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United Medicare Advantage SNP	Last Updated: 12/14/2021									
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					Required		Minimum	Maximum	Specific	
Service Category	Service Setting	Code Type	Code	Description	Shoppable Service?	Discounted Cash Price	Negotiated Charge	Negotiated Charge	Negotiated Charge	Estimate Type
<u>Service Category</u>	<u>Service Setting</u>	туре	coue	Description	<u>Service:</u>	<u>Cash Price</u>	Charge	charge	charge	<u>Estimate rype</u>
										Case Rate- Excluding
				Cardiac valve and other major						Professional
				cardiothoracic procedures with		N/A No	N/A No	N/A No	N/A No	Charges which
Hospital Inpatient Stay	Hospital Inpatient	DRG		cardiac catheterization with major complications or comorbidities	Yes	Service Volume	Service Volume	Service Volume	Service Volume	are paid by CPT/HCPCS
,				•						
										Case Rate- Excluding
										Professional
										Charges which
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	\$ 13,710.15	¢ 5 5 17 79	\$ 31,074.55	\$25,241.98	are paid by CPT/HCPCS
nospital inpatient stay		DKG	251	HEART FAILURE SHOCK WINCC	NU	\$ 13,710.15	\$ 5,517.76	\$ 51,074.55	323,241.30	Cr I/HCrC5
										Case Rate- Excluding
										Professional
				Spinal fusion except cervical						Charges which
Hospital Inpatient Stay	Hospital Inpatient	DRG		without major comorbid conditions or complications (MCC)	Yes	\$ 89,541.22	\$ 16,237.64	\$ 58,989.92	\$45,465.78	are paid by CPT/HCPCS
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*Estimates have been normalized to provide a quote based on the amount we anticipate you your insurance to owe. For example, if the rate is 45% of charges the median charge has been multiplied by 45%.

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					Required		Minimum	Maximum	Specific	
		<u>Code</u>			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Major joint replacement or						Case Rate- Excluding Professional
				reattachment of lower extremity						Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		or complications (MCC).	Yes	\$ 26,747.32	\$ 8,070.44	\$ 37,721.88	\$29,603.86	CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC).	Yes	\$ 37,083.10	\$ 10,123.74	\$ 62,430.00	\$34,600.11	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	480	MAJOR JOINT W MCC	No	\$ 58,727.97	\$ 12,375.85	\$ 48,933.51	\$38,379.10	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	\$31,130.12	CPT/HCPCS
										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	\$27,628.92	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				LOWER EXTREM HUMER PROC						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	493	EXCEPT HIP, FOOT, FEMUR W CC	No	\$ 46,392.83	\$ 9,438.20	\$ 41,283.64	\$32,922.47	CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> Specific Negotiated Charge	_Estimate Ty
Hospital Inpatient Stay	Hospital Inpatient	DRG	494	LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	No	\$ 34,304.81	\$ 7,426.74	\$ 43,066.25	\$29,229.31	Case Rate- Excluding Professional Charges whicl are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	743	Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	Yes	\$ 18,033.90	\$ 3,828.29	\$ 28,968.03	\$23,614.28	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
				RED BLOOD CELL DISORDERS W						Case Rate- Excluding Professional Charges whic are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	MCC	No	¢ 22 221 02	¢ 4 355 03	\$ 31,015.82	\$25,528.35	CPT/HCPCS

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Required Minimum Maximum Specific	
Code Shoppable Discounted Negotiated Negotiated	
Service Category Service Setting Type Code Description Service? Cash Price Charge Charge Charge	Estimate Type
	Case Rate-
	Excluding
	Professional
	Charges which
RED BLOOD CELL DISORDERS W/O	are paid by
Hospital Inpatient Stay Hospital Inpatient DRG 812 MCC No \$ 17,544.11 \$ 2,955.18 \$ 26,002.03 \$21,643.25	CPT/HCPCS
	cr i/iicr c5
	Core Data
	Case Rate-
	Excluding
	Professional
	Charges which
FULL THICKNESS BURN W SKIN	are paid by
Hospital Inpatient Stay Hospital Inpatient DRG 928 GRAFT OR INHAL INJ W CC/MCC No \$ 81,430.86 \$ 21,639.28 \$ 150,000.00 \$ \$65,647.43	CPT/HCPCS
	Case Rate-
	Excluding
	Professional
	Charges which
FULL THICKNESS BURN W SKIN	are paid by
	CPT/HCPCS
Hospital Inpatient Stay Hospital Inpatient DRG 929 GRAFT OR INHAL INJ W/O CC/MCC No \$ 38,084.70 \$ 6,540.49 \$ 50,000.00 \$ 38,257.37	
	Case Rate-
	Excluding
	Professional
	Charges which
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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	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG		LIMB REATTACHMENT, HIP FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	No	\$ 105,373.59	\$ 16,085.53	\$ 200,000.00	\$44,811.11	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	No	\$ 139 128 72	\$ 30.888.17	\$ 200,000.00	\$72,683.39	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
		Dite				¢ 105,120172	÷ 56,666117	200,000100	<i>\$12,000105</i>	
Hospital Inpatient Stay	Hospital Inpatient	DRG		OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	No	\$ 73,933.71	\$ 17,182.69	\$ 125,000.00	\$47,593.65	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	No	\$ 34,761.85	\$ 6,123.35	\$ 50,000.00	\$26,392.93	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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					Required		Minimum	Maximum	Specific	
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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W O.R. PROC						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	768	EXCEPT STERIL &/OR D&C	No	\$ 10,335.01	\$ 2,464.00	\$ 27,462.61	\$19,886.72	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Backson the (Delterone)		0.00		CESAREAN SECTION W		¢ 44.045.00	ć 2.570.00	¢	630 630 63	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	783	STERILIZATION W MCC	No	\$ 11,915.22	\$ 3,570.00	\$ 39,605.25	\$28,679.67	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG		STERILIZATION W CC	No	\$ 9,940.40	\$ 3,570.00	\$ 27,865.12	\$20,178.19	CPT/HCPCS
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										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	785	STERILIZATION W/O CC/MCC	No	\$ 8,988.27	\$ 3,519.44	\$ 25,870.71	\$18,733.96	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	786	STERILIZATION W MCC	No	\$ 12,696.27	\$ 3,570.00	\$ 35,011.06	\$25,352.83	CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	787	CESAREAN SECTION W/O STERILIZATION W CC	No	\$ 11,322.59	\$ 2,835.00	\$ 27,868.32	\$20,180.51	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	788	CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	No	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$19,103.52	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	\$13,545.40	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	\$18,767.98	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	798	VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	C No	\$ 10,897.11	\$ 2,464.00	\$ 25,917.69	\$18,767.98	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified Minimum Negotiated Charge	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	805	VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	Νο	\$ 10,518.03	\$ 2,464.00	\$ 27,817.08	\$20,143.40	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	806	VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	Νο	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	\$17,580.43	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	Νο	\$ 7,318.91	\$ 2,464.00	\$ 23,397.98	\$16,943.36	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Rehabilitation Hospital Stay	Inpatient Rehabilitation Hospital	DRG	945	REHABILITATION W CC/MCC	No	N/A	\$ 14,553.00	\$ 14,553.00	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Rehabilitation Hospital Stay	Inpatient Rehabilitation Hospital	DRG	946	REHABILITATION W/O CC/MCC	Νο	N/A	\$ 10,870.00	\$ 10,870.00	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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					Required		Minimum	Maximum	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
						52% Charges				
						Estimated at				
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per			\$400 Per	Per Diem Per
Stay	Inpatient Rehabilitation Hospital	UB	118	Room & Board	No	Diem			Diem	Day
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM AND CONNECTIVE TISSUE						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	559	WITH MCC	No	N/A	\$ 18,018.00	\$ 18,018.00	N/A	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG			No	N/A	\$ 10.435.00	\$ 10.435.00	N/A	
npatient Skilled Nursing	Inpatient Skilled Nursing	DRG		AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	No	N/A	\$ 10,435.00	\$ 10,435.00	N/A	Charges which are paid by CPT/HCPCS

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					Required		Minimum	<u>Maximum</u>	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										-
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM & CONNECTIVE TISSUE						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	561	W/O CC/MCC	No	N/A	\$ 7,474.00	\$ 7,474.00	N/A	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Pulmonary edema respiratory						are paid by
Stay	Hospital	DRG	LTC189		No	N/A	\$ 74,931.49	\$ 74,931.49	Non-Par	CPT/HCPCS
Stay	Tiospital	Dirig	LICIOS	lanare	110	17.6	<i>Ş 14,531.45</i>	<i>y</i> 74,551.45	Non-Fui	
										Case Rate-
										Excluding
										Professional
										Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Respiratory system diagnosis w						are paid by
Stay	Hospital	DRG	LTC207	ventilator support >96 hours	No	N/A	\$ 37,703.24	\$ 37,703.24	Non-Par	CPT/HCPCS
						70% Charges				
						(Estimated as				
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Long Term Care Intensive Care		\$6,047.26 per	\$1,040 Per	\$1,929 Per		Per Diem Per
Stay	Hospital	UB	200	Room & Board	No	diem)	Diem	Diem	Non-Par	Day
						E20/ Channes				
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &		1	1		1	\$1,109.30 Per			1	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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					Required		<u>Minimum</u>	<u>Maximum</u>	Specific	
		<u>Code</u>			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	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
bound		00	102			Dicin	¢ 235170	<i> </i>		Duy
						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	\$ 161.58	\$ 1,803.41	\$195.16	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$204.72	Case Rate
							-			
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$216.41	Case Rate
			17000	best action of Lesion (outpatient)	NU	y 1,131.70	y 137.32	÷ 1,034.10	9210.41	case nate
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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$1,454.36	Case Rate
						N/A No			N/A No	
				Removal of 1 or more breast		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19120	growth, open procedure	Yes	Volume	\$ -	Ś -	Volume	Case Rate
iospital Outpatient Procedure	Hospital Outpatient	CPI	19120	growth, open procedure	Yes	volume	Ş -	Ş -	volume	Case Rate

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					Required		<u>Minimum</u>	<u>Maximum</u>	Specific	
		<u>Code</u>			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Injections	Hospital Outpatient	СРТ	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$280.05	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$1,634.13	Case Rate
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						N/A No			N/A No	
						Service			Service	
Hospital Outpatient Precedure	Hospital Outpatient	СРТ	20926	Arthroscopic Shouldor Surgery	Voc	Volume	s -	ć	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	29020	Arthroscopic Shoulder Surgery	Yes	volume	ə -	\$-	volume	Case Rate
						N/A No			N/A No	
				Arthroscopic Knee Surgery		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	29881	(outpatient)	Yes	Volume	\$-	\$-	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	31575	Laryngoscopy - Diagnostic	No	\$ 449.87	\$ 135.86	\$ 1,978.02	\$204.50	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$678.61	Case Rate
						N/A No			N/A No	
				Tonsillectomy with Adenoidectomy		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	42820	(outpatient)	Yes	Volume	\$ -	\$-	Volume	Case Rate
				(one barrent)		v oranic	*	· ·		case note
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43235	Diagnostic	Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$862.91	Case Rate

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> Service?		scounted	<u>Mi</u> Neg	dentified nimum gotiated harge	N	Identified <u>Aaximum</u> egotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43239	Upper Gastrointestinal Endoscopy - With Biopsy	Yes	\$	1,259.34	\$	372.00	\$	2,229.48	\$878.31	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45378	Colonoscopy - Diagnostic (outpatient)	Yes	\$	2,117.86	ć	335.79	\$	2,220.88	\$902.87	Case Rate
		CPT	43370		Tes	Ş	2,117.00	Ş	555.75	Ş	2,220.00	Ş902.87	Case Rate
				Colonoscopy - With Biopsy									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45380	(outpatient)	Yes	\$	3,082.66	\$	343.06	\$	4,110.45	\$1,114.12	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45385	Colonoscopy - With Polyp Removal (outpatient)	Yes	\$	3,317.89	Ś	354.50	Ś	4,434.15	\$1,166.83	Case Rate
							N/A No					N/A No	
Upperited Outpetient Provedure		CDT	45204	Ultrasound examination of lower	No.	5	Service	~		~		Service	Conce Data
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45391	large bowel using an endoscope	Yes		/olume	\$	-	\$	-	Volume	Case Rate

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Service Category Service Setting Type Code Description Service? Cash Price Charge Charge Charge	
Hospital Outpatient Procedure Hospital Outpatient CPT 47562 Gall Bladder Surgery (outpatient) Yes \$ 12,062.52 \$ 504.75 \$ 18,374.88 \$5,049	55 Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 49440 Place gastrostomy tube perc No \$ 3,111.60 \$ 445.12 \$ 3,166.61 \$1,676	08 Case Rate
Ponsix of grain harnia nations ago 5	
Hospital Outpatient Procedure Hospital Outpatient CPT 49505 years or older Yes \$ 9,867.85 \$ 470.98 \$ 15,040.03 \$3,340	26 Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 51798 Urine Capacity Measurement No \$ 97.04 \$ - \$ 1,579.20 \$61.3	4 Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 52000 Cystoscopy No \$ 1,173.22 \$ 282.78 \$ 1,596.52 \$605.	6 Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 55700 Biopsy of prostate gland Yes \$ 1,165.04 \$ 284.76 \$ 2,631.84 \$1,725	00 Case Rate
Surgical removal of prostate and N/A No N/A No N/A No N/A No	0
surrounding lymph nodes using an Service Service Service Service	
	e Case Rate

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Service Category Service Setting Type Code Description Service? Cash Price		Charge	Charge	Estimate Type
Hospital Outpatient Procedure Hospital Outpatient CPT 58100 Biopsy - Endometrial (Uterus) No \$ 375.8	3 \$ 144.00	\$ 1,697.39	\$219.28	Case Rate
	5 3 144.00	\$ 1,097.39	\$219.20	Case Rate
			40.00	
Hospital Outpatient Procedure Hospital Outpatient CPT 58300 Insert intrauterine device No \$ 632.2	4 \$ 48.93	\$ 1,749.37	\$8.45	Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 58301 Remove intrauterine device No \$ 273.8	35 \$ 32.34	\$ 1,495.58	\$321.53	Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 59025 Fetal Non-Stress Test No \$ 260.7	9 \$ 118.53	\$ 1,596.22	\$177.36	Case Rate
Routine obstetric care for vaginal				
Professional Services Associated delivery, including pre-and post-				
with Inpatient Stay Professional Services CPT 59400 delivery care Yes \$ 4,496.2	1 \$ 242.00	\$ 3,278.48	\$1,997.58	Case Rate
Professional Services Associated				
with Inpatient Stay Professional Services CPT 59410 Obstetrical care No \$ 2,230.0	6 \$ 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 CPT 59510 delivery care Yes \$ 4,966.5	6 \$ 246.05	\$ 3,619.13	\$2,205.19	Case Rate

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Samilas Catagony	Somico Cotting		Code	Description	Service?					Estimate Tune
Service Category	Service Setting	Туре	<u>Code</u>	Description	Servicer	Cash Price	Charge_	Charge	Charge_	Estimate Type
				Routine obstetric care for vaginal						
				delivery after prior cesarean						
Professional Services Associated				delivery including pre-and post-						
	Professional Consistent	CDT			Mara	¢ 4 700 F0	¢ 205.00	¢ 2,420,24	63 000 C2	Course Data
with Inpatient Stay	Professional Services	СРТ	59610	delivery care	Yes	\$ 4,706.58	\$ 305.08	\$ 3,429.34	\$2,090.62	Case Rate
				Injection of substance into spinal						
				canal of lower back or sacrum using						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ		imaging guidance	Yes	\$ 1,055.18	\$ 379.33	\$ 1,880.39	\$674.18	Case Rate
nospital outpatient l'idecute	nospital outpatient	CIT	ULJEE		103	Ş 1,055.10	<i>y</i> 373.33	÷ 1,000.00	Ş074.10	case nate
				Injection of substance into spinal						
				canal of lower back or sacrum using						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ		imaging guidance	Yes	\$ 1,665.98	\$ 305.01	\$ 1,988.33	\$688.61	Case Rate
nospital outpatient Floteutie	nospital outpatient	SF I	02323	indenis suidance	105	φ 1,000.30	- 303.01	ک و،200،35 ک	2000.01	case nate

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

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	Yes	\$ 901.06	\$ 127.22	\$ 1,318.18	\$142.70	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	\$226.16	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$ 1,668.57	\$ 127.52	\$ 2,259.85	\$143.02	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70496	Ct angiography head	No	\$ 1,871.05	\$ 223.05	\$ 1,996.31	\$249.86	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$ 1,632.72	\$ 223.05	\$ 1,677.63	\$249.86	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$ 1,518.19	\$ 252.20	\$ 2,270.30	\$282.84	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$ 2,314.59	\$ 406.50	\$ 3,409.54	\$456.53	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$ 138.11	\$ 19.91	\$ 181.37	\$80.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$ 148.99	\$ 31.50	\$ 193.55	\$82.68	Per Unit

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Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Ca	sh Price	C	narge	<u>Char</u>	<u>ge</u>	<u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$	205.20	\$	38.07	\$ 2	71.73	\$115.60	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$	1,024.52	\$	141.11	\$ 1,4	58.48	\$157.77	Per Unit
				CT Scon Chast with Contract									
Radiology Services	Hospital Outpatient	СРТ	71260	CT Scan - Chest, with Contrast (outpatient)	No	\$	1,448.52	\$	200.76	\$ 2,03	34.88	\$225.40	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71275	Ct angiography chest	No	\$	1,935.65	Ś	226.19	\$ 2,0	92.27	\$253.36	Per Unit
Radiology Services		CFI	/12/5		NO	,	1,935.05	Ş	220.15	Ş 2,0:	2.21	Ş255.50	Peronit
Radiology Services	Hospital Outpatient	СРТ	72040	X-Ray - Neck, Cervical Spine	No	Ś	154.65	s	37.93	\$ 2	04.42	\$83.01	Per Unit
						·		¥		· -		+00101	
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$	251.61	\$	33.93	\$ 3	38.99	\$111.06	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	\$	199.60	\$	37.93	\$ 2	65.13	\$112.11	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72110	X-Ray, lower back, minimum four	Yes	s	213.64	¢	52.80	\$ 2	84.93	\$113.87	Per Unit
hadiology services	nospital Outpatiellt	UP I	12110	10443	165	?	213.04	?	32.00	<u>ې</u> د	04.73	،،	rerunit

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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>	Estimate Typ
Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$ 1,459.37	\$ 136.86	\$ 1,750.92	\$150.06	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72126	Ct neck spine w/dye	No	\$ 1,293.16	\$ 260.86	\$ 1,821.59	\$404.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72127	Ct neck spine w/o & w/dye	No	\$ 1,815.93	\$ 201.73	\$ 2,118.48	\$226.48	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72129	Ct chest spine w/dye	No	\$ 1,520.66	\$ 199.82	\$ 1,805.90	\$224.03	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/dye	No	\$ 1,518.43	\$ 260.86	\$ 1,805.90	\$404.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72133	Ct lumbar spine w/o & w/dye	No	\$ 1,904.42	\$ 201.90	\$ 2,238.70	\$226.16	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72141	MRI NECK SPINE W/O DYE	No	\$ 1,441.84	\$ 252.20	\$ 2,177.11	\$282.84	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72148	MRI - Back (outpatient)	Yes	\$ 1,381.13	\$ 252.20	\$ 2,137.12	\$282.84	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$ 249.04	\$ 28.72	\$ 327.10	\$109.65	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$ 208.53	\$ 39.60	\$ 264.73	\$113.51	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	\$ 1,536.96	\$ 197.29	\$ 2,142.05	\$221.03	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>		ounted h Price	De-Identifie Minimum Negotiated Charge	e-Identified Maximum Negotiated Charge	<u>Payer-</u> Specific <u>Negotiated</u> <u>Charge</u>	_Estimate Type
Radiology Services	Hospital Outpatient	СРТ	72197	MRI - Pelvis (outpatient)	No	\$ 2	2,448.72	\$ 402.71	\$ 3,522.33	\$451.62	Per Unit
Dadialam: Comices	Hamital Outpatient	CDT	72000	V ray avera of college base		¢	147.50	¢ 22.40	105.00	<u> 680 10</u>	Des Unit
Radiology Services	Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$	147.59	\$ 22.40	\$ 185.92	\$80.19	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73010	X-ray exam of shoulder blade	No	\$	196.93	\$ 26.01	\$ 251.93	\$109.98	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$	149.50	\$ 28.33	\$ 196.92	\$81.24	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$	147.62	\$ 29.40	\$ 195.82	\$80.19	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$	146.83	\$ 25.07	\$ 191.42	\$80.19	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73080	X-RAY EXAM OF ELBOW	No	\$	122.83	\$ 26.72	\$ 154.02	\$80.55	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$	117.10	\$ 26.40	\$ 151.82	\$80.19	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$	156.52	\$ 30.72	\$ 196.19	\$80.55	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$	192.03	\$ 24.40	\$ 249.73	\$109.29	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	-	scounted	<u>Mi</u> Neg	dentified nimum gotiated harge	N	e-Identified <u>Maximum</u> egotiated <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$	151.54	\$	32.72	\$	198.42	\$80.55	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73221	MRI - Shoulder, Elbow, or Wrist	No	\$	1,211.82	\$	246.65	\$	1, 702.4 6	\$277.17	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$	129.58	\$	37.77	\$	197.91	\$83.01	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$	150.51	\$	29.51	\$	189.38	\$80.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$	201.92	\$	32.40	\$	266.82	\$80.19	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$	263.50	\$	36.52	\$	351.25	\$81.24	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$	239.62	\$	32.40	\$	321.48	\$79.87	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$	191.55	\$	31.98	\$	278.60	\$80.19	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73610	X-Ray - Ankle (outpatient)	No	\$	239.05	\$	25.72	\$	311.14	\$80.55	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$	196.24	\$	29.81	\$	262.21	\$79.55	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$ 216.05	\$ 33.95	\$ 289.60	\$80.23	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$ 1,231.00	\$ 134.01	\$ 1,400.92	\$150.06	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73721	MRI - Knee (outpatient)	Yes	\$ 1,224.32	\$ 246.65	\$ 1,828.36	\$276.48	Per Unit
		-								
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$ 145.61	\$ 28.31	\$ 189.76	\$80.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$ 977.64	\$ 142.38	\$ 1,446.99	\$159.36	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$ 1,824.18	\$ 207.86	\$ 2,144.29	\$232.83	Per Unit
				CT Scan - Abdomen and Pelvis, with						
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$ 2,748.11	\$ 286.79	\$ 3,568.86	\$433.70	Per Unit
				CT Scan - Abdomen and Pelvis, with						
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	Yes	\$ 2,748.11	\$ 286.79	\$ 3,568.86	\$433.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$ 394.10	\$ 56.38	\$ 563.71	\$193.66	Per Unit
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Service Category	Service Setting	<u>Code</u> Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> Service?	Discounted Cash Price	De-Identified <u>Minimum</u> <u>Negotiated</u> Charge	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> Charge	Estimate Type
Service category	Service Setting	туре	coue	Description	<u>Jervice:</u>	casirrice	charge	charge	charge	<u>Estimate Type</u>
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$ 521.72	\$ 79.34	\$ 578.01	\$215.08	Per Unit
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$ 306.04	\$ 59.00	\$ 323.39	\$100.25	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76536	Ultrasound - Head and Neck	No	\$ 460.62	\$ 78.79	\$ 386.50	\$128.63	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$ 152.68	\$ 78.52	\$ 249.30	\$105.16	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$ 361.43	\$ 91.69	\$ 433.80	\$140.93	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$ 327.93	\$ 46.05	\$ 372.20	\$129.71	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$ 456.58	\$ 76.54	\$ 400.80	\$137.07	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76801	OB US < 14 WKS SINGLE FETUS	No	\$ 391.57	\$ 86.65	\$ 396.27	\$149.69	Per Unit

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Ultrasound - Pregnancy	
Radiology ServicesHospital OutpatientCPT76805(outpatient)Yes\$ 367.73\$ 100.36\$	437.10 \$149.69 Per Unit
Maternity/Delivery Hospital Outpatient CPT 76811 OB US DETAILED SNGL FETUS No \$ 522.04 \$ 198.65 \$	587.50 \$303.13 Per Unit
Maternity/Delivery Hospital Outpatient CPT 76815 OB US LIMITED FETUS(S) No \$ 309.95 \$ 54.75 \$	204 20 6422 05 Devilue#
Maternity/Delivery Hospital Outpatient CPT 76815 OB US LIMITED FETUS(S) No \$ 309.95 \$ 54.75 \$	384.30 \$132.85 Per Unit
Radiology Services Hospital Outpatient CPT 76816 Ultrasound - Pregnancy Follow-Up No \$ 406.54 \$ 64.37 \$	384.30 \$142.66 Per Unit
	304.30 3142.00 1101 0110
Maternity/Delivery Hospital Outpatient CPT 76818 FETAL BIOPHYS PROFILE W/NST No \$ 476.50 \$ 82.20 \$	387.27 \$152.46 Per Unit
Maternity/Delivery Hospital Outpatient CPT 76819 FETAL BIOPHYS PROFIL W/O NST No \$ 407.39 \$ 97.44 \$	398.34 \$138.80 Per Unit
Radiology Services Hospital Outpatient CPT 76821 MIDDLE CEREBRAL ARTERY ECHO No \$ 370.14 \$ 88.69 \$	391.69 \$135.12 Per Unit
Ultrasound - Transvaginal (non-	
Radiology Services Hospital Outpatient CPT 76830 maternity) Yes \$ 475.43 \$ 98.63 \$	463.90 \$134.94 Per Unit

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Service Category	Service Setting	Code Type	<u>Code</u>	Description	CMS Required Shoppable Service?		ounted Price	<u>Mi</u> Neg	dentified nimum otiated harge	<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 Typ
Radiology Services	Hospital Outpatient	СРТ	76956	Ultrasound - Pelvic (outpatient)	No	Ś	344.00	Ś	70.34	\$ 408.50	\$134.62	Per Unit
			70050			~	344.00	Y	70.34	, 400.50	\$154.02	
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$	546.40	\$	107.57	\$ 501.03	\$124.54	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$	383.79	\$	135.81	\$ 629.70	\$156.97	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$	406.73	\$	109.22	\$ 504.02	\$126.94	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$	247.25	\$	56.29	\$ 393.45	\$110.74	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$	116.84	\$	33.80	\$ 171.64	\$81.96	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$ 1,	,010.04	\$	336.74	\$ 2,091.45	\$1,224.96	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$ 158.03	\$ 11.84	\$ 221.33	\$16.92	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80053	Blood Test - Comprehensive Metabolic Panel	Yes	\$ 93.73	\$ 14.78	\$ 136.89	\$21.12	Per Unit
				Blood Test - Pregnancy (Obstetric)		N/A No Service	N/A No Service	N/A No Service	N/A No Service	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80055	Panel	Yes	Volume	Volume	Volume	Volume	Per Unit
				Blood Test - Cholesterol Test, Lipid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80061	Panel	Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$13.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80069	Blood Test - Renal (Kidney) Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$17.36	Per Unit
Laboratory & Pathology Services		CPI	0009		162	ş 17.24	× ۵،08	ə 34.39	Ş1/.30	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80076	Blood Test - Hepatic (Liver) Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$16.34	Per Unit
aboratory of ratifology services		UT I	00070	r unedon ranei	162	Y 140.77	A 11'44	y 205.64	910 . 34	i ci unit

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	<u>Charge</u>	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80307	Drug test prsmv chem anlyzr	No	\$ 128.65	\$ 55.93	\$ 199.53	\$62.14	Per Unit
		1				N/A No	N/A No	N/A No	N/A No	
						Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81000	Urinalysis nonauto w/scope	Yes	Volume	Volume	Volume	Volume	Per Unit
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				Urine Test - Automated with						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81001	Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$6.34	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	91002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$3.48	Per Unit
Laboratory & Pathology Services		CFT	01002	offile fest - offilarysis, Walluar fest	Tes	<i>Ş</i> 7.24	ş 2.07	\$ 14.00	33.40	Peronit
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$4.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$17.22	Per Unit
					-					
Laboratory & Pathology Services	Hospital Outpatient	СРТ	97747	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$5.02	Per Unit
Laboratory & Pathology Services		CPT	02247		INU	ə 41.0Z	ə 4.52	ə 55.22	33.UZ	rei Ullit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$29.60	Per Unit

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

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

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

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

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

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				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443		Yes	\$ 64.07	\$ 23.52	\$ 119.09	\$33.60	Per Unit
		-								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84480	Assay triiodothyronine (t3)	No	\$ 96.31	\$ 12.76	\$ 129.65	\$14.18	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84484	Assay of troponin quant	No	\$ 81.70	\$ 10.26	\$ 121.45	\$12.47	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84702	Chorionic gonadotropin test	No	\$ 125.77	\$ 11.54	\$ 169.31	\$15.05	Per Unit
		-								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85014	Hematocrit	No	\$ 26.95	\$ 2.13	\$ 36.27	\$2.37	Per Unit
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85025	Count and Automated WBC	Yes	\$ 77.98	\$ 10.88	\$ 112.06	\$15.54	Per Unit
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85027	Count (Hemoglobin)	Yes	\$ 60.79	\$ 5.82	\$ 81.83	\$6.47	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	85240	Clot factor viii ahg 1 stage	No	\$ 45.97	\$ 16.3	.1 \$ 95.56	\$17.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85378	Fibrin degrade semiquant	No	\$ 53.57	\$ 7.4	4 \$ 72.11	\$9.72	Per Unit
		C . 1	00070			<i>v</i> 55.57	V	, v , 2.12.		
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85610	Blood Test - Clotting Time	Yes	\$ 44.81	\$ 6.0	1 \$ 64.27	\$8.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85613	Russell viper venom diluted	No	\$ 24.61	\$ 8.2	4 \$ 70.98	\$9.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$ 53.32	\$ 4.9	6 \$ 71.77	\$5.51	Per Unit
						7 0000				
				Blood Test - Coagulation						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85730	Assessment	Yes	\$ 46.01	. \$ 5.4	1 \$ 61.94	\$6.01	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85732	Thromboplastin time partial	No	\$ 12.63	\$ 5.8	2 \$ 36.42	\$6.47	Per Unit
	-									
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86140	C-reactive protein	No	\$ 48.49	\$ 4.6	6 \$ 65.28	\$5.18	Per Unit
casoratory or actiology services			50140	e reactive protein	140	y 40.45			, y3.10	
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86360	T cell absolute count/ratio	No	\$ 65.00	\$ 42.3	8 \$ 211.59	\$46.98	Per Unit

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

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86677	Helicobacter pylori antibody	No	s	30.68	¢	15.13	¢	63.03	\$16.85	Per Unit
Laboratory & Pathology Services		CFT	00077		NO	\$	30.00	,	15.15	,	05.05	\$10.05	reronit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86692	Hepatitis delta agent antbdy	No	\$	29.16	\$	15.44	\$	50.98	\$17.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$	79.65	\$	12.41	\$	107.23	\$13.79	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86704	HEP B CORE ANTIBODY TOTAL	No	\$	86.11	\$	10.85	\$	115.92	\$12.05	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86705	HEP B CORE ANTIBODY IGM	No	\$	22.98	\$	10.59	\$	57.38	\$11.77	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$	98.98	Ś	9.67	\$	133.25	\$10.74	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86707	Hepatitis be antibody	No	\$	22.56	\$	10.41	\$	65.09	\$11.57	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$	22.71	\$	11.15	\$	56.71	\$12.39	Per Unit
					-								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	\$	78.19	\$	12.95	\$	225.56	\$14.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	Ś	25.14	Ś	11.59	Ś	72.53	\$12.88	Per Unit
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Service Category	Service Setting	<u>Code</u> Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86769	86769 - SARS-COV-2 COVID-19 ANTIBODY	No	\$ 51.48	\$-	\$ 112.07	\$42.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$12.88	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	Blood Test - Hepatitis C Antibody Level	Νο	\$ 67.64	\$ 12.84	\$ 91.06	\$14.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$15.49	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$44.61	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$129.41	Per Unit
cuboratory or ratiology services			00000	Cooms test mureet quar		¥ 277.72	ý <u>3.05</u>	y 323.43	<i>4123.</i> 41	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$98.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	Νο	\$ 198.99	\$ 3.78	\$ 267.88	\$98.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$30.15	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge_	Charge_	Charge_	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	Νο	\$ 60.24	\$ 3.78	\$ 81.10	\$30.15	Per Unit
casoratory or athology services			00501	Stood typing scrologic m(d)	110	÷ 00.24	÷ 3.70	÷ 51.10		. cronit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$ 4.84	\$ 383.37	\$255.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$ 344.22	\$129.41	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$ 133.90	\$ 9.29	\$ 180.25	\$10.32	Per Unit
caporatory & rathology services	nospital outpatient		07040		110	÷ 133.50	Ş 3.23	÷ 100.25	910.32	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$ 138.63	\$ 7.76	\$ 186.61	\$8.62	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$ 60.43	\$ 7.27	\$ 81.35	\$8.08	Per Unit
				Test for Disease-Causing (Pathogenic) Organisms, Not	N					
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87081	Limited to a Specific Condition	No	\$ 81.17	\$ 5.97	\$ 109.26	\$6.63	Per Unit

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

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

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

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

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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>		<u>counted</u> <u>h Price</u>	<u>Min</u> Nego	entified imum otiated arge	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
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Evaluation & Management Services	Professional Services	СРТ	90853	Psychotherapy - Group Session	Yes	Vo	olume	\$	-	Volume	Volume	Per Unit
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$	52.00	\$	17.40	\$ 251.43	\$76.97	Per Unit
				Electrocardiogram, routine, with								
Medicine Cardiovascular	Professional Services	СРТ	93000	interpretation and report	Yes	\$	36.27	\$	28.12	\$ 95.52	\$15.89	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$	142.29	\$	-	\$ 295.26	\$57.24	Per Unit
Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	\$	61.00	\$ 634.57	\$228.24	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	\$:	1,404.83	\$	322.26	\$ 1,593.05	\$506.50	Per Unit
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	93452	Insertion of catheter into left heart for diagnosis	Yes	\$ 8	8,847.45	\$	579.93	\$ 12,920.92	\$2,836.04	Case Rate
Medicine Other	Hospital Outpatient	СРТ	93971	Extremity study	No	\$	240.64	Ş	92.64	\$ 400.67	\$122.72	Per Unit

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Medicine Other	Hospital Outpatient	СРТ	05044	Allergy patch tests	No	\$ 189.82	s -	\$ 1,229.53	\$819.69	Per Unit
Wedicine Other	nospital outpatient	CFT	55044	Anergy paten tests	NO	N/A No	N/A No	N/A No	N/A No	rei onit
Medicine Neurology and						Service	Service	Service	Service	
Neuromuscular	Hospital Outpatient	СРТ	05910	Sleep study	Yes	Volume	Volume	Volume	Volume	Per Unit
Neuromuscular	Hospital Outpatient	CPT	92910	Sleep study	res	volume	volume	volume	volume	Per Unit
Injections	Hospital Outpatient	СРТ	06402	Chama bormon antinoonl sa /im	No	\$ 110.26	\$ 66.86	\$ 196.20	\$86.50	Case Rate
Injections	Hospital Outpatient	CPT	90402	Chemo hormon antineopl sq/im	INU	\$ 110.20	\$ 00.00	\$ 190.20	300.30	Case Rate
				Physical Therapy - Manual						
Medicine Physical Medicine and				Electrical Stimulation Therapy, 15						
Rehabilitation	Hospital Outpatient	СРТ	97032	minutes	No	\$ 31.26	\$ 12.56	\$ 59.90	\$14.39	Per Unit
Medicine Physical Medicine and				Physical Therapy - Ultrasound						
Rehabilitation	Hospital Outpatient	СРТ	97035	Therapy	No	\$ 26.92	\$ 11.95	\$ 40.29	\$13.91	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic				.		
Rehabilitation	Hospital Outpatient	СРТ	97110	Exercises	Yes	\$ 88.74	\$ 17.40	\$ 119.46	\$29.56	Per Unit
Medicine Physical Medicine and				Physical Therapy - Neuromuscular						
Rehabilitation	Hospital Outpatient	СРТ	97112	Reeducation	No	\$ 69.93	\$ 26.14	\$ 104.78	\$33.95	Per Unit
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	CPT	97116	GAIT TRAINING THERAPY	No	\$ 77.61	\$ 22.90	\$ 104.48	\$29.23	Per Unit

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Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge	Charge	Charge_	Estimate Type
Realizing Discrimination and										
Medicine Physical Medicine and	Upperitel Outpetient	CDT	07140	Dhusiaal Theremy, Manual Theremy	Ne	\$ 56.20	\$ 23.73	\$ 93.92	\$27.22	Devilueit
Rehabilitation	Hospital Outpatient	СРТ	97140	Physical Therapy - Manual Therapy	No	\$ 56.20	\$ 23.73	\$ 93.92	\$27.22	Per Unit
Medicine Physical Medicine and				Physical Therapy - Low Complexity						
Rehabilitation	Hospital Outpatient	СРТ	97161	Evaluation	No	\$ 168.06	\$ 71.97	\$ 252.78	\$82.43	Per Unit
		-								
Medicine Physical Medicine and				Physical Therapy - Moderate						
Rehabilitation	Hospital Outpatient	СРТ	97162	Complexity Evaluation	No	\$ 62.40	\$ 71.97	\$ 252.78	\$82.43	Per Unit
Medicine Physical Medicine and				Physical Therapy - High Complexity					400.00	
Rehabilitation	Hospital Outpatient	СРТ	97163	Evaluation	No	\$ 168.06	\$ 71.97	\$ 252.78	\$82.43	Per Unit
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	\$ 113.34	\$ 48.67	\$ 170.97	\$56.43	Per Unit
			5.104	- typeour therapy - he-Evaluation		÷ 110.04		+ 1/0.57	ç55.45	. crome
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$ 180.88	\$ 77.05	\$ 245.32	\$87.28	Per Unit
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Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$	62.40	\$:	72.00	\$	245.32	\$86.96	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic									
Rehabilitation	Hospital Outpatient	СРТ	97530	Activities	No	\$	92.45	\$:	17.40	\$	124.45	\$37.61	Per Unit
Medicine Physical Medicine and				Physical Therapy - Self-care or									
Rehabilitation	Hospital Outpatient	СРТ	97535	Home Management Training	No	\$	68.89	\$	-	\$	109.03	\$32.79	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99024	Postop follow-up visit	No	\$	-	\$	-	\$	14.27	\$0.00	Per Unit
						-							
Evaluation & Management Services	Professional Services	СРТ	99202	Office Visit - New Patient, Minor	No	Ś	167.93	¢ (90.34	ć	200.08	\$48.49	Per Unit
evaluation & management services			55202	office visit - new rationt, wintor	110	Ý	107.55	Ψ.		Ŷ	200.00	9 -0.- 9	
				Office Visit New Patient Law									
Evaluation & Management Services	Professional Services	СРТ	99203	Office Visit - New Patient, Low Complexity	Yes	Ś	182.06	\$ 1	32.54	Ś	273.99	\$72.73	Per Unit
Evaluation & Management Jervices	r roressional services	UC I	55205	complexity	103	?	102.00	Υ <u>τ</u>	52.54	?	213.33	912.13	i ci onic

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

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Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cas	h Price	Charge_	Charge_	Charge_	Estimate Type
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	СРТ	99215	High Complexity	No	Ś	315.87	\$ 192.33	\$ 385.34	\$107.72	Per Unit
Evaluation & Management Services			55215	ingreompically		Ý	515.07	Ş 152.55	÷ 565.54	\$107.72	
Professional Services Associated											
with Inpatient Stay	Professional Services	СРТ	99232	Subsequent hospital care	No	Ś	159.88	\$ 50.60	\$ 111.92	\$69.95	Per Unit
				and the second se							
				Patient office consultation,							
Evaluation & Management Services	Professional Services	СРТ	99243	typically 40 min	Yes	\$	212.43	\$-	\$ 142.18	\$-	Per Unit
				Patient office consultation,							
Evaluation & Management Services	Professional Services	СРТ	99244	typically 60 min	Yes	\$	338.80	\$-	\$ 226.38	\$-	Per Unit
Francisco Barrow Martin		CDT	00000	Emergency Department Visit -			220.05	÷	¢	600 70	Corres Dati
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Minor (outpatient)	No	\$	230.81	\$ 74.98	\$ 689.88	\$88.76	Case Rate

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	_									
For any Rear Minit	Usersited Octoretions	CDT		Emergency Department Visit - Low	N	ć (20.20	ć 03.53	¢	¢200.40	Corres Data
Emergency Room Visit	Hospital Outpatient	СРТ	99282	Complexity (outpatient)	No	\$ 430.38	\$ 93.52	\$ 1,114.22	\$209.10	Case Rate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ	99283	Moderate Complexity (outpatient)	No	\$ 932.99	\$ 182.62	\$ 2,714.83	\$300.23	Case Rate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ		Higher Complexity (outpatient)	No	\$ 2,400.69	\$ 270.43	\$ 4,475.48	\$448.40	Case Rate
				C		, _,	, 1.0.70	, ,,		
				Emergency Department Visit - High						
Emergency Room Visit	Hospital Outpatient	СРТ	99285	Complexity (outpatient)	No	\$ 3,149.91	\$ 458.20	\$ 5,806.95	\$1,334.63	Case Rate

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					<u>CMS</u>		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ	99291	Critical Care (outpatient)	No	\$ 17,860.61	\$ 425.50	\$ 6,308.07	\$1,798.49	Case Rate
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient,						
Evaluation & Management Services	Professional Services	СРТ		Younger than 1 Year Old	No	\$ 156.75	s -	\$ 225.38	\$0.00	Per Unit
evaluation & management services		511	55501	rounger than 1 real Olu	110	÷ 130.73	Y -	÷ 223.30	90.00	. cr onit
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
		СРТ		and Management, New Patient, 1- 4 Years Old	No	\$ 163.82		\$ 236.91	\$0.00	Per Unit
Evaluation & Management Services							S -			

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Service Category Service Se	Code tting Type	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> Charge	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_Estimate Type
Evaluation & Management Services Professional Service	25 CPT	Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 5- 11 Years Old	Νο	\$ 170.96	Ś-	\$ 413.46	\$0.00	Per Unit
				+	•	·		
		Office Visit - Comprehensive						
Evaluation & Management Services Professional Service	es CPT	Preventive Medicine Evaluation and Management, New Patient, 12- 17 Years Old	Νο	\$ 193.58	\$-	\$ 280.75	\$0.00	Per Unit

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

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

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge_	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
							<u>,</u>	A	<u> </u>	
Evaluation & Management Services	Professional Services	СРТ	99393	and Management, 5-11 Years Old	No	\$ 150.44	ş -	\$ 305.91	\$0.00	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ		and Management, 12-17 Years Old	No	\$ 165.14	Ś -	\$ 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> Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> Charge	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
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	Durfessional Comisso	CDT		Office Visit - Comprehensive Preventive Medicine Reevaluation	N	ć 100.10	6 64 57	¢ 420.70	664.57	Devilatio
Evaluation & Management Service	s Professional Services	СРТ	99396	and Management, 40-64 Years Old	No	\$ 180.12	\$ 64.57	\$ 429.79	\$64.57	Per Unit
Exablate	Hospital Outpatient	СРТ	0398T	Focused Ultrasound	No	\$ 32,139.56	\$ 11,272.90	\$ 11,272.90	\$0.00	Case Rate
Vaccinations	Hospital Outpatient	СРТ	G0008	Admin influenza virus vaccine	No	\$ 70.15	\$-	\$ 126.95	\$46.26	Per Unit
Vaccinations	Hospital Outpatient	СРТ	G0009	Admin pneumococcal vaccine	No	\$ 27.43	\$ -	\$-	\$49.34	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	No	\$ 773.99	\$ 46.24	\$ 1,424.46	\$247.42	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$ 15,685.71	\$ 605.00	\$ 24,131.86	\$2,167.25	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash	Price	Cha	rge		Charge	Charge	Estimate Type
Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$	130.00	\$	74.02	\$	200.00	\$104.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$	476.03	\$	-	\$	732.35	\$114.43	Per Unit
												44.44	
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$	0.22	Ş	0.03	Ş	0.34	\$0.03	Per Unit
	User the LO structure	LICDCC	14045			<u>,</u>	2.42	*	0.70	~	2.27	60.07	Dentlinit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$	2.13	>	0.78	>	3.27	\$0.87	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	Νο	Ś	26.95	ć		Ś	89.11	\$10.22	Per Unit
Injections		neres	37325	Synvise of Synvise-Offe	NU	2	20.95	Ŷ	-	?	07.11	Ş10.22	rei unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$2,	818.54	\$	-	\$	4,336.21	\$224.45	Per Unit