per Unit
Medicine Physical Medicine and				Physical Therapy - Self-care or									
Rehabilitation	Hospital Outpatient	CPT	97535	Home Management Training	No	\$	68.89	\$	_	\$	109.03	\$0.00	Per Unit
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Freshood on the control of the contr	Punfanianal Camina	CDT	00024	Danton fallow wouldt	N1-					_	44.27	ć0.00	Daniel Linda
Evaluation & Management Services	Professional Services	CPT	99024	Postop follow-up visit	No	\$	-	\$	-	\$	14.27	\$0.00	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99202	Office Visit - New Patient, Minor	No	\$	167.93	Ś	90.34	Ġ	200.08	\$90.16	Per Unit
Evaluation & Management Services	1 O COSTONAL SCI VICCS	51.1	33202	office visit - New Fatient, Willion	110	7	107.33	7	50.54	7	200.08	730.10	. c. ome
													<b> </b>
				Office Visit - New Patient, Low									
Evaluation & Management Comitees	Drofossianal Comises	CDT	00202	<u> </u>	Vos	ė	102.00	ė	122 54	ے	272.00	Ć13E 10	Dor Unit
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99203	Complexity	Yes	\$	182.06	<b>\$</b>	132.54	>	273.99	\$135.18	Per Unit

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					CMS Required			De-Identified Minimum	De-Identified Maximum	Payer- Specific	
		Code			Shoppable	Discour		Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Pi	rice	Charge	Charge	<u>Charge</u>	Estimate Type
				Office Visit - New Patient,							
Evaluation & Management Services	Professional Services	СРТ	99204	Moderate Complexity	Yes	\$ 25	50.69	\$ 177.01	\$ 432.49	\$230.67	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99205	New patient office of other outpatient visit, typically 60 min	Yes	\$ 44	48.04	\$ 156.38	\$ 553.76	\$301.27	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99212	Office Visit - Basic	No	\$ 5	58.74	\$ 46.41	\$ 133.24	\$45.75	Per Unit
Fundamental Continue	Dueford and Condess	CDT	00242	Office Visit - Established Patient,	N-		20.67	ć 04.74	ć 204 F0	¢04.60	Devilled.
Evaluation & Management Services	Professional Services	СРТ	99213	Low Complexity	No	\$ 9	99.67	\$ 81.71	\$ 201.59	\$91.69	Per Unit
				Office Visit - Established Patient,							
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99214	Moderate Complexity	No	\$ 15	51.19	\$ 140.90	\$ 279.47	\$141.52	Per Unit

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Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	<u>Discou</u> <u>Cash I</u>		De-Identified Minimum Negotiated Charge	De-Identified  Maximum  Negotiated  Charge	Payer- Specific Negotiated Charge	Estimate Type
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	CPT	99215	High Complexity	No	\$ 3	315.87	\$ 192.33	\$ 385.34	\$199.58	Per Unit
Professional Services Associated with Inpatient Stay	Professional Services	СРТ	99232	Subsequent hospital care	No	\$ :	159.88	\$ 50.60	\$ 111.92	\$68.05	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99243	Patient office consultation, typically 40 min	Yes	\$ 2	212.43	\$-	\$ 142.18	\$91.11	Per Unit
				Patient office consultation,							
Evaluation & Management Services	Professional Services	CPT	99244	typically 60 min	Yes	\$ 3	338.80	\$-	\$ 226.38	\$146.51	Per Unit
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Emergency Department Visit - Minor (outpatient)	No	\$ 2	230.81	\$ 74.98	\$ 689.88	\$78.05	Case Rate

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		Code			Required Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Emergency Department Visit - Low						
Emergency Room Visit	Hospital Outpatient	CPT	99282	Complexity (outpatient)	No	\$ 430.38	\$ 93.52	\$ 1,114.22	\$145.18	Case Rate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ	99283	Moderate Complexity (outpatient)	No	\$ 932.99	\$ 182.62	\$ 2,714.83	\$243.06	Case Rate
				Emergency Department Visit -					4	
Emergency Room Visit	Hospital Outpatient	CPT	99284	Higher Complexity (outpatient)	No	\$ 2,400.69	\$ 270.43	\$ 4,475.48	\$405.98	Case Rate
				Emergency Department Visit - High						
Emergency Room Visit	Hospital Outpatient	СРТ	99285	Complexity (outpatient)	No	\$ 3,149.91	\$ 458.20	\$ 5,806.95	\$591.24	Case Rate

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		Code			<u>Shoppable</u>	Discounted	Negotiated	Negotiated	<u>Negotiated</u>	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	<b>Estimate Type</b>
				Emergency Department Visit -						
<b>Emergency Room Visit</b>	Hospital Outpatient	CPT	99291	Critical Care (outpatient)	No	\$ 17,860.61	\$ 425.50	\$ 6,308.07	\$742.96	Case Rate
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient,						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99381	Younger than 1 Year Old	No	\$ 156.75	\$ -	\$ 225.38	\$101.97	Per Unit
							-			-
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient, 1-						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99382	4 Years Old	No	\$ 163.82	\$ -	\$ 236.91	\$106.92	Per Unit
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<u>Service Category</u>	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Evaluation & Management Services	Professional Services	СРТ		Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 5- 11 Years Old	No	\$ 170.96	\$ -	\$ 413.46	\$111.57	Per Unit
Evaluation & Management Services	Trotessional services	CIT	33363	III reason	110	7 170.50	<u> </u>	<del>-</del> 413.40	ŢIII.J/	T CT OTHE
				Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 12-						
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99384	17 Years Old	No	\$ 193.58	\$ -	\$ 280.75	\$126.43	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Evaluation & Management Services	Professional Services	СРТ		Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 18- 39 Years Old	Yes	\$ 187.80	\$ 59.23	\$ 347.60	\$122.49	Per Unit
Evaluation & Management Services	Trotessional services		33303	33 rears ora	163	7 107.00	<del>-</del> 35.25	<del>y 347.00</del>	ŢILL.43	Terome
				Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 40-						
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99386	64 Years Old	Yes	\$ 217.32	\$ 91.72	\$ 1,293.56	\$113.43	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified  Maximum  Negotiated  Charge	Payer- Specific Negotiated Charge	Estimate Type
				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	\$92.13	Per Unit
				Office Visit - Comprehensive Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99392	and Management, 1-4 Years Old	No	\$ 150.93	\$ -	\$ 305.91	\$98.26	Per Unit

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		Code			<u>Shoppable</u>	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	<b>Estimate Type</b>
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99393	and Management, 5-11 Years Old	No	\$ 150.44	\$ -	\$ 305.91	\$97.95	Per Unit
				-						
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99394	and Management, 12-17 Years Old	No	\$ 165.14	\$ -	\$ 398.57	\$107.86	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99395	and Management, 18-39 Years Old	No	\$ 168.81	\$ 37.07	\$ 304.60	\$110.55	Per Unit
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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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				Office Visit - Comprehensive						
				<b>Preventive Medicine Reevaluation</b>						
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99396	and Management, 40-64 Years Old	No	\$ 180.12	\$ 64.57	\$ 429.79	\$92.43	Per Unit
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Exablate	Hospital Outpatient	СРТ	0398T	Focused Ultrasound	No	\$ 32 139 56	\$ 11 272.90	\$ 11,272.90	Payer	Case Rate
Exablate	nospital outputient	C. 1	00001	Todasca Ottrasouria	110	Ç 32,133.30	Ψ 11,272.30	ψ 11)272.50	. aye.	case nate
Vaccinations	<b>Hospital Outpatient</b>	CPT	G0008	Admin influenza virus vaccine	No	\$ 70.15	\$ -	\$ 126.95	\$0.00	Per Unit
Vaccinations	Hospital Outpatient	СРТ	GUUUG	Admin pneumococcal vaccine	No	\$ 27.43	\$ -	\$ -	\$0.00	Per Unit
vaccinations	nospital Outpatient	CFI	30003	Admin priedmococcar vaccifie	IVO	۶ 21.45	7	· -	30.00	rei Ullit
Medicine Hyberbaric	Hospital Outpatient	CPT	G0277	Hbot, full body chamber, 30m	No	\$ 773.99	\$ 46.24	\$ 1,424.46	\$92.16	Per Unit
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Heavital Observation Pay II	Hasnital Outrations	CDT	C0270	Hassital abassistian neglet	No	ć 15 COE 34	ć COE 00	ć 24.121.0C	ć1 071 FC	Day Unit
Hospital Observation Per Hour	Hospital Outpatient	CPT	GU3/8	Hospital observation per hr	No	\$ 15,685.71	\$ 605.00	\$ 24,131.86	\$1,971.56	Per Unit

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		Code			<u>Shoppable</u>	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
English of the Control	Useralisal Contrasticate	CDT	60463		N-	Ć 430.00	ć 74.02	ć 300 00	ćo 00	Day Hait
Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$ 130.00	\$ 74.02	\$ 200.00	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 476.03	\$ -	\$ 732.35	\$102.99	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$ 0.22	\$ 0.03	\$ 0.34	\$0.03	Per Unit
	The state of the s				-				,	
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$ 2.13	\$ 0.78	\$ 3.27	\$0.89	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$ 26.95	\$ -	\$ 89.11	\$11.03	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$ 2,818.54	\$ -	\$ 4,336.21	\$230.07	Per Unit