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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	<u>Charge</u>	Estimate Type
										Case Rate-
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				Cardiac valve and other major						Professional
				cardiothoracic procedures with		N/A No	N/A No	N/A No	N/A No	Charges which
				cardiac catheterization with major		Service	Service	Service	Service	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	complications or comorbidities	Yes	Volume	Volume	Volume	Volume	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
										are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	\$ 14,686.95	\$ 5,517.78	\$ 31,074.55	\$12,221.06	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				Spinal fusion except cervical						<b>Charges which</b>
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	460	or complications (MCC)	Yes	\$ 80,363.76	\$ 16,237.64	\$ 58,989.92	\$43,715.60	CPT/HCPCS
										Case Rate-
										Excluding
				Major joint replacement or						Professional
				reattachment of lower extremity						Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	470	or complications (MCC).	Yes	\$ 38,980.36	\$ 8,070.44	\$ 37,721.88	\$30,882.39	CPT/HCPCS
				, , , , , , , , , , , , , , , , , , , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
										Case Rate-
										Excluding
				Cervical spinal fusion without						Professional
				comorbid conditions (CC) or major						Charges which
				comorbid conditions or						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	473	complications (MCC).	Yes	\$ 41 645 77	\$ 10 123 74	\$ 62,430.00	\$28,208.57	CPT/HCPCS
nospital inpatient stay	nospital inpatient	שוע	7/3	complications (wice).	163	₹ ₹±,043.//	y 10,123.74	y 02,430.00	720,200.37	Gr 1/11crc3

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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	480	HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	No	\$ 72,498.64	\$ 12,375.85	\$ 48,933.51	\$31,780.98	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	481	HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	No	\$ 48,198.31	\$ 8,559.98	\$ 38,996.68	\$28,254.77	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	482	HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	No	\$ 40,118.30	\$ 6,745.73	\$ 37,731.25	\$21,353.64	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	493	LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	No	\$ 46,895.03	\$ 9,438.20	\$ 41,283.64	\$24,029.78	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	494	LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	No	\$ 34,116.50	\$ 7,426.74	\$ 43,066.25	\$16,403.31	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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d Negotiated		
Charge		Estimate Type
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9 \$ 28,968.03	\$8,188.95	CPT/HCPCS
		Case Rate-
		Excluding
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		Charges which
		are paid by
3 \$ 31,015.82	\$9,103.71	CPT/HCPCS
		Case Rate-
		Excluding
		Professional
		Charges which
		are paid by
8 \$ 26,002.03	\$6,321.32	CPT/HCPCS
		Case Rate-
		Excluding
		Professional
		Charges which
		are paid by
8 \$ 150,000.00	\$46,287.78	CPT/HCPCS
		Case Rate-
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9 \$ 50,000.00	1	CPT/HCPCS
13	Maximum Negotiated Charge  9 \$ 28,968.03  3 \$ 31,015.82	Maximum   Specific   Negotiated   Charge   Charge   Page   Page

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	De-Identified Minimum Negotiated Charge	De-Identified  Maximum  Negotiated  Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	935	NON-EXTENSIVE BURNS	No	\$ 27,865.09	\$ 3,301.83	\$ 50,000.00	\$7,062.83	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	956	LIMB REATTACHMENT, HIP FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	No	\$ 96.217.06	\$ 16.085.53	\$ 200,000.00	\$98,363.27	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	No	\$ 138,424.38		\$ 200,000.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	No	\$ 74,941.66	\$ 17,182.69	\$ 125,000.00	\$49,656.92	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	964	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	No	\$ 29,995.11	\$ 6,123.35	\$ 50,000.00	\$19,655.79	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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<u>Service Category</u>	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
Maternity/Delivery	Hospital Inpatient	DRG	768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	No	\$ 9,936.12	\$ 2,464.00	\$ 27,462.61	\$18,335.63	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	783	CESAREAN SECTION W STERILIZATION W MCC	No	\$ 13,687.72	\$ 3,570.00	\$ 39,605.25	\$20,160.53	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	784	CESAREAN SECTION W STERILIZATION W CC	No	\$ 11,089.83	\$ 3,570.00	\$ 27,865.12	\$12,729.26	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	785	CESAREAN SECTION W STERILIZATION W/O CC/MCC	No	\$ 9,823.22	\$ 3,519.44	\$ 25,870.71	\$9,765.53	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	786	CESAREAN SECTION W/O STERILIZATION W MCC	No	\$ 14,089.97	\$ 3,570.00	\$ 35,011.06	\$17,957.94	Case Rate- Excluding Professional Charges which are paid by 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
Maternity/Delivery	Hospital Inpatient	DRG	787	CESAREAN SECTION W/O STERILIZATION W CC	No	\$ 12,173.87	\$ 2,835.00	\$ 27,868.32	\$12,486.71	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	\$ 10,551.69	\$ 3,242.44	\$ 26,381.06	\$10,403.09	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	No	\$ 1,447.32	\$ 626.89	\$ 18,705.56	\$1,340.96	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	\$ 10,458.74	\$ 2,464.00	\$ 25,917.69	\$9,781.70	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	798	VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	No	\$ 6,698.97	\$ 2,464.00	\$ 25,917.69	\$9,781.70	Case Rate- Excluding Professional Charges which are paid by 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
Maternity/Delivery	Hospital Inpatient	DRG	805	VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	No	\$ 8,202.42	\$ 2,464.00	\$ 27,817.08	\$11,817.96	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	No	\$ 7,660.38	\$ 2,464.00	\$ 24,277.74	\$8,170.47	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	807	VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	No	\$ 6,410.90	\$ 2,464.00	\$ 23,397.98	\$7,091.70	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Long Term Acute Care Inpatient Stay	Inpatient Long-Term Care Hospital	DRG	LTC189	Pulmonary edema respiratory failure	No	\$ 37,402.18	\$ 74,931.49	\$ 74,931.49	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Long Term Acute Care Inpatient Stay	Inpatient Long-Term Care Hospital	DRG	LTC207	Respiratory system diagnosis w ventilator support >96 hours	No	\$ 96,998.14	\$ 37,703.24	\$ 37,703.24	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Code Type	Code	Description	Shoppable Service?	Discounted Cash Price	Negotiated Charge	Negotiated Charge	Negotiated Charge	Estimate Type
						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	40.00	Per Diem Per
Stay	Hospital	UB	200	Room & Board	No	diem)	Diem	Diem	\$0.00	Day
						52% Charges				
						Estimated at				
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per			\$826 Per	Per Diem Per
Stay	Inpatient Rehabilitation Hospital	UB	118	Room & Board	No	Diem	\$ 416.15	\$ 3,152.00	Diem	Day
						52% Charges				
						Estimated at			4050 0	5 5: 5
Skilled Nursing Inpatient Room & Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	\$1,109.30 Per Diem	\$ 227.70	\$ 850.00	\$253 Per Diem	Per Diem Per Day
Dourd	inputerte skineu reursing	00	131	Subdedite edite level 1 Skilled edite	140	Diem	Ç 227170	ψ 030.00	Dicin	Day
						52% Charges Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		\$1,109.30 Per			\$333 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	\$ 299.70	\$ 850.00	Diem	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 3- Complex		\$1,109.30 Per			\$564 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	193	Care	No	Diem	\$ 370.00	\$ 850.00	Diem	Day
<b>Hospital Outpatient Procedure</b>	<b>Hospital Outpatient</b>	СРТ	19083	Bx breast 1st lesion us imag	No	\$ 1,957.09	\$ 381.25	\$ 2,964.36	\$1,658.00	Case Rate

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Service Category	Service Setting	Code Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	CPT	27818	Treatment of ankle fracture	No	\$ 5,944.56	\$ 395.00	\$ 2,581.00	\$1,658.00	Case Rate
						A	A 200 F4	4 4 050 05	44 650 00	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	32555	Aspirate pleura w/ imaging	No	\$ 7,293.50	\$ 288.54	\$ 1,852.06	\$1,658.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,073.24	\$ 445.12	\$ 3,166.61	\$1,658.00	Case Rate
		<u> </u>	15 1 16	i lace gastrestem, table perc		<del>+ 0,070.21</del>	·	<del>+ 0,200.02</del>	72,000.00	
Hospital Outpatient Procedure	<b>Hospital Outpatient</b>	CPT	59025	Fetal Non-Stress Test	No	\$ 581.33	\$ 118.53	\$ 1,596.22	\$1,658.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	69210	Remove impacted ear wax	No	\$ 302.36	\$ 48.93	\$ 1,604.78	\$1,658.00	Case Rate
				er e						
Padialagy Consises	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	No	\$ 804.63	\$ 127.22	\$ 1,318.18	\$183.83	Per Unit
Radiology Services	Hospital Outpatient	CPI	70430	Contrast	NO	\$ 804.83	\$ 127.22	\$ 1,516.16	\$105.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70482	Ct orbit/ear/fossa w/o&w/dye	No	\$ 1,715.77	\$ 207.79	\$ 2,657.02	\$567.45	Per Unit
Radiology Services	Hospital Outpatient	CPT	70486	Ct maxillofacial w/o dye	No	\$ 1,507.75	\$ 127.52	\$ 2,259.85	\$338.25	Per Unit
			70406			4 4 9 4 5 9 7	A 222.05	4 4 005 04	4044.00	
Radiology Services	Hospital Outpatient	СРТ	70496	Ct angiography head	No	\$ 1,246.07	\$ 223.05	\$ 1,996.31	\$811.93	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$ 1,001.14	\$ 223.05	\$ 1,677.63	\$851.33	Per Unit
				3 3 , , **				, , , , , , , , , , , , , , , , , , , ,		
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$ 858.09	\$ 141.11	\$ 1,468.48	\$317.33	Per Unit
									40	
Radiology Services	Hospital Outpatient	CPT	71045	X-ray exam chest 1 view	No	\$ 121.75	\$ 19.91	\$ 181.37	\$24.00	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	<u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$ 121.75	\$ 31.50	\$ 193.55	\$44.25	Per Unit
				CT Scan - Chest, with Contrast						
Radiology Services	Hospital Outpatient	СРТ	71260	(outpatient)	No	\$ 1,246.07	\$ 200.76	\$ 2,034.88	\$400.18	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	СРТ	71275	Ct angiography chest	No	\$ 1,295.90	\$ 226.19	\$ 2,092.27	\$626.95	Per Unit
Dadialam Camina	Heavital Outrations	CDT	72126	Ch mark anima w/dwa	No	ć 1,004.C0	\$ 260.86	\$ 1,821.59	Ć402 E0	Double's
Radiology Services	Hospital Outpatient	СРТ	/2126	Ct neck spine w/dye	No	\$ 1,084.68	\$ 200.80	\$ 1,821.59	\$402.58	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	\$ 168.26	\$ 37.93	\$ 265.13	\$55.15	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72127	Ct neck spine w/o & w/dye	No	\$ 1,246.07	\$ 201.73	\$ 2,118.48	\$500.70	Per Unit
nadiology Scrvices	nospital outputient	Ci i	72127	et neek spine w/o & w/aye	110	7 1,240.07	ÿ 201.73	7 2,110.40	\$500.70	T CT OTHE
Radiology Services	Hospital Outpatient	СРТ	72133	Ct lumbar spine w/o & w/dye	No	\$ 1,338.47	\$ 201.90	\$ 2,238.70	\$501.50	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$ 850.98	\$ 134.01	\$ 1,400.92	\$317.33	Per Unit
								, ,		
Radiology Services	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$ 846.65	\$ 142.38	\$ 1,446.99	\$213.60	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$ 1,270.98	\$ 207.86	\$ 2,144.29	\$468.53	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	/2190	X-RAY EXAM OF PELVIS	No	\$ 168.26	\$ 39.60	\$ 264.73	\$72.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$ 121.75	\$ 22.40	\$ 185.92	\$47.13	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	<u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	73010	X-ray exam of shoulder blade	No	\$ 168.26	\$ 26.01	\$ 251.93	\$51.13	Per Unit
						,				
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$ 121.75	\$ 29.40	\$ 195.82	\$46.30	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	СРТ	73070	X-ray exam of elbow	No	\$ 121.75	\$ 25.07	\$ 191.42	\$46.30	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72000	X-RAY EXAM OF FOREARM	No	\$ 91.32	\$ 26.40	\$ 151.82	\$44.70	Per Unit
naulology services	nospital Outpatient	CFT	73030	A-NAT EXAMINITY TOKEANIN	140	ÿ 31.32	Ç 20.40	7 131.02	344.70	reronit
Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$ 168.26	\$ 24.40	\$ 249.73	\$43.90	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$ 121.75	\$ 32.72	\$ 198.42	\$55.15	Per Unit
				V DAVEVANA OF FEMALES & L		404.75	4 20.54	400.00	Å=4.40	
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$ 121.75	\$ 29.51	\$ 189.38	\$51.10	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$ 176.40	\$ 32.40	\$ 266.82	\$48.73	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$ 218.41	\$ 32.40	\$ 321.48	\$43.10	Per Unit
nadiology services	Trospital outputient	0	75550	A ray exam or lower leg	110	ψ <u>210141</u>	ÿ 32.40	ÿ 321140	Ç-13.120	r er ome
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$ 188.76	\$ 31.98	\$ 278.60	\$46.30	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73610	X-Ray - Ankle (outpatient)	No	\$ 210.38	\$ 25.72	\$ 311.14	\$56.78	Per Unit
				V DAV 5VAA4 OF					444 ==	
Radiology Services	Hospital Outpatient	CPT	73620	X-RAY EXAM OF FOOT	No	\$ 173.94	\$ 29.81	\$ 262.21	\$44.70	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	<u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$ 188.76	\$ 33.95	\$ 289.60	\$52.75	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74177	CT Scan - Abdomen and Pelvis, with Contrast	No	\$ 2,500.65	\$ 286.79	\$ 3,568.86	\$526.43	Per Unit
inaciology Services	nospital Outpatient	CFT	74177	Contrast	140	\$ 2,300.03	3 200.73	3,308.80	3320.43	reronic
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$ 79.37	\$ 59.00	\$ 323.39	\$174.98	Per Unit
				CT Scan - Head/Brain, without						
Radiology Services	Hospital Outpatient	СРТ	70450	Contrast	Yes	\$ 804.63	\$ 127.22	\$ 1,318.18	\$183.83	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	/2193	CT scan, pelvis, with contrast	Yes	\$ 1,341.96	\$ 197.29	\$ 2,142.05	\$400.18	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$ 371.53	\$ 56.38	\$ 563.71	\$157.30	Per Unit
Radiology Services	Hospital Outpatient	СРТ	7/270	X-ray xm colon 1cntrst std	No	\$ 371.53	\$ 79.34	\$ 578.01	\$283.55	Per Unit
nadiology Scrvices	Trospital outpatient	Ci i	74270	X-ray XIII colon Tenerse sta	140	7 371.33	7 73.34	7 370.01	7203.33	T CT OTHE
				CT Scan - Abdomen and Pelvis, with						
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	Yes	\$ 2,500.65	\$ 286.79	\$ 3,568.86	\$526.43	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$ 224.35	\$ 76.54	\$ 400.80	\$217.60	Per Unit
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Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$ 224.35	\$ 86.65	\$ 396.27	\$174.98	Per Unit
Maternity/Delivery	<b>Hospital Outpatient</b>	СРТ	76811	OB US DETAILED SNGL FETUS	No	\$ 224.35	\$ 198.65	\$ 587.50	\$203.13	Per Unit
Matarnity/Delivery	Hespital Quitnotions	CDT	76015	OR HE HMITED EETHE(E)	No	\$ 224.35	¢ 54.75	ć 204.20	Ć121 EE	Dor Unit
Maternity/Delivery	Hospital Outpatient	CPT	/0912	OB US LIMITED FETUS(S)	No	\$ 224.35	\$ 54.75	\$ 384.30	\$131.55	Per Unit

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Radiology Services	<b>Hospital Outpatient</b>	CPT	76816	Ultrasound - Pregnancy Follow-Up	No	\$ 224.35	\$ 64.37	\$ 384.30	\$166.95	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76818	FETAL BIOPHYS PROFILE W/NST	No	\$ 224.35	\$ 82.20	\$ 387.27	\$156.50	Per Unit
Back and the /Delice and	Harrital Outrations	CDT	70010	FETAL BLODING BROSH W/O NGT	NI-	ć 224.25	6 07.44	ć 200.24	6444.60	Day Hait
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$ 224.35	\$ 97.44	\$ 398.34	\$114.68	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$ 224.35	\$ 88.69	\$ 391.69	\$132.35	Per Unit
nadiology services		Ci i	70021	MIDDEE CEREBITAE ARTERIT ECITO	110	ŷ 224133	ψ 00.03	<b>V</b> 332.03	Ų102.03	T CT OTHE
Radiology Services	Hospital Outpatient	CPT	77080	Bone Density Scan (outpatient)	No	\$ 168.26	\$ 56.29	\$ 393.45	\$87.33	Per Unit
Radiology Services	Hospital Outpatient	CPT	77081	Dxa bone density/peripheral	No	\$ 91.46	\$ 33.80	\$ 171.64	\$37.48	Per Unit
Laborata de O Dathala de Camilaca	Harrital Outrations	CDT	00207	Don't to the comment of the comment of	NI-	ć 447.44	ć FF 03	ć 400 F3	Ć400 F3	Day Hait
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80307	Drug test prsmv chem anlyzr	No	\$ 147.41	\$ 55.93	\$ 199.53	\$199.53	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 34.21	\$ 10.45	\$ 58.29	\$21.58	Per Unit
	Поортин о исрания	<u> </u>	01010	- Topically		Ţ 0.1. <u></u>	7 20110	Ψ 55.25	<b>7</b> 22.00	7 61 61111
<b>Laboratory &amp; Pathology Services</b>	<b>Hospital Outpatient</b>	CPT	82247	Bilirubin total	No	\$ 42.44	\$ 4.52	\$ 55.22	\$17.10	Per Unit
										<b> </b>
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82306	Blood Test - Vitamin D-3 Level	No	\$ 195.28	\$ 26.64	\$ 254.08	\$101.00	Per Unit
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		CD.	00000						A45.55	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82330	Assay of calcium	No	\$ 36.33	\$ 12.31	\$ 67.00	\$46.63	Per Unit
										<b> </b>
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82275	Assay carboxyhb quant	No	\$ 118.09	\$ 11.09	\$ 153.64	\$42.03	Per Unit
Laboratory & Fathology Services	nospitai Outpatient	CFI	043/3	Assay carboxyrib qualit	IAO	110.09	11.09	155.04	342.U3	r er Ollit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82465	Assay bld/serum cholesterol	No	\$ 58.15	\$ 3.92	\$ 23.76	\$14.83	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of ck (cpk)	No	\$ 13.14	\$ 5.86	\$ 35.53	\$22.20	Per Unit
									40.00	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82552	Assay of cpk in blood	No	\$ 27.05	\$ 12.05	\$ 75.41	\$0.00	Per Unit
						47.70	<u> </u>	A 70.05	447.40	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82565	Assay of creatinine	No	\$ 47.70	\$ 7.17	\$ 70.25	\$17.48	Per Unit
Laboratani O Bathalani Candara		CDT	02640	Contaction	N	ć 44F.26	ć 44.47	ć 40F.00	622.02	Dan Hait
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82610	Cystatin c	No	\$ 145.26	\$ 14.17	\$ 405.00	\$33.03	Per Unit
Laboratory & Pathology Sorvices	Hospital Outpationt	СРТ	92669	Assay of crythronointin	No	\$ 37.95	\$ 16.91	\$ 99.20	\$64.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	02000	Assay of erythropoietin	INO	\$ 37.95	\$ 10.91	\$ 99.20	\$04.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82670	Assay of estradiol	No	\$ 56.40	\$ 25.15	\$ 152.33	\$95.30	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFI	82070	Assay of estractor	NO	3 30.40	\$ 25.15	3 132.33	\$33.30	rei oiiit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82693	Assay of ethylene glycol	No	\$ 20.99	\$ 13.41	\$ 40.08	\$35.48	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82803	Blood gases any combination	No	\$ 75.94	\$ 20.17	\$ 106.16	\$66.00	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 33.15	\$ 5.51	\$ 49.42	\$13.40	Per Unit
									-	
Laboratory & Pathology Services	Hospital Outpatient	CPT	83605	Assay of lactic acid	No	\$ 28.38	\$ 10.41	\$ 58.05	\$36.43	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83735	Assay of magnesium	No	\$ 52.14	\$ 9.38	\$ 78.56	\$22.85	Per Unit

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Laboratory & Pathology Services	<b>Hospital Outpatient</b>	СРТ	83880	Assay of natriuretic peptide	No	\$ 178.52	\$ 35.33	\$ 232.27	\$115.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$ 61.56	\$ 6.64	\$ 87.67	\$14.90	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 42.30	\$ 6.66	\$ 62.65	\$15.68	Per Unit
Laboratory a rathology services	riospitai Gutpatient	C1 1	04102	Assay or serum potassium	110	7 42.50	ÿ 0.00	ÿ 02.03	713.00	T CT OTHE
Laboratori & Dotholomi Comices	Hasnital Outrotions	CDT	04122	Access of commence to the continue	No	\$ 42.30	6 666	ć (2.6F	Ć1F C0	Day Huit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 42.30	\$ 6.66	\$ 62.65	\$15.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 55.44	\$ 18.77	\$ 96.68	\$71.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$ 43.56	\$ 4.33	\$ 56.67	\$16.40	Per Unit
				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	84443	Hormone (TSH) Level	No	\$ 56.72	\$ 23.52	\$ 119.09	\$57.33	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	СРТ	84480	Assay triiodothyronine (t3)	No	\$ 99.64	\$ 12.76	\$ 129.65	\$48.35	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84484	Assay of troponin quant	No	\$ 84.53	\$ 10.26	\$ 121.45	\$33.55	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84702	Chorionic gonadotropin test	No	\$ 130.13	\$ 11.54	\$ 169.31	\$51.35	Per Unit
	from a solution							. 200.01	7-2-00	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	95014	Hematocrit	No	\$ 27.88	\$ 2.13	\$ 36.27	\$8.08	Per Unit
Laboratory & Pathology Services	nospitai Outpatient	CFI	03014	Hematourt	140	φ 21.68	۷ 2.13	30.27	30.U0	rei Ullit
Laboratoria O Dothologia Co. 1	Uit-l Outtit	CDT	05340		N-	47.50	46.44	ć 05.55	¢64.00	Day Heit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85240	Clot factor viii ahg 1 stage	No	\$ 47.56	\$ 16.11	\$ 95.56	\$61.08	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	85378	Fibrin degrade semiquant	No	\$ 55.42	\$ 7.44	\$ 72.11	\$24.33	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85613	Russell viper venom diluted	No	\$ 25.46	\$ 8.24	\$ 70.98	\$32.65	Per Unit
									4.0.00	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$ 45.07	\$ 4.96	\$ 71.77	\$18.83	Per Unit
						40.00	A 5.00	A 05.40	422.00	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85/32	Thromboplastin time partial	No	\$ 13.06	\$ 5.82	\$ 36.42	\$22.08	Per Unit
Laboratory & Bathalam Comitae		CDT	00440	C		ć 50.47	A 66	ć (F.20	647.65	Day Heli
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86140	C-reactive protein	No	\$ 50.17	\$ 4.66	\$ 65.28	\$17.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86360	T cell absolute count/ratio	No	\$ 67.25	\$ 42.28	\$ 211.59	\$160.25	Per Unit
Laboratory & Pathology Services	nospital Outpatient	CFI	80300	T cell absolute count/Tatio	NO	\$ 07.23	3 42.28	3 211.39	\$100.23	Per Offic
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$ 137.38	\$ 24.10	\$ 383.03	\$91.33	Per Unit
Laboratory & Patriology Services	nospital outpatient	CFT	80301	T cell absolute count	140	3 137.38	y 24.10	3 383.03	751.55	reronic
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86431	Rheumatoid factor quant	No	\$ 54.53	\$ 5.10	\$ 70.95	\$19.35	Per Unit
Laboratory & Fathology Services	nospital outputient	Ci i	00431	Micamatola factor quant	110	<del>y</del> 54.55	3.10	70.55	Ģ13.33	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$ 39.12	\$ 3.84	\$ 50.90	\$14.03	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$ 39.12	\$ 3.84	\$ 50.90	\$14.03	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$ 59.36	\$ 9.16	\$ 165.50	\$34.73	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86677	Helicobacter pylori antibody	No	\$ 29.29	\$ 15.13	\$ 63.03	\$49.50	Per Unit
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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	Charge	Estimate Type
Laboratami & Dathalami Camilasa	Hasnital Outrations	СРТ	00000	Honotitic dolto coout outledu	No	\$ 30.17	ć 1F 44	\$ 50.98	\$50.98	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPI	80092	Hepatitis delta agent antbdy	No	\$ 30.17	\$ 15.44	\$ 50.98	\$50.98	Per Unit
lahawatawa Q Bathalawa Cawdaa		CDT	00000	Hitean I am a math a de	NI-	ć 22.24	ć 42.44	ć 407.22	642.62	Dan Hait
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$ 33.21	\$ 12.41	\$ 107.23	\$42.63	Per Unit
lahawatawa Q Bathalawa Cawdaa		CDT	06704	HED D CODE ANTIDODY TOTAL	NI-	ć 00.00	ć 40.0F	ć 44E 03	644.40	Dan Hait
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 89.09	\$ 10.85	\$ 115.92	\$41.10	Per Unit
			06705	UED D CODE ANTIDODY ICA		4 22 77	40.50	4	440.40	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86/05	HEP B CORE ANTIBODY IGM	No	\$ 23.77	\$ 10.59	\$ 57.38	\$40.18	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$ 102.41	\$ 9.67	\$ 133.25	\$36.63	Per Unit
									4	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$ 23.49	\$ 11.15	\$ 56.71	\$39.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	\$ 65.86	\$ 12.95	\$ 225.56	\$49.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	\$ 26.01	\$ 11.59	\$ 72.53	\$43.95	Per Unit
				86769 - SARS-COV-2 COVID-19					4	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86769	ANTIBODY	No	\$ 53.26	\$ -	\$ 112.07	\$105.33	Per Unit
									4.05	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86790	Virus antibody nos	No	\$ 26.01	\$ 11.59	\$ 76.53	\$43.95	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86850	Rbc antibody screen	No	\$ 21.03	\$ 5.00	\$ 66.92	\$38.60	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86885	Coombs test indirect qual	No	\$ 253.19	\$ 5.65	\$ 329.43	\$19.53	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 205.88	\$ 3.78	\$ 267.88	\$10.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 205.88	\$ 3.78	\$ 267.88	\$10.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 62.33	\$ 3.78	\$ 81.10	\$10.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 62.33	\$ 3.78	\$ 81.10	\$10.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 6.02	\$ 4.84	\$ 383.37	\$10.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$ 253.19	\$ 13.44	\$ 344.22	\$55.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$ 138.54	\$ 9.29	\$ 180.25	\$35.23	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87110	Chlamydia culture	No	\$ 135.26	\$ 17.64	\$ 175.99	\$66.83	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87340	Lab Test - Detection test for Hepatitis B Surface Antigen	No	\$ 65.75	\$ 9.30	\$ 85.55	\$29.83	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87389	Lab Test - Detection test for HIV-1 and HIV-2	No	\$ 114.26	\$ 21.67	\$ 148.66	\$82.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87425	Rotavirus ag ia	No	\$ 38.74	\$ 10.78	\$ 108.00	\$0.00	Per Unit

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				Urine Test - Gonorrhoeae						
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$ 93.25	\$ 31.58	\$ 171.03	\$119.68	Per Unit
				87635 - SARS-COV-2 COVID-19						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87635	AMP PRB	No	\$ 55.21	Ś -	\$ 136.48	\$128.28	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87798	Detect agent nos dna amp	No	\$ 93.25	\$ 31.58	\$ 171.03	\$119.68	Per Unit
Laboratory & Fathology Scrvices	nospital outpatient	Ci i	07730	Detect agent nos una ump	140	ÿ 33.23	31.30	7 171.03	ÿ115.00	T CT OTHE
Laboratori & Dathalami Camilas	Hasnital Outretient	СРТ	07000	Street Took (Streets access are an A)	No	\$ 89.94	\$ 19.87	\$ 143.48	¢20.05	Day Unit
Laboratory & Pathology Services	Hospital Outpatient	CPI	8/880	Strep Test (Streptococcus, group A)	No	\$ 89.94	\$ 19.87	\$ 143.48	\$39.05	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	88185	Flowcytometry/tc add-on	No	\$ 71.19	\$ -	\$ 120.30	\$120.30	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90471	Immunization Administration	No	\$ 44.49	\$ 7.02	\$ 81.80	\$75.93	Per Unit
				Immunization Administration Each						
Vaccinations	<b>Hospital Outpatient</b>	CPT	90472	Additional Component	No	\$ 12.56	\$ -	\$ 38.51	\$38.51	Per Unit
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Chemotherapy	<b>Hospital Outpatient</b>	СРТ	96413	Chemo iv infusion 1 hr	No	\$ 583.25			\$396.07	Per Unit
Chemotherapy	<b>Hospital Outpatient</b>	CPT	96415	Chemo iv infusion addl hr	No	\$ 114.07			\$84.65	Per Unit
Chemotherapy	Hospital Outpatient	СРТ	96417	Chemo iv infus each addl seq	No	\$ 114.07			\$184.87	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	70491	Ct soft tissue neck w/dye	No	\$ 1,069.80			\$398.55	Per Unit
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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	Charge	<u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	71271	Ct thorax lung cancer scr c-	No	\$ 152.19			\$217.53	Per Unit
Radiology Services	Hospital Outpatient	CFI	/12/1	et thorax lung cancer ser e-	IVO	3 132.13			3217.33	Pel Ollit
										<b> </b>
Injections	Hospital Outpatient	СРТ	96402	Chemo hormon antineopl sq/im	No	\$ 123.61	\$ 66.86	\$ 196.20	\$96.33	Case Rate
•	·									
Pet Scan	<b>Hospital Outpatient</b>	СРТ	78815	Pet image w/ct skull-thigh	No	\$ 3,017.62			\$5,099.05	Per Unit
Pet Scan	Hospital Outpatient	СРТ	78816	Pet image w/ct full body	No	\$ 3,017.62			\$5,099.05	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	No	\$ 111.89	\$ 46.24	\$ 1,424.46	\$138.96	Per Unit
Bandining Dhysical Bandining and										
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97116	GAIT TRAINING THERAPY	No	\$ 80.30	\$ 22.90	\$ 104.48	\$89.30	Per Unit
Reliabilitation	Hospital Outpatient	CFI	3/110	GAIT TRAINING THERAPT	IVO	\$ 80.30	\$ 22.90	<b>3</b> 104.46	\$89.30	Per Offic
Exablate	<b>Hospital Outpatient</b>	СРТ	0398T	Focused Ultrasound	No	\$ 32,139.56	\$ 11,272.90	\$ 11,272.90	\$11,000.00	Case Rate
Vaccinations	Hospital Outpatient	СРТ	G0008	Admin influenza virus vaccine	No	\$ 70.15	\$ -	\$ 126.95	\$75.93	Per Unit
										<b> </b>
									ATE 00	
Vaccinations	Hospital Outpatient	СРТ	G0009	Admin pneumococcal vaccine	No	\$ 27.43	\$ -	\$ -	\$75.93	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic						
Rehabilitation	Hospital Outpatient	СРТ	97530	Activities	No	\$ 83.07	\$ 17.40	\$ 124.45	\$108.90	Per Unit
nenabilitation	nospital Outpatient	CF I	31330	Went a free a fr	140	y 03.07	y 17.40	7 124.43	3±00.30	i ei oiiit
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$ 187.14	\$ 77.05	\$ 245.32	\$245.32	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
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$ 187.14	\$ 72.00	\$ 245.32	\$245.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 492.51	\$ -	\$ 732.35	\$199.85	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$ 0.18	\$ 0.03	\$ 0.34	\$0.00	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$ 2.35	\$ 0.78	\$ 3.27	\$0.00	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$ 30.80	\$ -	\$ 89.11	\$10.96	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$ 816.35	\$ -	\$ 4,336.21	\$200.92	Per Unit
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 447.50	\$ 161.58	\$ 1,803.41	\$1,658.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 804.56	\$ 167.15	\$ 1,829.27	\$1,658.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 781.92	\$ 157.92	\$ 1,634.10	\$1,658.00	Case Rate
Injections	Hospital Outpatient	СРТ	20610	Arthrocentesis (outpatient)	No	\$ 1,185.82	\$ 182.39	\$ 1,461.73	\$1,658.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	31575	Laryngoscopy - Diagnostic	No	\$ 377.88	\$ 135.86	\$ 1,978.02	\$1,658.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43235	Upper Gastrointestinal Endoscopy - Diagnostic	Yes	\$ 2,532.81	\$ 61.00	\$ 1,867.74	\$0.00	Case Rate

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	De-Identified Minimum Negotiated Charge	De-Identified  Maximum  Negotiated  Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43239	Upper Gastrointestinal Endoscopy - With Biopsy	Yes	\$ 3,909.14	\$ 372.00	\$ 2,229.48	\$1,658.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45378	Colonoscopy - Diagnostic (outpatient)	Yes	\$ 2,399.03	\$ 335.79	\$ 2,220.88	\$1,658.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45380	Colonoscopy - With Biopsy (outpatient)	Yes	\$ 2,423.51	\$ 343.06	\$ 4,110.45	\$1,658.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45385	Colonoscopy - With Polyp Removal (outpatient)	Yes	\$ 2,553.22	\$ 354.50	\$ 4,434.15	\$1,658.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 248.09	\$ -	\$ 1,579.20	\$1,658.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 948.42	\$ 282.78	\$ 1,596.52	\$1,658.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 702.11	\$ 284.76	\$ 2,631.84	\$1,658.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58100	Biopsy - Endometrial (Uterus)	No	\$ 354.58	\$ 144.00	\$ 1,697.39	\$1,658.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	\$ 536.76	\$ 48.93	\$ 1,749.37	\$1,658.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58301	Remove intrauterine device	No	\$ 669.25	\$ 32.34	\$ 1,495.58	\$1,658.00	Case Rate
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$ 163.49	\$ 17.40	\$ 251.43	\$251.43	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$ 1,075.17	\$ 136.86	\$ 1,750.92	\$321.35	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	72040	X-Ray - Neck, Cervical Spine	No	\$ 121.75	\$ 37.93	\$ 204.42	\$55.15	Per Unit
Radiology Services	nospital Outpatient	CPI	72040	A-ray - Neck, Cervical Spille	IVO	\$ 121.75	\$ 37.93	\$ 204.42	\$55.15	Per Offit
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$ 224.35	\$ 33.93	\$ 338.99	\$51.13	Per Unit
				X-Ray, lower back, minimum four						
Radiology Services	Hospital Outpatient	CPT	72110	views	Yes	\$ 168.26	\$ 52.80	\$ 284.93	\$76.08	Per Unit
Bandining Couding Stunes Test	Heavital Outrations	CDT	93017	CARDIOVASCIU AR STRESS TEST	Ne	\$ 487.71	ć (1.00	ć C24.57	6115.27	Dayllait
Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$ 487.71	\$ 61.00	\$ 634.57	\$115.27	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$ 224.35	\$ 28.72	\$ 327.10	\$44.70	Per Unit
Medicine Other	Hospital Outpatient	CPT	93306	Tte w/doppler complete	No	\$ 953.92	\$ 322.26	\$ 1,593.05	\$487.87	Per Unit
Harrital Observation Ban Harr	Hamital Outrations	CDT	60270	Handad akan matan manka	N-	ć 255.22	ć 60F.00	ć 24.424.0C	6100.00	Devilled.
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G03/8	Hospital observation per hr	No	\$ 255.22	\$ 605.00	\$ 24,131.86	\$100.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$ 121.75	\$ 28.33	\$ 196.92	\$47.93	Per Unit
Radiology Services	Hospital Outpatient	CPT	73110	X-Ray - Wrist (outpatient)	No	\$ 121.75	\$ 30.72	\$ 196.19	\$66.43	Per Unit
Padialana Camina	Hamital Outrations	CDT	70554	MADI DDAIN STEMANICO DVE	N-	ć 4.244.67	ć 252.20	ć 2.270.20	620C F0	Devilled.
Radiology Services	Hospital Outpatient	СРТ	/0551	MRI BRAIN STEM W/O DYE	No	\$ 1,344.67	\$ 252.20	\$ 2,270.30	\$386.50	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$ 121.75	\$ 37.77	\$ 197.91	\$67.18	Per Unit
37		-		, "	-					
Radiology Services	<b>Hospital Outpatient</b>	CPT	73562	X-Ray - Knee (outpatient)	No	\$ 233.07	\$ 36.52	\$ 351.25	\$62.40	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	70553	MRI - Brain (outpatient)	Yes	\$ 2,005.53	\$ 406.50	\$ 3,409.54	\$629.38	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$ 121.75	\$ 28.31	\$ 189.76	\$41.03	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72197	MRI - Pelvis (outpatient)	No	\$ 2,065.91	\$ 402.71	\$ 3,522.33	\$916.48	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76536	Ultrasound - Head and Neck	No	\$ 224.35	\$ 78.79	\$ 386.50	\$212.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$ 121.75	\$ 78.52	\$ 249.30	\$123.28	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$ 224.35	\$ 91.69	\$ 433.80	\$228.08	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$ 224.35	\$ 46.05	\$ 372.20	\$179.80	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76805	Ultrasound - Pregnancy (outpatient)	Yes	\$ 224.35	\$ 100.36	\$ 437.10	\$219.23	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76830	Ultrasound - Transvaginal (non- maternity)	Yes	\$ 224.35	\$ 98.63	\$ 463.90	\$207.95	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76856	Ultrasound - Pelvic (outpatient)	No	\$ 224.35	\$ 70.34	\$ 408.50	\$203.95	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$ 271.82	\$ 107.57	\$ 501.03	\$213.65	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$ 343.48	\$ 135.81	\$ 629.70	\$273.40	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	Shoppable Service?	Discounted Cash Price	Negotiated Charge	Negotiated Charge	Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$ 276.60	\$ 109.22	\$ 504.02	\$225.75	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$ 539.40	\$ 336.74	\$ 2,091.45	\$911.45	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$ 159.70	\$ 11.84	\$ 221.33	\$23.53	Per Unit
				Blood Test - Comprehensive						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80053	Metabolic Panel	Yes	\$ 92.22	\$ 14.78	\$ 136.89	\$29.40	Per Unit
				Blood Test - Cholesterol Test, Lipid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80061	-	Yes	\$ 48.09	\$ 12.05	\$ 101.77	\$45.68	Per Unit
				Blood Test - Renal (Kidney)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80069	Function Panel	Yes	\$ 13.92	\$ 8.68	\$ 34.59	\$23.53	Per Unit
				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80076	Function Panel	Yes	\$ 148.16	\$ 11.44	\$ 205.84	\$23.53	Per Unit
				Urine Test - Automated with						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81001	Microscope Examination	Yes	\$ 5.22	\$ 4.44	\$ 34.47	\$10.80	Per Unit
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 22.60	\$ 3.16	\$ 11.25	\$7.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82607	Blood Test - Vitamin B-12 (Cyanocobalamin) Level	No	\$ 30.42	\$ 13.57	\$ 82.73	\$51.40	Per Unit
Land action y or a chology dervices	nospital Outputient		02007	(Cyanocobalanini) Level	140	y 30.42	y 13.37	9 02.73	732.40	. Ci Oiiit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82728	Blood Test - Ferritin (Blood Protein)	No	\$ 27.50	\$ 19.09	\$ 96.63	\$46.48	Per Unit
Laboratory & Fathology Services	nospital Outpatient	CFI	02/20	FCACI	INU	27.50	15.03	50.05 ب	34U.40	rei Ullit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	<u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82746	Blood Test - Folic Acid Level	No	\$ 39.06	\$ 13.23	\$ 79.52	\$50.15	Per Unit
				Blood Test - Blood Glucose Control						
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	СРТ	83036	(Hemoglobin A1C)	No	\$ 73.74	\$ 8.74	\$ 95.94	\$33.10	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	СРТ	83540	Blood Test - Iron Level	No	\$ 50.28	\$ 9.06	\$ 75.77	\$22.08	Per Unit
				Blood Test - Lipase (fat enzyme)						
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	СРТ	83690	Level	No	\$ 71.87	\$ 6.20	\$ 93.51	\$23.50	Per Unit
				Blood Test - Prostate Specific						
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	СРТ	84153	Antigen (PSA) Level	Yes	\$ 67.06	\$ 25.75	\$ 116.68	\$62.73	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	СРТ	84154	PSA (prostate specific antigen)	Yes	\$ 110.02	\$ 16.55	\$ 143.15	\$62.73	Per Unit
				Blood Test - Thyroxine (Thyroid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Chemical) Level, Free	No	\$ 68.50	\$ 8.12	\$ 89.13	\$30.75	Per Unit
				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	Yes	\$ 56.72	\$ 23.52	\$ 119.09	\$57.33	Per Unit
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	CPT	85025	Count and Automated WBC	Yes	\$ 76.57	\$ 10.88	\$ 112.06	\$26.53	Per Unit
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85027	Count (Hemoglobin)	Yes	\$ 62.89	\$ 5.82	\$ 81.83	\$22.08	Per Unit
<b>Laboratory &amp; Pathology Services</b>	<b>Hospital Outpatient</b>	СРТ	85610	Blood Test - Clotting Time	Yes	\$ 44.12	\$ 6.01	\$ 64.27	\$13.43	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
				Blood Test - Coagulation						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85730	Assessment	Yes	\$ 47.60	\$ 5.41	\$ 61.94	\$20.48	Per Unit
				Blood Test - Hepatitis C Antibody						
<b>Laboratory &amp; Pathology Services</b>	<b>Hospital Outpatient</b>	CPT	86803	Level	No	\$ 69.98	\$ 12.84	\$ 91.06	\$48.68	Per Unit
<b>Laboratory &amp; Pathology Services</b>	Hospital Outpatient	CPT	87070	Bacterial Culture - Swab	No	\$ 143.43	\$ 7.76	\$ 186.61	\$29.38	Per Unit
<b>Laboratory &amp; Pathology Services</b>	<b>Hospital Outpatient</b>	CPT	87077	<b>Bacterial Culture - Aerobic Isolates</b>	No	\$ 62.53	\$ 7.27	\$ 81.35	\$27.58	Per Unit
				Test for Disease-Causing						
				(Pathogenic) Organisms, Not						
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	87081	Limited to a Specific Condition	No	\$ 67.18	\$ 5.97	\$ 109.26	\$22.63	Per Unit
				Urine Test - Bacterial Culture,						
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	87086	<b>Quantitative Colony Count</b>	No	\$ 85.00	\$ 7.26	\$ 110.60	\$27.53	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	СРТ	87088	Urine Test - Bacterial Culture	No	\$ 16.35	\$ 7.28	\$ 43.86	\$27.63	Per Unit
				<b>Evaluation of Antimicrobial Drug</b>						
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	87186	(antibiotic, antifungal, antiviral)	No	\$ 71.55	\$ 7.79	\$ 93.10	\$29.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87205	Lab Test - Smear for Microorganism	No	\$ 51.65	\$ 3.84	\$ 67.21	\$14.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87491	Urine Test - Chlamydia	No	\$ 112.18	\$ 31.58	\$ 171.03	\$119.68	Per Unit
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				Lab Test - Detection test for						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87804	Influenza Virus	No	\$ 35.62	\$ 19.82	\$ 70.50	\$39.05	Per Unit
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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	<u>Charge</u>	Estimate Type
Vaccination	Hospital Outpatient	СРТ	90670	Vaccine - Pneumococcal Conjugate for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 345.21	\$0.00	Per Unit
				,					,	
				Vaccine - Tetanus, Diptheria Toxoids, and Acellular Pertussis (Whooping Cough) for Injection						
Vaccination	<b>Hospital Outpatient</b>	CPT	90715	into Muscle	No	\$ 57.74	\$ -	\$ 77.73	\$0.00	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$ 109.68	\$ -	\$ 295.26	\$23.96	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97032	Physical Therapy - Manual Electrical Stimulation Therapy, 15 minutes	No	\$ 32.34	\$ 12.56	\$ 59.90	\$59.90	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97035	Physical Therapy - Ultrasound Therapy	No	\$ 27.85	\$ 11.95	\$ 40.29	\$40.29	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97110	Physical Therapy - Therapeutic Exercises	Yes	\$ 91.82	\$ 17.40	\$ 119.46	\$100.52	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97112	Physical Therapy - Neuromuscular Reeducation	No	\$ 72.35	\$ 26.14	\$ 104.78	\$104.78	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97140	Physical Therapy - Manual Therapy	No	\$ 58.15	\$ 23.73	\$ 93.92	\$93.92	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97161	Physical Therapy - Low Complexity Evaluation	No	\$ 173.88	\$ 71.97	\$ 252.78	\$252.78	Per Unit

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Medicine Physical Medicine and Physical Therapy - Moderate		
Rehabilitation Hospital Outpatient CPT 97162 Complexity Evaluation No \$ 173.88 \$ 71.97 \$ 252.	8 \$252.78	Per Unit
Medicine Physical Medicine and Physical Therapy - High Complexity		
Rehabilitation Hospital Outpatient CPT 97163 Evaluation No \$ 173.88 \$ 71.97 \$ 252.	8 \$252.78	Per Unit
Medicine Physical Medicine and		
Rehabilitation Hospital Outpatient CPT 97164 Physical Therapy - Re-Evaluation No \$ 117.26 \$ 48.67 \$ 170.00	7 \$170.97	Per Unit
Medicine Physical Medicine and Physical Therapy - Self-care or		
Rehabilitation Hospital Outpatient CPT 97535 Home Management Training No \$ 71.27 \$ - \$ 109.0	3 \$109.03	Per Unit
Emergency Department Visit -		
Emergency Room Visit Hospital Outpatient CPT 99281 Minor (outpatient) No \$ 218.75 \$ 74.98 \$ 689.	8 \$631.00	Case Rate
	7002.00	
Emergency Department Visit - Low		
Emergency Room Visit Hospital Outpatient CPT 99282   Complexity (outpatient) No \$ 404.82   \$ 93.52   \$ 1,114.2	\$979.00	Case Rate
Emergency Department Visit -		
Emergency Room Visit Hospital Outpatient CPT 99283 Moderate Complexity (outpatient) No \$ 929.87 \$ 182.62 \$ 2,714.8	\$1,823.00	Case Rate
Emergency Department Visit -		
Emergency Room Visit Hospital Outpatient CPT 99284 Higher Complexity (outpatient) No \$ 2,470.23 \$ 270.43 \$ 4,475.4	\$2,451.00	Case Rate
The state of the s	, , , , , , ,	
Emergency Department Visit - High	1.	
Emergency Room Visit Hospital Outpatient CPT 99285 Complexity (outpatient) No \$ 3,326.63   \$ 458.20   \$ 5,806.5	\$5,539.00	Case Rate

									Amount We	
									Estimate You	
Last Updated: 12/14/2022									Will Owe *	
To Search for a service Click "CTRL" + "F"										
									_	
					CMS		<u>De-Identified</u>		Payer-	
					Required		<u>Minimum</u>	<u>Maximum</u>	Specific	
					Shoppable	Discounted	Negotiated	<b>Negotiated</b>	Negotiated	
Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	Charge	Estimate Type
				Emergency Department Visit -						
<b>Emergency Room Visit</b>	<b>Hospital Outpatient</b>	CPT	99291	Critical Care (outpatient)	No	\$ 19,712.86	\$ 425.50	\$ 6,308.07	\$5,539.00	Case Rate