Cigna HealthSpring Medicare										
Advantage	Last Updated: 12/14/2022									
									Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	Yes	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	\$ 14,686.95	\$ 5,517.78	\$ 31,074.55	\$21,378.59	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	460	Spinal fusion except cervical without major comorbid conditions or complications (MCC)	Yes	\$ 80,363.76	\$ 16,237.64	\$ 58,989.92	\$40,682.71	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	470	Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC).	Yes	\$ 38,980.36	\$ 8,070.44	\$ 37,721.88	\$26,015.09	Case Rate- Excluding Professional 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
				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	\$30,020.70	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				LUD FEMALID DDOCEDLIDES EVEEDT						Charges which
Hannia I Inna at and Chan		DDC	400	HIP FEMUR PROCEDURES EXCEPT	NI-	ć 73 400 C4	ć 42.27F.0F	ć 40.033.54	622 747 25	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	480	MAJOR JOINT W MCC	No	\$ 72,498.64	\$ 12,375.85	\$ 48,933.51	\$33,747.25	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	\$ 48,198.31	\$ 8,559.98	\$ 38,996.68	\$26,894.26	CPT/HCPCS
nospital inpution stay	Trospital impatient	Ditto	401		110	Ç 40,130.01	V 0,333.30	\$ 30,330.00	\$20,034120	ci i/iici co
										Case Rate-
										Excluding
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										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	482	MAJOR JOINT W/O CC/MCC	No	\$ 40,118.30	\$ 6,745.73	\$ 37,731.25	\$23,636.02	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	\$ 46,895.03	\$ 9,438.20	\$ 41,283.64	\$28,471.47	CPT/HCPCS

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		Code			<u>Shoppable</u>	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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				LOWER EVERENAL III MAER STOR						Professional
				LOWER EXTREM HUMER PROC						Charges which
				EXCEPT HIP, FOOT, FEMUR W/O						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	494	CC/MCC	No	\$ 34,116.50	\$ 7,426.74	\$ 43,066.25	\$24,859.06	CPT/HCPCS
										Case Rate-
										Excluding
				I the state of an all and a second se						
				Uterine and adnexa procedures for						Professional
				non-malignancy without comorbid						Charges which
				conditions (CC) or major comorbid						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	743	conditions or complications (MCC)	Yes	\$ 21,526.46	\$ 3,828.29	\$ 28,968.03	\$19,977.95	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	MCC	No	\$ 19,365.15	\$ 4,255.93	\$ 31,015.82	\$21,390.22	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W/O						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	812	MCC	No	\$ 13,438.98	\$ 2,955.18	\$ 26,002.03	\$17,932.44	CPT/HCPCS
										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	\$ 64.891.63	\$ 21,639,28	\$ 150,000.00	\$57.135.91	CPT/HCPCS

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	Charge	Estimate Type
										Casa Bata
										Case Rate-
										Excluding
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				FILL THE WALES BURNING STORY						Charges which
				FULL THICKNESS BURN W SKIN					4	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	929	GRAFT OR INHAL INJ W/O CC/MCC	No	\$ 41,312.81	\$ 6,540.49	\$ 50,000.00	\$33,180.28	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
										are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	935	NON-EXTENSIVE BURNS	No	\$ 27,865.09	\$ 3,301.83	\$ 50,000.00	\$25,749.27	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				LIMB REATTACHMENT, HIP						Charges which
				FEMUR PROC FOR MULTIPLE						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	956	SIGNIFICANT TRAUMA	No	\$ 96,217.06	\$ 16,085.53	\$ 200,000.00	\$40,409.53	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				OTHER O.R. PROCEDURES FOR						Charges which
				MULTIPLE SIGNIFICANT TRAUMA						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	957	W MCC	No	\$ 138,424.38	\$ 30,888.17	\$ 200,000.00	\$66,993.85	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				OTHER O.R. PROCEDURES FOR						Charges which
				MULTIPLE SIGNIFICANT TRAUMA						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	958	w cc	No	\$ 74,941.66	\$ 17,182.69	\$ 125,000.00	\$42,379.94	CPT/HCPCS

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		Code			<u>Shoppable</u>	Discounted	Negotiated	<u>Negotiated</u>	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	Charge	Estimate Type
										Corre Boto
										Case Rate- Excluding
										Professional
										Charges which
				OTHER MULTIPLE SIGNIFICANT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	964	TRAUMA W CC	No	\$ 29,995.11	\$ 6,123.35	\$ 50,000.00	\$22,518.28	CPT/HCPCS
nospital inpution stay	Trospital impatient	Ditto	304	THAT CHILD CO	110	Ų 23,333.11	\$ 0,123.33	\$ 50,000.00	\$22,510.20	ci i/iici co
										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	\$ 9,936.12	\$ 2,464.00	\$ 27,462.61	\$18,939.73	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W					4	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	783	STERILIZATION W MCC	No	\$ 13,687.72	\$ 3,570.00	\$ 39,605.25	\$27,313.97	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	784	STERILIZATION W CC	No	\$ 11.089.83	\$ 3,570.00	\$ 27,865.12	\$19,217.33	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	\$ 9,823.22	\$ 3,519.44	\$ 25,870.71	\$17,841.87	CPT/HCPCS

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					Required		<u>Minimum</u>	<u>Maximum</u>	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
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										Duefeed:
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	786	STERILIZATION W MCC	No	\$ 14,089.97	\$ 3,570.00	\$ 35,011.06	\$24,145.56	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	787	STERILIZATION W CC	No	\$ 12,173.87	\$ 2,835.00	\$ 27,868.32	\$19,219.53	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	788	STERILIZATION W/O CC/MCC	No	\$ 10,551.69	\$ 3,242.44	\$ 26,381.06	\$18,193.83	CPT/HCPCS
										Case Rate-
					1					Excluding
										Professional
					1					Charges which
					1					
									440.0	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	No	\$ 1,447.32	\$ 626.89	\$ 18,705.56	\$12,900.38	CPT/HCPCS
										Case Rate-
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										Charges which
				WAGINAL DELIVERY W	1					
Back and the /Dalties	Handad Invade :	DDC	707	VAGINAL DELIVERY W		6 40 450 5	A 2.554.05	ć 25.045.65	647.074.07	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	797	STERILIZATION/D&C W CC	No	\$ 10,458.74	\$ 2,464.00	\$ 25,917.69	\$17,874.27	CPT/HCPCS

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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										Case Rate-
										Excluding
										Professional
1										Charges which
				WAGINAL DELIVERY W						_
				VAGINAL DELIVERY W					44	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	798	STERILIZATION/D&C W/O CC/MCC	No	\$ 6,698.97	\$ 2,464.00	\$ 25,917.69	\$17,874.27	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG		STERILIZATION/D&C W MCC	No	\$ 8,202.42	\$ 2,464.00	\$ 27,817.08	\$19,184.19	CPT/HCPCS
indecrinely, believely	nospital inpatient	Ditto		STERRED ATTOMY DOG WINGE	110	φ 0,202.112	Ç 2,404.00	Ç 27,027100	\$13,104,13	Ci 1/iici Co
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	806	STERILIZATION/D&C W CC	No	\$ 7,660.38	\$ 2,464.00	\$ 24,277.74	\$16,743.27	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Matawity / Dalissams	Hespital Innations	DDC			No	¢ 6410.00	ć 2.4C4.00	ć 22.207.00	¢10 120 54	
Maternity/Delivery	Hospital Inpatient	DRG	807	STERILIZATION/D&C W/O CC/MCC	No	\$ 6,410.90	\$ 2,464.00	\$ 23,397.98	\$16,136.54	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	\$ 37,402.18	\$ 74,931,49	\$ 74,931.49	\$37,563,34	CPT/HCPCS
July 1	Hospital	2110	210103	Tanare	110	y 37,402.10	Y /7,331.43	y /7,551.45	737,303.34	C. 1/11C1 C3

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Samisa Catagoni	Service Setting	Code	Code	Description	Shoppable Service?	Cash Price				Estimate Type
Service Category	Service Setting	Type	code	Description	Servicer	<u>Cash Price</u>	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Respiratory system diagnosis w					4	are paid by
Stay	Hospital	DRG	LTC207	ventilator support >96 hours	No	\$ 96,998.14	\$ 37,703.24	\$ 37,703.24	\$75,500.01	CPT/HCPCS
						70% Charges				
						(Estimated as				
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Long Term Care Intensive Care		\$6,047.26 per		\$1,929 Per	_	Per Diem Per
Stay	Hospital	UB	200	Room & Board	No	diem)	Diem	Diem	N/A	Day
						52% Charges				
						Estimated at				
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per			100%	Per Diem Per
Stay	Inpatient Rehabilitation Hospital	UB	118	Room & Board	No	Diem			Medicare	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &						\$1,109.30 Per			\$275 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	Diem	\$ 227.70	\$ 850.00	Diem	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		\$1,109.30 Per			\$375 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	\$ 299.70	\$ 850.00	Diem	Day

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					Required		<u>Minimum</u>	<u>Maximum</u>	<u>Specific</u>	
		Code			<u>Shoppable</u>	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 3- Complex		\$1,109.30 Per			\$450 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	193	Care	No	Diem	\$ 370.00	\$ 850.00	Diem	Day
						2.0	+	7 555.55	2.0	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19083	Bx breast 1st lesion us imag	No	\$ 1,957.09	\$ 381.25	\$ 2,964.36	\$1,283.11	Case Rate
nospital Outpatient Procedure	Hospital Outpatient	CFT	13003	DX breast 1st lesion us imag	140	\$ 1,337.03	ÿ 361.23	\$ 2,504.30	71,203.11	case Nate
			27040			A = 044 = C	4 205.00	å 2504.00	44 270 40	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	27818	Treatment of ankle fracture	No	\$ 5,944.56	\$ 395.00	\$ 2,581.00	\$1,270.18	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	32555	Aspirate pleura w/ imaging	No	\$ 7,293.50	\$ 288.54	\$ 1,852.06	\$492.93	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	49440	Place gastrostomy tube perc	No	\$ 3,073.24	\$ 445.12	\$ 3,166.61	\$1,481.18	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	59025	Fetal Non-Stress Test	No	\$ 581.33	\$ 118.53	\$ 1,596.22	\$155.36	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	69210	Remove impacted ear wax	No	\$ 302.36	\$ 48.93	\$ 1,604.78	\$50.76	Case Rate
•				·					-	
				CT Scan - Head/Brain, without						
Radiology Services	Hospital Outpatient	СРТ	70450	Contrast	No	\$ 804.63	\$ 127.22	\$ 1,318.18	\$99.28	Per Unit
	V							. ,525.30		
Radiology Services	Hospital Outpatient	СРТ	70482	Ct orbit/ear/fossa w/o&w/dye	No	\$ 1,715.77	\$ 207.79	\$ 2,657.02	\$162.89	Per Unit
The divides	- I Copital Outputient	C. 1	70402	or or siry cary rossa wy ockwy aye	140	y 1,/13.//	207.73	Ç 2,037.02	7102.03	. ci Oiiit
Dadialam Camias -	Heavital Outpating	CDT	70400	Ch mavillafacial/- de-	N/ =	6 1 507 75	6 427.52	ć 2.250.05	ć00.20	Day Hait
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$ 1,507.75	\$ 127.52	\$ 2,259.85	\$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	70496	Ct angiography head	No	\$ 1,246.07	\$ 223.05	\$ 1,996.31	\$162.89	Per Unit

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					<u>CMS</u>		<u>De-Identified</u>		Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	CPT	70498	Ct angiography neck	No	\$ 1,001.14	\$ 223.05	\$ 1,677.63	\$162.89	Per Unit
Radiology Services	Hospital Outpatient	CPT	71250	CT THORAX W/O DYE	No	\$ 858.09	\$ 141.11	\$ 1,468.48	\$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	71045	X-ray exam chest 1 view	No	\$ 121.75	\$ 19.91	\$ 181.37	\$73.76	Per Unit
Radiology Services	Hospital Outpatient	CPT	71046	X-Ray - Chest (outpatient)	No	\$ 121.75	\$ 31.50	\$ 193.55	\$73.76	Per Unit
				CT Scan - Chest, with Contrast						
Radiology Services	Hospital Outpatient	СРТ	71260	(outpatient)	No	\$ 1,246.07	\$ 200.76	\$ 2,034.88	\$162.89	Per Unit
Radiology Services	Hospital Outpatient	CPT	71275	Ct angiography chest	No	\$ 1,295.90	\$ 226.19	\$ 2,092.27	\$162.89	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72126	Ct neck spine w/dye	No	\$ 1,084.68	\$ 260.86	\$ 1,821.59	\$335.82	Per Unit
<u> </u>									-	
Radiology Services	Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	\$ 168.26	\$ 37.93	\$ 265.13	\$99.28	Per Unit
									-	
Radiology Services	Hospital Outpatient	СРТ	72127	Ct neck spine w/o & w/dye	No	\$ 1,246.07	\$ 201.73	\$ 2,118.48	\$162.89	Per Unit
3,								,		
Radiology Services	Hospital Outpatient	СРТ	72133	Ct lumbar spine w/o & w/dye	No	\$ 1,338.47	\$ 201.90	\$ 2,238.70	\$162.89	Per Unit
5.						, , , , , , , , , , , , , , , , , , , ,		. ,		
Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$ 850.98	\$ 134.01	\$ 1,400.92	\$99.28	Per Unit
	p							. ,		
Radiology Services	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$ 846.65	\$ 142.38	\$ 1,446.99	\$99.28	Per Unit
	Suprem Surpations	91.1	, 4130	at and officer try o dyc	140	+ 040.03	7 172.30	T 2,440.33	955.20	. c. oe

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Service Category Services Hospital Outpatient CPT 74170 C1 abdomen w/o & w/dye No \$ 1,270,98 \$ 207.86 \$ 2,144.29 \$ 5162.89 Per Unit Ladiology Services Hospital Outpatient CPT 73000 X-ray exam of collar bone No \$ 121.75 \$ 22.40 \$ 195.82 \$ 573.76 Per Unit Ladiology Services Hospital Outpatient CPT 73000 X-ray exam of shoulder blade No \$ 121.75 \$ 22.40 \$ 195.82 \$ 573.76 Per Unit Ladiology Services Hospital Outpatient CPT 73000 X-ray exam of shoulder blade No \$ 121.75 \$ 22.40 \$ 195.82 \$ 573.76 Per Unit Ladiology Services Hospital Outpatient CPT 73000 X-ray exam of shoulder blade No \$ 121.75 \$ 22.40 \$ 195.82 \$ 573.76 Per Unit Ladiology Services Hospital Outpatient CPT 73000 X-ray exam of shoulder blade No \$ 121.75 \$ 25.01 \$ 25.03 \$ 599.28 Per Unit Ladiology Services Hospital Outpatient CPT 73000 X-ray exam of shoulder blade No \$ 121.75 \$ 25.01 \$ 195.82 \$ 573.76 Per Unit Ladiology Services Hospital Outpatient CPT 73000 X-ray exam of elbow No \$ 121.75 \$ 25.07 \$ 191.42 \$ 573.76 Per Unit Ladiology Services Hospital Outpatient CPT 73000 X-ray exam of elbow No \$ 121.75 \$ 25.07 \$ 191.42 \$ 573.76 Per Unit Ladiology Services Hospital Outpatient CPT 73000 X-ray exam of elbow No \$ 121.75 \$ 25.07 \$ 191.42 \$ 573.76 Per Unit Ladiology Services Hospital Outpatient CPT 73000 X-ray exam of elbow No \$ 121.75 \$ 25.07 \$ 191.42 \$ 573.76 Per Unit Ladiology Services Hospital Outpatient CPT 73000 X-ray exam of elbow No \$ 121.75 \$ 25.07 \$ 191.42 \$ 573.76 Per Unit Ladiology Services Hospital Outpatient CPT 73300 X-ray exam of elbow No \$ 121.75 \$ 32.72 \$ 198.42 \$ 573.76 Per Unit Ladiology Services Hospital Outpatient CPT 73300 X-ray exam of elbow No \$ 121.75 \$ 32.72 \$ 198.42 \$ 573.76 Per Unit											
Service Category Services Hospital Outpatient CPT 74170 C1 abdomen w/o & w/dye No \$ 1,270,98 \$ 207.86 \$ 2,144.29 \$ 5162.89 Per Unit Ladiology Services Hospital Outpatient CPT 73000 X-ray exam of collar bone No \$ 121.75 \$ 22.40 \$ 195.82 \$ 573.76 Per Unit Ladiology Services Hospital Outpatient CPT 73000 X-ray exam of shoulder blade No \$ 121.75 \$ 22.40 \$ 195.82 \$ 573.76 Per Unit Ladiology Services Hospital Outpatient CPT 73000 X-ray exam of shoulder blade No \$ 121.75 \$ 22.40 \$ 195.82 \$ 573.76 Per Unit Ladiology Services Hospital Outpatient CPT 73000 X-ray exam of shoulder blade No \$ 121.75 \$ 22.40 \$ 195.82 \$ 573.76 Per Unit Ladiology Services Hospital Outpatient CPT 73000 X-ray exam of shoulder blade No \$ 121.75 \$ 25.01 \$ 25.03 \$ 599.28 Per Unit Ladiology Services Hospital Outpatient CPT 73000 X-ray exam of shoulder blade No \$ 121.75 \$ 25.01 \$ 195.82 \$ 573.76 Per Unit Ladiology Services Hospital Outpatient CPT 73000 X-ray exam of elbow No \$ 121.75 \$ 25.07 \$ 191.42 \$ 573.76 Per Unit Ladiology Services Hospital Outpatient CPT 73000 X-ray exam of elbow No \$ 121.75 \$ 25.07 \$ 191.42 \$ 573.76 Per Unit Ladiology Services Hospital Outpatient CPT 73000 X-ray exam of elbow No \$ 121.75 \$ 25.07 \$ 191.42 \$ 573.76 Per Unit Ladiology Services Hospital Outpatient CPT 73000 X-ray exam of elbow No \$ 121.75 \$ 25.07 \$ 191.42 \$ 573.76 Per Unit Ladiology Services Hospital Outpatient CPT 73000 X-ray exam of elbow No \$ 121.75 \$ 25.07 \$ 191.42 \$ 573.76 Per Unit Ladiology Services Hospital Outpatient CPT 73300 X-ray exam of elbow No \$ 121.75 \$ 32.72 \$ 198.42 \$ 573.76 Per Unit Ladiology Services Hospital Outpatient CPT 73300 X-ray exam of elbow No \$ 121.75 \$ 32.72 \$ 198.42 \$ 573.76 Per Unit											
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tadiology Services	Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$ 1,270.98	\$ 207.86	\$ 2,144.29	\$162.89	Per Unit
tadiology Services											
tadiology Services	Radiology Services	Hospital Outpatient	СРТ	72190	X-RAY FXAM OF PELVIS	No	\$ 168.26	\$ 39.60	\$ 264.73	\$99.28	Per Unit
tadiology Services		посреда с асранен		72250			Ţ	-	+ 201170	φουσ	
tadiology Services											
tadiology Services	Radiology Services	Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$ 121.75	\$ 22.40	\$ 185.92	\$73.76	Per Unit
tadiology Services											
tadiology Services											
tadiology Services Hospital Outpatient CPT 73070 X-ray exam of elbow No \$ 121.75 \$ 25.07 \$ 191.42 \$73.76 Per Unit Radiology Services Hospital Outpatient CPT 73090 X-RAY EXAM OF FOREARM No \$ 91.32 \$ 26.40 \$ 151.82 \$73.76 Per Unit Radiology Services Hospital Outpatient CPT 73120 X-RAY EXAM OF HAND No \$ 168.26 \$ 24.40 \$ 249.73 \$99.28 Per Unit Radiology Services Hospital Outpatient CPT 73130 X-Ray - Hand No \$ 121.75 \$ 32.72 \$ 198.42 \$73.76 Per Unit Radiology Services Hospital Outpatient CPT 73552 X-RAY EXAM OF FEMUR 2/> No \$ 121.75 \$ 29.51 \$ 189.38 \$73.76 Per Unit	Radiology Services	Hospital Outpatient	СРТ	73010	X-ray exam of shoulder blade	No	\$ 168.26	\$ 26.01	\$ 251.93	\$99.28	Per Unit
tadiology Services Hospital Outpatient CPT 73070 X-ray exam of elbow No \$ 121.75 \$ 25.07 \$ 191.42 \$73.76 Per Unit Radiology Services Hospital Outpatient CPT 73090 X-RAY EXAM OF FOREARM No \$ 91.32 \$ 26.40 \$ 151.82 \$73.76 Per Unit Radiology Services Hospital Outpatient CPT 73120 X-RAY EXAM OF HAND No \$ 168.26 \$ 24.40 \$ 249.73 \$99.28 Per Unit Radiology Services Hospital Outpatient CPT 73130 X-Ray - Hand No \$ 121.75 \$ 32.72 \$ 198.42 \$73.76 Per Unit Radiology Services Hospital Outpatient CPT 73552 X-RAY EXAM OF FEMUR 2/> No \$ 121.75 \$ 29.51 \$ 189.38 \$73.76 Per Unit											
tadiology Services Hospital Outpatient CPT 73070 X-ray exam of elbow No \$ 121.75 \$ 25.07 \$ 191.42 \$73.76 Per Unit Radiology Services Hospital Outpatient CPT 73090 X-RAY EXAM OF FOREARM No \$ 91.32 \$ 26.40 \$ 151.82 \$73.76 Per Unit Radiology Services Hospital Outpatient CPT 73120 X-RAY EXAM OF HAND No \$ 168.26 \$ 24.40 \$ 249.73 \$99.28 Per Unit Radiology Services Hospital Outpatient CPT 73130 X-Ray - Hand No \$ 121.75 \$ 32.72 \$ 198.42 \$73.76 Per Unit Radiology Services Hospital Outpatient CPT 73552 X-RAY EXAM OF FEMUR 2/> No \$ 121.75 \$ 29.51 \$ 189.38 \$73.76 Per Unit	Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY FXAM OF HUMERUS	No	\$ 121.75	\$ 29.40	\$ 195.82	\$73.76	Per Unit
tadiology Services	induitingly services	Trospital Gatpatient	Ci i	75000	A total Explained Heinenes	110	V 121173	23140	Ţ 133.0 <u>L</u>		T CT OTHE
tadiology Services											
tadiology Services	Radiology Services	Hospital Outpatient	CPT	73070	X-ray exam of elbow	No	\$ 121.75	\$ 25.07	\$ 191.42	\$73.76	Per Unit
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tadiology Services										_	
Radiology Services Hospital Outpatient CPT 73130 X-Ray - Hand No \$ 121.75 \$ 32.72 \$ 198.42 \$73.76 Per Unit Radiology Services Hospital Outpatient CPT 73552 X-RAY EXAM OF FEMUR 2/> No \$ 121.75 \$ 29.51 \$ 189.38 \$73.76 Per Unit	Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$ 91.32	\$ 26.40	\$ 151.82	\$73.76	Per Unit
Radiology Services Hospital Outpatient CPT 73130 X-Ray - Hand No \$ 121.75 \$ 32.72 \$ 198.42 \$73.76 Per Unit Radiology Services Hospital Outpatient CPT 73552 X-RAY EXAM OF FEMUR 2/> No \$ 121.75 \$ 29.51 \$ 189.38 \$73.76 Per Unit											
Radiology Services Hospital Outpatient CPT 73130 X-Ray - Hand No \$ 121.75 \$ 32.72 \$ 198.42 \$73.76 Per Unit Radiology Services Hospital Outpatient CPT 73552 X-RAY EXAM OF FEMUR 2/> No \$ 121.75 \$ 29.51 \$ 189.38 \$73.76 Per Unit	Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$ 168.26	\$ 24.40	\$ 249.73	\$99.28	Per Unit
tadiology Services Hospital Outpatient CPT 73552 X-RAY EXAM OF FEMUR 2/> No \$ 121.75 \$ 29.51 \$ 189.38 \$73.76 Per Unit	Traditional Services	Troopital Outputient	Ci i	73120	A DAT EARN OF HARD	140	7 100.20	Ç 24.40	Ç 243.73	933.20	. cr onic
tadiology Services Hospital Outpatient CPT 73552 X-RAY EXAM OF FEMUR 2/> No \$ 121.75 \$ 29.51 \$ 189.38 \$73.76 Per Unit											
	Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$ 121.75	\$ 32.72	\$ 198.42	\$73.76	Per Unit
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adiology Services Hospital Outpatient CPT 73560 X-RAY EXAM OF KNEE 1 OR 2 No \$ 176.40 \$ 32.40 \$ 266.82 \$73.76 Per Unit	Radiology Services	Hospital Outpatient	CPT	73552	X-RAY EXAM OF FEMUR 2/>	No	\$ 121.75	\$ 29.51	\$ 189.38	\$73.76	Per Unit
tadiology Services Hospital Outpatient CPT 73560 X-RAY EXAM OF KNEE 1 OR 2 No \$ 176.40 \$ 32.40 \$ 266.82 \$73.76 Per Unit											
1105ptat outputcht	Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY FXAM OF KNEE 1 OR 2	No	\$ 176.40	\$ 32.40	\$ 266.82	\$73.76	Per Unit
	Traditional Services	Troopital Outputient	Ciri	, 3300	A RAT EAGIN OF RIVELET ON Z	140	y 170.40	7 32.40	200.02	Ģ73.70	. ci oiit
Radiology Services Hospital Outpatient CPT 73590 X-ray exam of lower leg No \$ 218.41 \$ 32.40 \$ 321.48 \$73.76 Per Unit	Radiology Services	Hospital Outpatient	CPT	73590	X-ray exam of lower leg	No	\$ 218.41	\$ 32.40	\$ 321.48	\$73.76	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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Radiology Services	Hospital Outpatient	CPT	73600	X-RAY EXAM OF ANKLE	No	\$ 188.76	\$ 31.98	\$ 278.60	\$73.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73610	X-Ray - Ankle (outpatient)	No	\$ 210.38	\$ 25.72	\$ 311.14	\$73.76	Per Unit
nadiology services	nospital outputient	C	75010	A hay Fande (outputient)	110	Ţ 210.50	\$ 23.72	J		T CT OTHE
Radiology Services	Hospital Outpatient	CPT	73620	X-RAY EXAM OF FOOT	No	\$ 173.94	\$ 29.81	\$ 262.21	\$73.76	Per Unit
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Radiology Services	Hospital Outpatient	CPT	73630	X-Ray - Foot (outpatient)	No	\$ 188.76	\$ 33.95	\$ 289.60	\$73.76	Per Unit
				CT Scan - Abdomen and Pelvis, with						
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$ 2,500.65	\$ 286.79	\$ 3,568.86	\$335.82	Per Unit
nadiology services	Tiospital outputient	Ci i	74177	Contrast	110	7 2,300.03	\$ 200.75	3,300.00	7333.02	T CT OTHE
Radiology Services	Hospital Outpatient	CPT	75571	Ct hrt w/o dye w/ca test	No	\$ 79.37	\$ 59.00	\$ 323.39	\$73.76	Per Unit
				CT Scan - Head/Brain, without						
Radiology Services	Hospital Outpatient	CPT	70450	Contrast	Yes	\$ 804.63	\$ 127.22	\$ 1,318.18	\$99.28	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	\$ 1,341.96	\$ 197.29	\$ 2,142.05	\$162.89	Per Unit
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Radiology Services	Hospital Outpatient	CPT	74220	X-ray xm esophagus 1cntrst	No	\$ 371.53	\$ 56.38	\$ 563.71	\$162.89	Per Unit
		CD.				å a=4 ==	A 70.55		4452.05	
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$ 371.53	\$ 79.34	\$ 578.01	\$162.89	Per Unit
				CT Scan - Abdomen and Pelvis, with						
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	Yes	\$ 2,500.65	\$ 286.79	\$ 3,568.86	\$335.82	Per Unit
	P. C. C. C. P. STORY					. ,555.00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
Maternity/Delivery	Hospital Outpatient	CPT	76770	US EXAM ABDO BACK WALL COMP	No	\$ 224.35	\$ 76.54	\$ 400.80	\$99.28	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	\$99.28	Per Unit
iviaterinty/ Delivery	nospital Outpatient	CFT	70001	OB 03 × 14 WK3 SHVGLE FET 03	140	ÿ 224.33	3 80.03	3 330.27	\$33.20	reronic
Maternity/Delivery	Hospital Outpatient	СРТ	76811	OB US DETAILED SNGL FETUS	No	\$ 224.35	\$ 198.65	\$ 587.50	\$209.84	Per Unit
iviaterinty/ Delivery	nospital Outpatient	CFT	70011	OB 03 DETAILED SINGETETOS	140	\$ 224.33	3 138.03	3 387.30	Ş203.8 4	reronic
Maternity/Delivery	Hospital Outpatient	СРТ	76815	OB US LIMITED FETUS(S)	No	\$ 224.35	\$ 54.75	\$ 384.30	\$99.28	Per Unit
iviate interpolation	nospital outpatient	Ci i	70013	OB 03 ENVITED TETOS(S)	140	7 224.33	ÿ 34.73	304.30	755.20	T CT OTHE
Radiology Services	Hospital Outpatient	СРТ	76916	Ultrasound - Pregnancy Follow-Up	No	\$ 224.35	\$ 64.37	\$ 384.30	\$99.28	Per Unit
nautology Services	nospital Outpatient	CFT	70010	Ottrasound - Freghancy Follow-op	140	\$ 224.33	ÿ 04.37	3 304.30	333.28	reronic
Maternity/Delivery	Hospital Outpatient	СРТ	76818	FETAL BIOPHYS PROFILE W/NST	No	\$ 224.35	\$ 82.20	\$ 387.27	\$99.28	Per Unit
iviate mity/ benvery	nospital outpatient	Ci i	70010	TETAL BIOTHIST NOTICE W/NST	140	7 224.33	ÿ 02.20	307.27	755.20	T CT OTHE
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$ 224.35	\$ 97.44	\$ 398.34	\$99.28	Per Unit
iviate interpretation	Trospital Outputient	Ci i	70013	TETAL BIOTHISTROTIL WYO NST	140	7 224.55	37.44	330.34	755.20	T CT OTHE
Radiology Services	Hospital Outpatient	СРТ	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$ 224.35	\$ 88.69	\$ 391.69	\$99.28	Per Unit
nautology services	nospital outputient	Ci i	70021	WIDDLE CEREBIAE ARTERI ECITO	140	ÿ 224.33	3 00.03	331.03	755.20	T CT OTHE
Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$ 168.26	\$ 56.29	\$ 393.45	\$99.28	Per Unit
	op.:ai outpution		3,000			Ţ 100.20	7 33.23	÷ 555.45	433.20	
Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$ 91.46	\$ 33.80	\$ 171.64	\$73.76	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	80307	Drug test prsmv chem anlyzr	No	\$ 147.41	\$ 55.93	\$ 199.53	\$62.14	Per Unit
	and the second second								**	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 34.21	\$ 10.45	\$ 58.29	\$8.61	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82247	Bilirubin total	No	\$ 42.44	\$ 4.52	\$ 55.22	\$5.02	Per Unit
-aronatory ar actionogy services	Outputient	01.1	JEE-1/		110	7 72,77	7 7.32	7 33.22	75.02	

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82306	Blood Test - Vitamin D-3 Level	No	\$ 195.28	\$ 26.64	\$ 254.08	\$29.60	Per Unit
Laboratory & Fathology Services	nospital outputient	Ci i	02300	blood rest - vitaliili b-5 Level	140	7 155.20	ÿ 20.04	ÿ 254.00	\$25.00	T CT OTHE
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82330	Assay of calcium	No	\$ 36.33	\$ 12.31	\$ 67.00	\$13.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82375	Assay carboxyhb quant	No	\$ 118.09	\$ 11.09	\$ 153.64	\$12.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82465	Assay bld/serum cholesterol	No	\$ 58.15	\$ 3.92	\$ 23.76	\$4.35	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of ck (cpk)	No	\$ 13.14	\$ 5.86	\$ 35.53	\$6.51	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	92552	Assay of cpk in blood	No	\$ 27.05	\$ 12.05	\$ 75.41	\$13.39	Per Unit
Laboratory & Patriology Services	Tiospital Outpatient	CFT	02332	Assay of cpk iii blood	140	\$ 27.03	7 12.03	7 73.41	Ģ13.3 3	reronic
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82565	Assay of creatinine	No	\$ 47.70	\$ 7.17	\$ 70.25	\$5.12	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82610	Cystatin c	No	\$ 145.26	\$ 14.17	\$ 405.00	\$18.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82668	Assay of erythropoietin	No	\$ 37.95	\$ 16.91	\$ 99.20	\$18.79	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82670	Assay of estradiol	No	#VALUE!	\$ 25.15	\$ 152.33	\$27.94	Per Unit
			320.0				÷ 20,10	7 252.00	7-7-0	
Laboratory & Dathalam Camilar	Hospital Outpoticat	CDT	92002	Assay of othylone strest	N-	ć 30.00	ć 13.44	ć 40.00	614.00	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82093	Assay of ethylene glycol	No	\$ 20.99	\$ 13.41	\$ 40.08	\$14.90	Per Unit
<u> </u>										
Laboratory & Pathology Services	Hospital Outpatient	CPT	82803	Blood gases any combination	No	\$ 75.94	\$ 20.17	\$ 106.16	\$26.07	Per Unit

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<u>Service eategory</u>	<u>Service Setting</u>	Турс	Couc	<u>Description</u>	<u> JCIVICC.</u>	Casilifice	Charge	Charge	charge	Estimate Type
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82947	Assay glucose blood quant	No	\$ 33.15	\$ 5.51	\$ 49.42	\$3.93	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83605	Assay of lactic acid	No	\$ 28.38	\$ 10.41	\$ 58.05	\$11.57	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83735	Assay of magnesium	No	\$ 52.14	\$ 9.38	\$ 78.56	\$6.70	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83880	Assay of natriuretic peptide	No	\$ 178.52	\$ 35.33	\$ 232.27	\$39.26	Per Unit
Laboratory & Fathology Services	nospital outputient	Ci i	03000	Assay of nathurette peptide	110	ÿ 170.52	ý 33.33	y 232.27	733.20	T CT OTHE
			04400			A 54 E5	A	A 07.57	44.74	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$ 61.56	\$ 6.64	\$ 87.67	\$4.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84132	Assay of serum potassium	No	\$ 42.30	\$ 6.66	\$ 62.65	\$4.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84132	Assay of serum potassium	No	\$ 42.30	\$ 6.66	\$ 62.65	\$4.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 55.44	\$ 18.77	\$ 96.68	\$20.86	Per Unit
	поорны сифинен		0.2	ribbay or progestorone		Ţ 00.111	4 20177	7 33.33	720.00	
Laboratory & Pathology Convices	Hospital Outpations	СРТ	8/1205	Assay of sarum sodium	No	\$ 43.56	\$ 4.33	\$ 56.67	\$4.81	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CFI	04233	Assay of serum sodium	NO	y 45.50	y 4.33	y 30.07	34.01	rei Ollit
				Blood Took Thomas Cont. 1 12						
				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	No	\$ 56.72	\$ 23.52	\$ 119.09	\$16.80	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84480	Assay triiodothyronine (t3)	No	\$ 99.64	\$ 12.76	\$ 129.65	\$14.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84484	Assay of troponin quant	No	\$ 84.53	\$ 10.26	\$ 121.45	\$12.47	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84702	Chorionic gonadotropin test	No	\$ 130.13	\$ 11.54	\$ 169.31	\$15.05	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85014	Hematocrit	No	\$ 27.88	\$ 2.13	\$ 36.27	\$2.37	Per Unit
Laboratory & Fathology Scrvices	nospitai outpatient	Ci i	03014	Tierratoerit	140	7 27.00	y 2.13	30.27	72.37	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	CPT	85240	Clot factor viii ahg 1 stage	No	\$ 47.56	\$ 16.11	\$ 95.56	\$17.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85378	Fibrin degrade semiquant	No	\$ 55.42	\$ 7.44	\$ 72.11	\$9.72	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85613	Russell viper venom diluted	No	\$ 25.46	\$ 8.24	\$ 70.98	\$9.58	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	85660	RBC SICKLE CELL TEST	No	\$ 45.07	\$ 4.96	\$ 71.77	\$5.51	Per Unit
Laboratori Q Dathalam Comices	Hermital Outmations	CDT	05722	Thus we have location times are until	Na	ć 13.0c	ć F.93	ć 2C 42	\$C 47	Dou Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85/32	Thromboplastin time partial	No	\$ 13.06	\$ 5.82	\$ 36.42	\$6.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86140	C-reactive protein	No	\$ 50.17	\$ 4.66	\$ 65.28	\$5.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86360	T cell absolute count/ratio	No	\$ 67.25	\$ 42.28	\$ 211.59	\$46.98	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$ 137.38	\$ 24.10	\$ 383.03	\$26.78	Per Unit
		C	30301	- con absolute count	1.00	7 257.50	7 24.10	÷ 555.65	920.70	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86431	Rheumatoid factor quant	No	\$ 54.53	\$ 5.10	\$ 70.95	\$5.67	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 39.12	\$ 3.84	\$ 50.90	\$4.27	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$ 39.1	\$ 3.84	\$ 50.90	\$4.27	Per Unit
			55552	cypinio teet neir trep quui		7 00.12	, J.	Ţ 56.56	V	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86611	Bartonella antibody	No	\$ 59.3	\$ 9.16	\$ 165.50	\$10.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86677	Helicobacter pylori antibody	No	\$ 29.2	\$ 15.13	\$ 63.03	\$16.85	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86692	Hepatitis delta agent antbdy	No	\$ 30.1	\$ 15.44	\$ 50.98	\$17.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$ 33.2	\$ 12.41	\$ 107.23	\$13.79	Per Unit
						7 33		7 201120	720110	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 89.0	\$ 10.85	\$ 115.92	\$12.05	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86705	HEP B CORE ANTIBODY IGM	No	\$ 23.7	7 \$ 10.59	\$ 57.38	\$11.77	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	96706	HEP B SURFACE ANTIBODY	No	\$ 102.4	\$ 9.67	\$ 133.25	\$10.74	Per Unit
Laboratory & Fathology Services	nospital Outpatient	CPT	00/00	THE B SURFACE ANTIBUDI	INU	102.4	7.07	ب 155.25	310.74	rei Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$ 23.4	\$ 11.15	\$ 56.71	\$12.39	Per Unit
				-						
Laboratory & Pathology Services	Hospital Outpatient	CPT	86762	Rubella antibody	No	\$ 65.8	\$ 12.95	\$ 225.56	\$14.39	Per Unit
			0070-			A 0			440.00	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	\$ 26.0	\$ 11.59	\$ 72.53	\$12.88	Per Unit
				86769 - SARS-COV-2 COVID-19						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86769	ANTIBODY	No	\$ 53.2	s s -	\$ 112.07	\$42.13	Per Unit
Laboratory & Fathology Services	nospital Outpatient	CF I	30703	ושטעווזוא	140	۷ 55.2	· ·	7 112.07	772.13	i ci oiiit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	86/90	Virus antibody nos	No	\$ 26.01	\$ 11.59	\$ 76.53	\$12.88	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86850	Rbc antibody screen	No	\$ 21.03	\$ 5.00	\$ 66.92	\$45.32	Per Unit

Laboratory & Pathology Services	Hospital Outpatient	CPT	86885	Coombs test indirect qual	No	\$ 253.19	\$ 5.65	\$ 329.43	\$136.01	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	\$ 205.88	\$ 3.78	\$ 267.88	\$102.83	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	\$ 205.88	\$ 3.78	\$ 267.88	\$102.83	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86901	Blood typing serologic rh(d)	No	\$ 62.33	\$ 3.78	\$ 81.10	\$30.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86901	Blood typing serologic rh(d)	No	\$ 62.33	\$ 3.78	\$ 81.10	\$30.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 6.02	\$ 4.84	\$ 383.37	\$265.60	Per Unit
l.,									440	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86920	COMPATIBILITY TEST SPIN	No	\$ 253.19	\$ 13.44	\$ 344.22	\$136.01	Per Unit
l.,									445	
Laboratory & Pathology Services	Hospital Outpatient	CPT	87040	Blood culture for bacteria	No	#VALUE!	\$ 9.29	\$ 180.25	\$10.32	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	87110	Chlamydia culture	No	\$ 135.26	\$ 17.64	\$ 175.99	\$19.60	Per Unit
		I		Lab Test - Detection test for						
Laboratory & Pathology Services	Hospital Outpatient	CPT	87340	Hepatitis B Surface Antigen	No	#VALUE!	\$ 9.30	\$ 85.55	\$10.33	Per Unit

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Lab Test - Detection test for HIV-1						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87389		No	\$ 114.26	\$ 21.67	\$ 148.66	\$24.08	Per Unit
Laboratory & Fathology Services	nospital outpatient	Ci i	07303	unu mv-2	140	7 114.20	ÿ 21.07	3 140.00	724.00	T CT OTHE
laharatan 8 Bathalan Candaa	Unanital Commentant	CDT	07425	Patanima and	NI-	ć 20.74	\$ 10.78	ć 100.00	611.00	Danilla it
Laboratory & Pathology Services	Hospital Outpatient	СРТ	8/425	Rotavirus ag ia	No	\$ 38.74	\$ 10.78	\$ 108.00	\$11.98	Per Unit
				Urine Test - Gonorrhoeae						
Laboratory & Pathology Services	Hospital Outpatient	CPT	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$ 93.25	\$ 31.58	\$ 171.03	\$35.09	Per Unit
				87635 - SARS-COV-2 COVID-19						
Laboratory & Pathology Services	Hospital Outpatient	CPT	87635	AMP PRB	No	\$ 55.21	\$ -	\$ 136.48	\$51.31	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	27792	Detect agent nos dna amp	No	\$ 93.25	\$ 31.58	\$ 171.03	\$35.09	Per Unit
Laboratory at ratheredy services	nospitai Gatpatient	C	07750	Detect agent nos una ump	140	ψ 33.23	V 31.30	7 171.03	433.03	r cr onic
Laboratory & Pathology Services	Hospital Outpatient	СРТ	07000	Strep Test (Streptococcus, group A)	No	\$ 89.94	\$ 19.87	\$ 143.48	\$16.53	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	0/000	Strep Test (Streptococcus, group A)	NO	\$ 69.34	\$ 15.67	3 145.46	\$10.55	Per Onit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	88185	Flowcytometry/tc add-on	No	\$ 71.19	\$ -	\$ 120.30	\$0.00	Per Unit
Vaccinations	Hospital Outpatient	CPT	90471	Immunization Administration	No	\$ 44.49	\$ 7.02	\$ 81.80	\$56.54	Per Unit
				Immunization Administration Each						
Vaccinations	Hospital Outpatient	CPT	90472	Additional Component	No	\$ 12.56	\$ -	\$ 38.51	\$0.00	Per Unit
Chemotherapy	Hospital Outpatient	СРТ	96413	Chemo iv infusion 1 hr	No	\$ 583.25			\$290.77	
			30.20			÷ 553123				
Chemotherapy	Hospital Outpatient	СРТ	06/15	Chemo iv infusion addl hr	No	\$ 114.07			\$56.54	
спетноспетару	nospital Outpatient	CPT	30415	CHEITIO IV IIII USIOII AUUI III	INU	7 114.07	<u> </u>		300.04	

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	<u>Charge</u>	Estimate Type
Chemotherapy	Hospital Outpatient	CPT	96417	Chemo iv infus each addl seq	No	\$ 114.07			\$56.54	
Radiology Services	Hospital Outpatient	CPT	70491	Ct soft tissue neck w/dye	No	\$ 1,069.80			\$162.89	
Radiology Services	Hospital Outpatient	CPT	71271	Ct thorax lung cancer scr c-	No	\$ 152.19			\$99.28	
Injections	Hospital Outpatient	CPT	96402	Chemo hormon antineopl sq/im	No	\$ 123.61	\$ 66.86	\$ 196.20	\$56.54	Case Rate
Pet Scan	Hospital Outpatient	CPT	78815	Pet image w/ct skull-thigh	No	\$ 3,017.62			\$1,349.70	
Pet Scan	Hospital Outpatient	CPT	78816	Pet image w/ct full body	No	\$ 3,017.62			\$1,349.70	
Medicine Hyberbaric	Hospital Outpatient	CPT	G0277	Hbot, full body chamber, 30m	No	\$ 111.89	\$ 46.24	\$ 1,424.46	\$108.76	Per Unit
•										
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	СРТ	97116	GAIT TRAINING THERAPY	No	\$ 80.30	\$ 22.90	\$ 104.48	\$28.26	Per Unit
Exablate	Hospital Outpatient	СРТ	0398T	Focused Ultrasound	No	\$ 32 139 56	\$ 11 272.90	\$ 11,272.90	\$10,253.71	Case Rate
LAGUICE	riospital outputient	- T	33301	- Occord Oldidoulid	140	Ç 32,133.30	y 11,272.30	Ψ 11,272.30	Ç10,233.71	case nate
Vaccinations	Hospital Outpatient	СРТ	G0008	Admin influenza virus vaccine	No	\$ 70.15	Ś -	\$ 126.95	\$36.49	Per Unit
vaccinations	nospitai Outpatielit	CFI	G0008	Aumin minuenza virus vaccine	140	y /0.15	-	7 120.35	330.43	rei Unit
Vassinations	Hospital Outpoticat	СРТ	COCCC	Admin proumosossal vassina	N-	6 27.62	ć	\$ -	¢26.40	Dor Unit
Vaccinations	Hospital Outpatient	CPI	G0009	Admin pneumococcal vaccine	No	\$ 27.43	\$ -	> -	\$36.49	Per Unit

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Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97530	Physical Therapy - Therapeutic Activities	No	\$ 83.07	\$ 17.40	\$ 124.45	\$35.32	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$ 187.14	\$ 77.05	\$ 245.32	\$96.78	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$ 187.14	\$ 72.00	\$ 245.32	\$96.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 492.51	\$ -	\$ 732.35	\$114.43	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$ 0.18	\$ 0.03	\$ 0.34	\$0.03	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$ 2.35	\$ 0.78	\$ 3.27	\$-	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$ 30.80	\$ -	\$ 89.11	\$10.74	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$ 816.35	\$ -	\$ 4,336.21	\$176.46	Per Unit
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 447.50	\$ 161.58	\$ 1,803.41	\$163.76	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 804.56	\$ 167.15	\$ 1,829.27	\$315.20	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 781.92	\$ 157.92	\$ 1,634.10	\$163.76	Case Rate
Injections	Hospital Outpatient	СРТ	20610	Arthrocentesis (outpatient)	No	\$ 1,185.82	\$ 182.39	\$ 1,461.73	\$238.26	Case Rate

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Service Category	Service Setting	Type	<u>Code</u>	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	31575	Laryngoscopy - Diagnostic	No	\$ 377.88	\$ 135.86	\$ 1,978.02	\$150.12	Case Rate
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43235	Diagnostic	Yes	\$ 2,532.81	\$ 61.00	\$ 1,867.74	\$737.90	Case Rate
Harnital Outpatient Brasadura	Hasnital Outnotiont	СРТ	42220	Upper Gastrointestinal Endoscopy - With Biopsy	Yes	\$ 3,909.14	\$ 372.00	\$ 2,229.48	\$737.90	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CFI	43233	With biopsy	res	3 3,303.14	\$ 372.00	Ş 2,223.48	\$737.50	case nate
				Colonoscopy - Diagnostic						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45378	(outpatient)	Yes	\$ 2,399.03	\$ 335.79	\$ 2,220.88	\$723.69	Case Rate
				Colonoscopy - With Biopsy						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45380	(outpatient)	Yes	\$ 2,423.51	\$ 343.06	\$ 4,110.45	\$945.65	Case Rate
				Colonoscopy - With Polyp Removal						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45385	(outpatient)	Yes	\$ 2,553.22	\$ 354.50	\$ 4,434.15	\$945.65	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 248.09	\$ -	\$ 1,579.20	\$50.76	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 948.42	\$ 282.78	\$ 1,596.52	\$524.64	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 702.11	\$ 284.76	\$ 2,631.84	\$1,632.83	Case Rate
-										
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58100	Biopsy - Endometrial (Uterus)	No	\$ 354.58	\$ 144.00	\$ 1,697.39	\$155.36	Case Rate
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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	\$ 536.76	\$ 48.93	\$ 1.749.37	\$0.00	Case Rate
		СРТ	52000 55700 58100		No Yes	\$ 948.42 \$ 702.11 \$ 354.58	\$ 282.78 \$ 284.76 \$ 144.00	\$ 1,596.52 \$ 2,631.84 \$ 1,697.39	\$524.64 \$1,632.83	Case Case

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Hospital Outpatient Procedure	Hospital Outpatient	CPT	58301	Remove intrauterine device	No	\$	669.25	\$ 32.34	\$ 1,495.58	\$257.20	Case Rate
Medicine Speech Therapy	Hospital Outpatient	CPT	92507	SPEECH/HEARING THERAPY	No	\$	163.49	\$ 17.40	\$ 251.43	\$73.93	Per Unit
Padialagy Convises	Hospital Outpatient	СРТ	72125	Ct nack spins w/s dvs	No	ė	1 075 17	\$ 136.86	\$ 1,750.92	\$99.28	Dor Unit
Radiology Services	Hospital Outpatient	CPT	72125	Ct neck spine w/o dye	INO	\$	1,075.17	3 130.00	\$ 1,750.92	\$99.20	Per Unit
Radiology Services	Hospital Outpatient	СРТ	720/10	X-Ray - Neck, Cervical Spine	No	\$	121.75	\$ 37.93	\$ 204.42	\$73.76	Per Unit
Radiology Services	nospital Outpatient	CFT	72040	X-Ray - Neck, Cervical Spille	NO	7	121.73	37.55	y 204.42	\$73.70	reronic
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$	224.35	\$ 33.93	\$ 338.99	\$99.28	Per Unit
				The state of the s				7	, ,	700120	
				X-Ray, lower back, minimum four							
Radiology Services	Hospital Outpatient	СРТ	72110	views	Yes	\$	168.26	\$ 52.80	\$ 284.93	\$99.28	Per Unit
								-			
Medicine Cardiac Stress Test	Hospital Outpatient	CPT	93017	CARDIOVASCULAR STRESS TEST	No	\$	487.71	\$ 61.00	\$ 634.57	\$241.35	Per Unit
Radiology Services	Hospital Outpatient	CPT	72170	X-Ray - Pelvis	No	\$	224.35	\$ 28.72	\$ 327.10	\$99.28	Per Unit
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Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	\$	953.92	\$ 322.26	\$ 1,593.05	\$440.64	Per Unit
Hospital Observation Boy Have	Hospital Quitnoticat	CDT	C0270	Hospital observation now by	N-	ė	255.33	ć (OF 00	6 24 121 00	_	Dor Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	GU3/8	Hospital observation per hr	No	\$	255.22	\$ 605.00	\$ 24,131.86	\$-	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$	121.75	\$ 28.33	\$ 196.92	\$73.76	Per Unit
nadiology services	nospital Outpatient	CF I	73030	A-ray - Shoulder (outpatient)	140	Y	121./3	20.33	7 130.32	\$73.70	i ci oiiit
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	Ś	121.75	\$ 30.72	\$ 196.19	\$73.76	Per Unit
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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Ca	ash Price	Cl	harge		Charge	Charge	Estimate Type
Padialana Camina	Hannital Outrations	CDT	70554	MADI DDAIN STEMANIO DVE	NI-	,	4 244 67		252.20	_	2 270 20	Ć200 04	Day Heli
Radiology Services	Hospital Outpatient	CPT	70551	MRI BRAIN STEM W/O DYE	No	\$	1,344.67	>	252.20	Ş	2,270.30	\$209.84	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$	121.75	\$	37.77	\$	197.91	\$73.76	Per Unit
												-	
Radiology Services	Hospital Outpatient	CPT	73562	X-Ray - Knee (outpatient)	No	\$	233.07	\$	36.52	\$	351.25	\$73.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$	2,005.53	ċ	406.50	\$	3,409.54	\$335.82	Per Unit
Radiology Services	nospital outpatient	CFT	70333	with - Brain (outpatient)	163	y	2,003.33	Ÿ	400.30	7	3,403.34	7333.02	reronic
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	121.75	\$	28.31	\$	189.76	\$73.76	Per Unit
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Radiology Services	Hospital Outpatient	CPT	72197	MRI - Pelvis (outpatient)	No	\$	2,065.91	\$	402.71	\$	3,522.33	\$335.82	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76536	Ultrasound - Head and Neck	No	\$	224.35	Ś	78.79	Ś	386.50	\$99.28	Per Unit
nadiology services	nospital outputient	C	70330	Tread and recor	110	7	224.00	7	70.75	7	300.30	\$33.20	T CT OTHE
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$	121.75	\$	78.52	\$	249.30	\$73.76	Per Unit
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Radiology Services	Hospital Outpatient	CPT	76700	Ultrasound - Abdominal, Complete	Yes	\$	224.35	\$	91.69	Ş	433.80	\$99.28	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$	224.35	\$	46.05	\$	372.20	\$99.28	Per Unit
37	i series e e				-	ľ							
				Ultrasound - Pregnancy									
Radiology Services	Hospital Outpatient	CPT	76805	(outpatient)	Yes	\$	224.35	\$	100.36	\$	437.10	\$99.28	Per Unit
De diele en Comite	Usanital Cotton sti	CDT	70000	Ultrasound - Transvaginal (non-	w.	_	224.25		00.00	,	462.00	600.00	Des Heli
Radiology Services	Hospital Outpatient	CPT	76830	maternity)	Yes	\$	224.35	\$	98.63	\$	463.90	\$99.28	Per Unit

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<u>Service Category</u>	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	Discoun Cash Pr		Mi Neg	dentified nimum otiated harge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	CPT	76856	Ultrasound - Pelvic (outpatient)	No	\$ 22	4.35	\$	70.34	\$ 408.50	\$99.28	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$ 27	1.82	\$	107.57	\$ 501.03	\$80.74	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$ 34	3.48	\$	135.81	\$ 629.70	\$102.96	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$ 27	6.60	\$	109.22	\$ 504.02	\$85.06	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$ 53	9.40	\$	336.74	\$ 2,091.45	\$1,191.71	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$ 15	9.70	\$	11.84	\$ 221.33	\$8.46	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80053	Blood Test - Comprehensive Metabolic Panel	Yes	\$ 9	2.22	\$	14.78	\$ 136.89	\$10.56	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80061	Blood Test - Cholesterol Test, Lipid Panel	Yes	\$ 4	8.09	\$	12.05	\$ 101.77	\$13.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80069	Blood Test - Renal (Kidney) Function Panel	Yes	\$ 1	3.92	\$	8.68	\$ 34.59	\$8.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80076	Blood Test - Hepatic (Liver) Function Panel	Yes	\$ 14	8.16	\$	11.44	\$ 205.84	\$8.17	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81001	Urine Test - Automated with Microscope Examination	Yes	\$	5.22	\$	4.44	\$ 34.47	\$3.17	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	<u>Charge</u>	Estimate Type
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 22.60	\$ 3.16	\$ 11.25	\$2.25	Per Unit
			02000			Ţ	Ţ 0.120	+	V 0	
				Blood Test - Vitamin B-12						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82607	(Cyanocobalamin) Level	No	\$ 30.42	\$ 13.57	\$ 82.73	\$15.08	Per Unit
				Blood Test - Ferritin (Blood Protein)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	82728	Level	No	\$ 27.50	\$ 19.09	\$ 96.63	\$13.63	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82746	Blood Test - Folic Acid Level	No	\$ 39.06	\$ 13.23	\$ 79.52	\$14.70	Per Unit
				Blood Test Blood Chases Control						
Laboratory & Dathalamy Comises	Hespital Outpatient	СРТ	92026	Blood Test - Blood Glucose Control	No	\$ 73.74	\$ 8.74	\$ 95.94	\$9.71	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83030	(Hemoglobin A1C)	NO	\$ 75.74	\$ 6.74	\$ 95.94	\$5.71	Per Onit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83540	Blood Test - Iron Level	No	\$ 50.28	\$ 9.06	\$ 75.77	\$6.47	Per Unit
, ,	Acres and the second								1	
				Blood Test - Lipase (fat enzyme)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690	Level	No	\$ 71.87	\$ 6.20	\$ 93.51	\$6.89	Per Unit
				Blood Test - Prostate Specific						
Laboratory & Pathology Services	Hospital Outpatient	CPT	84153	Antigen (PSA) Level	Yes	\$ 67.06	\$ 25.75	\$ 116.68	\$18.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84154	PSA (prostate specific antigen)	Yes	\$ 110.02	\$ 16.55	\$ 143.15	\$18.39	Per Unit
				Blood Test. Themselves (Themselve						
Laboratory & Pathology Comises	Hasnital Outpatient	СРТ	94420	Blood Test - Thyroxine (Thyroid Chemical) Level, Free	No	\$ 68.50	\$ 8.12	\$ 89.13	\$9.02	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPI	04439	Chemical) Level, Free	No	<i>₹</i> 00.50	<i>\$</i> 0.12	\$ 65.13	33.02	rei Ullit
				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	Yes	\$ 56.72	\$ 23.52	\$ 119.09	\$16.80	Per Unit
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<u>Service Category</u>	Service Setting	туре	code	Description	Jei vice:	Casii File	charge	Charge	charge	Littiliate Type
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85025	· ·	Yes	\$ 76.57	\$ 10.88	\$ 112.06	\$7.77	Per Unit
		-				7	7	7	*****	
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85027	Count (Hemoglobin)	Yes	\$ 62.89	\$ 5.82	\$ 81.83	\$6.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85610	Blood Test - Clotting Time	Yes	\$ 44.12	\$ 6.01	\$ 64.27	\$4.29	Per Unit
				Blood Test - Coagulation						
Laboratory & Pathology Services	Hospital Outpatient	CPT	85730	Assessment	Yes	\$ 47.60	\$ 5.41	\$ 61.94	\$6.01	Per Unit
				Blood Test - Hepatitis C Antibody						
Laboratory & Pathology Services	Hospital Outpatient	CPT	86803	Level	No	\$ 69.98	\$ 12.84	\$ 91.06	\$14.27	Per Unit
Laboratory & Dathology Convices	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$ 143.43	\$ 7.76	\$ 186.61	\$8.62	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPI	8/0/0	Bacterial Culture - Swab	INO	\$ 145.45	\$ 7.76	\$ 100.01	\$6.02	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$ 62.53	\$ 7.27	\$ 81.35	\$8.08	Per Unit
Laboratory a rathology services	Troopital Outputient	C	0,0,,	Ducterial calcule Acrosic isolates	140	Ų 02.33	y ,,,,,	V 01.55	ψ0.00	T CT OTHE
				Test for Disease-Causing						
				(Pathogenic) Organisms, Not						
Laboratory & Pathology Services	Hospital Outpatient	CPT	87081	Limited to a Specific Condition	No	\$ 67.18	\$ 5.97	\$ 109.26	\$6.63	Per Unit
				Urine Test - Bacterial Culture,						
Laboratory & Pathology Services	Hospital Outpatient	CPT	87086	Quantitative Colony Count	No	\$ 85.00	\$ 7.26	\$ 110.60	\$8.07	Per Unit
									_	
Laboratory & Pathology Services	Hospital Outpatient	CPT	87088	Urine Test - Bacterial Culture	No	\$ 16.35	\$ 7.28	\$ 43.86	\$8.09	Per Unit
				- 1 6 1						
Laboratorio 8 Pothologi C.	Uit-l O-ttit	CDT	07406	Evaluation of Antimicrobial Drug	N-		ć 7.70	6 03.40	ĆO CE	Day Haits
Laboratory & Pathology Services	Hospital Outpatient	CPT	8/186	(antibiotic, antifungal, antiviral)	No	\$ 71.55	\$ 7.79	\$ 93.10	\$8.65	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87205	Lab Test - Smear for Microorganism	No	\$ 51.65	\$ 3.84	\$ 67.21	\$4.27	Per Unit
Education y an atmonegy services	Troopital Suspassions	C	07203	zab rest sinear for interestigation	110	V 31.03	ÿ 3.04	Ų 07.121	Ų-1.27	i ci oiiic
Laboratory & Pathology Services	Hospital Outpatient	CPT	87491	Urine Test - Chlamydia	No	\$ 112.18	\$ 31.58	\$ 171.03	\$35.09	Per Unit
				Lab Test - Detection test for						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87804	Influenza Virus	No	\$ 35.62	\$ 19.82	\$ 70.50	\$16.55	Per Unit
Vaccination	Hospital Outpations	СРТ	90670	Vaccine - Pneumococcal Conjugate for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 345.21	\$257.99	Per Unit
Vaccination	Hospital Outpatient	CPT	90070	Tor injection into Muscle	INO	\$ 265.59	\$ 9.56	\$ 345.21	\$257.99	Per Onit
				Vaccine - Tetanus, Diptheria						
				Toxoids, and Acellular Pertussis						
				(Whooping Cough) for Injection						
Vaccination	Hospital Outpatient	CPT	90715	into Muscle	No	\$ 57.74	\$ -	\$ 77.73	\$38.28	Per Unit
Medicine Other	Hospital Outpatient	CPT	93005	Electrocardiogram (ECG or EKG)	No	\$ 109.68	\$ -	\$ 295.26	\$50.76	Per Unit
				51 : 151						
Ba-distra District Ba-distra				Physical Therapy - Manual						
Medicine Physical Medicine and Rehabilitation	Hospital Outpations	СРТ	97032	Electrical Stimulation Therapy, 15 minutes	No	\$ 32.34	\$ 12.56	\$ 59.90	\$14.07	Per Unit
Renabilitation	Hospital Outpatient	CPT	97032	minutes	No	\$ 52.54	\$ 12.50	\$ 59.90	\$14.07	Per Onit
Medicine Physical Medicine and				Physical Therapy - Ultrasound						
Rehabilitation	Hospital Outpatient	СРТ	97035	Therapy	No	\$ 27.85	\$ 11.95	\$ 40.29	\$13.61	Per Unit
									-	
Medicine Physical Medicine and				Physical Therapy - Therapeutic						
Rehabilitation	Hospital Outpatient	CPT	97110	Exercises	Yes	\$ 91.82	\$ 17.40	\$ 119.46	\$28.26	Per Unit
Medicine Physical Medicine and				Physical Therapy - Neuromuscular					405	
Rehabilitation	Hospital Outpatient	CPT	97112	Reeducation	No	\$ 72.35	\$ 26.14	\$ 104.78	\$32.77	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	CPT	97140	Physical Therapy - Manual Therapy	No	\$ 58.15	\$ 23.73	\$ 93.92	\$26.03	Per Unit
	-									
Medicine Physical Medicine and				Physical Therapy - Low Complexity						
-	Hasnital Outpatiant	CDT	07161		No	¢ 172.00	¢ 71.07	\$ 252.78	¢06.16	Dor I Init
Rehabilitation	Hospital Outpatient	СРТ	9/161	Evaluation	No	\$ 173.88	\$ 71.97	\$ 252.78	\$96.16	Per Unit
Medicine Physical Medicine and				Physical Therapy - Moderate						
Rehabilitation	Hospital Outpatient	CPT	97162	Complexity Evaluation	No	\$ 173.88	\$ 71.97	\$ 252.78	\$96.16	Per Unit
Medicine Physical Medicine and				Physical Therapy - High Complexity						
Rehabilitation	Hospital Outpatient	СРТ	97163		No	\$ 173.88	\$ 71.97	\$ 252.78	\$96.16	Per Unit
Terrabilitation	nospital outputient	C	37 203	Learacton	110	Ų 175.00	ÿ 72.57	Ç 252.70		T CT OTHE
Medicine Physical Medicine and										
-			07464	D 151 D. E. L:		447.00	40.57	4 4 7 0 0 7	455.04	
Rehabilitation	Hospital Outpatient	CPT	9/164	Physical Therapy - Re-Evaluation	No	\$ 117.26	\$ 48.67	\$ 170.97	\$66.01	Per Unit
Medicine Physical Medicine and				Physical Therapy - Self-care or						
Rehabilitation	Hospital Outpatient	CPT	97535	Home Management Training	No	\$ 71.27	\$ -	\$ 109.03	\$31.35	Per Unit
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Minor (outpatient)	No	\$ 218.75	\$ 74.98	\$ 689.88	\$66.15	Case Rate
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				Emergency Department Visit - Low					4440.00	
Emergency Room Visit	Hospital Outpatient	СРТ	99282	Complexity (outpatient)	No	\$ 404.82	\$ 93.52	\$ 1,114.22	\$119.78	Case Rate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	CPT	99283	Moderate Complexity (outpatient)	No	\$ 929.87	\$ 182.62	\$ 2,714.83	\$211.04	Case Rate
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			00000	Emergency Department Visit -		A 0.000 50	A		4001	
Emergency Room Visit	Hospital Outpatient	CPT	99284	Higher Complexity (outpatient)	No	\$ 2,470.23	\$ 270.43	\$ 4,475.48	\$331.74	Case Rate

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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
Emergency Room Visit	Hospital Outpatient	СРТ	99285	Emergency Department Visit - High Complexity (outpatient)	No	\$ 3,326.63	\$ 458.20	\$ 5,806.95	\$476.17	Case Rate
Emergency Room Visit	Hospital Outpatient	СРТ	99291	Emergency Department Visit - Critical Care (outpatient)	No	\$ 19,712.86	\$ 425.50	\$ 6,308.07	\$679.28	Case Rate