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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
										Case Rate-
										Excluding
				Cardiac valve and other major						Professional
				cardiothoracic procedures with		N/A No	N/A No	N/A No	N/A No	Charges which
				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
nospital inpatient stay	Hospital Impatient	DNG	210	complications of comorbidities	Tes	Volume	Volume	Volume	Volume	CF1/HCFC3
										Case Rate-
										Excluding
										Professional
										Charges which
										are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	\$ 14.686.05	\$ 5,517.78	\$ 19,770.89	Non-Par	CPT/HCPCS
nospital inpatient stay	nospital inpatient	DIG	231	TEART FAILURE SHOCK WINCE	NO	3 14,080.55	3 3,317.78	3 15,770.85	Non-rai	CF 1/11CF C3
										Case Rate-
										Excluding
										Professional
				Spinal fusion except cervical						Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	460	or complications (MCC)	Yes	\$ 80 363.76	\$ 16 237.64	\$ 119,500.01	Non-Par	CPT/HCPCS
- Inospital impatient stay	Trospital impatient	Ditto	400	or complications (inice)	103	\$ 00,000.70	\$ 10,237.04	V 113,300.01	Hom r ur	Ci Tyrici Co
										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	\$ 57,963.36	Non-Par	CPT/HCPCS
						+ 55,555.50	+ 5,5.5.44	÷ 27,533,50		
										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	\$ 61,926.79	Non-Par	CPT/HCPCS
nospital inpatient stay	nospital inpatient	סווט	7/3	complications (wice).	1 63	¥ 4±,043.77	y 10,123.74	y 01,320.73	HOH-F at	or tymeres

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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	480	HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	No	\$ 72,498.64	\$ 12,375.85	\$ 111,536.38	Non-Par	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	\$ 74,151.25	Non-Par	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	\$ 61,720.46	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	493	LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	No	\$ 46,895.03	\$ 9,438.20	\$ 72,146.20	Non-Par	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	\$ 52,486.93		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>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
										Case Rate-
										Excluding
				Uterine and adnexa procedures for						Professional
				non-malignancy without comorbid						Charges which
				conditions (CC) or major comorbid						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	743	conditions or complications (MCC)	Yes	\$ 21,526.46	\$ 3,828.29	\$ 32,009.60	Non-Par	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	\$ 29,792.54	Non-Par	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	\$ 20,675.36	Non-Par	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				FILL THEORNESS SUBSTITUTES						Charges which
		222		FULL THICKNESS BURN W SKIN		4 54 004 55	4 24 520 55	4 00 000 5-		are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	928	GRAFT OR INHAL INJ W CC/MCC	No	\$ 64,891.63	\$ 21,639.28	\$ 99,833.27	Non-Par	CPT/HCPCS
										Corre De 1
										Case Rate-
										Excluding
										Professional
										Charges which
				FULL THICKNESS BURN W SKIN						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	\$ 63,558.17	Non-Par	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
<u>Scrvice eutegory</u>	Service Setting	<u>code Type</u>	Couc	<u>bescription</u>	<u>SCIVICE:</u>	casiiiiicc	charge	charge	charge	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	935	NON-EXTENSIVE BURNS	No	\$ 27,865.09	\$ 3,301.83	\$ 42,869.37	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
				LIMB REATTACHMENT, HIP FEMUR PROC FOR MULTIPLE						Case Rate- Excluding Professional Charges which are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	956	SIGNIFICANT TRAUMA	No	\$ 96,217.06	\$ 16,085.53	\$ 143,073.70	Non-Par	CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	No	\$ 138,424.38	\$ 30,888.17	\$ 205,835.50	Non-Par	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	\$ 111,437.41	Non-Par	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	\$ 44,602.39	Non-Par	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?	<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	\$ 14,774.90	Non-Par	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	\$ 20,353.48	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	784	CESAREAN SECTION W STERILIZATION W CC	No	\$ 11,089.83		\$ 16,490.45	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	785	CESAREAN SECTION W STERILIZATION W/O CC/MCC	No	\$ 9,823.22	\$ 3,519.44	\$ 14,607.02	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	786	CESAREAN SECTION W/O STERILIZATION W MCC	No	\$ 14,089.97	\$ 3,570.00	\$ 20,951.63	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Code Type	Code	Description	Service?	Discounted Cash Price	Negotiated Charge	Negotiated Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
				CESAREAN SECTION W/O						Charges which are paid by
Maternity/Delivery	Hospital Inpatient	DRG	787	STERILIZATION W CC	No	\$ 12,173.87	\$ 2,835.00	\$ 18,102.41	Non-Par	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				CESAREAN SECTION W/O						Charges which are paid by
Maternity/Delivery	Hospital Inpatient	DRG	788	STERILIZATION W/O CC/MCC	No	\$ 10,551.69	\$ 3,242.44	\$ 15,690.25	Non-Par	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which are paid by
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	No	\$ 1,447.32	\$ 626.89	\$ 2,152.15	Non-Par	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				VAGINAL DELIVERY W						Charges which are paid by
Maternity/Delivery	Hospital Inpatient	DRG	797	STERILIZATION/D&C W CC	No	\$ 10,458.74	\$ 2,464.00	\$ 15,552.03	Non-Par	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				VAGINAL DELIVERY W						Charges which are paid by
Maternity/Delivery	Hospital Inpatient	DRG	798	STERILIZATION/D&C W/O CC/MCC	No	\$ 6,698.97	\$ 2,464.00	\$ 9,961.29	Non-Par	CPT/HCPCS

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	805	VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	No	\$ 8,202.42	\$ 2,464.00	\$ 12,196.90	Non-Par	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	\$ 11,390.90	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	807	VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	No	\$ 6,410.90	\$ 2,464.00	\$ 9,532.94	Non-Par	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	Non-Par	\$37,563.34	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	Non-Par	\$75,500.01	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
Long Term Acute Care Inpatient Stay	Inpatient Long-Term Care Hospital	UB	200	Long Term Care Intensive Care Room & Board	No	70% Charges (Estimated as \$6,047.26 per diem)	\$1,040 Per Diem	Non-Par	N/A	Per Diem Per Day
Inpatient Rehabilitation Hospital	Inpatient Rehabilitation Hospital	IIR	118	Inpatient Rehabilitation Hospital Room & Board	No	52% Charges Estimated at \$2,341.96 Per Diem	\$ 416.15	\$1,351.80 Per	100% Medicare	Per Diem Per Day
Skilled Nursing Inpatient Room &		UB	191	Subacute Care Level 1- Skilled Care	No	52% Charges Estimated at \$1,109.30 Per		80% Charges (Estimated as \$1,706.61 Per Diem)	100% Medicare	Per Diem Per
Board Skilled Nursing Inpatient Room & Board	Inpatient Skilled Nursing Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care Subacute Care Level 2- Comprehensive Care	No	52% Charges Estimated at \$1,109.30 Per Diem	\$ 227.70	80% Charges (Estimated as \$1,706.61 Per Diem)	100% Medicare	Per Diem Per Day
Skilled Nursing Inpatient Room & Board	Inpatient Skilled Nursing	UB	193	Subacute Care Level 3- Complex Care	No	52% Charges Estimated at \$1,109.30 Per Diem	\$ 370.00	80% Charges (Estimated as \$1,706.61 Per Diem)	100% Medicare	Per Diem Per Day
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19083	Bx breast 1st lesion us imag	No	\$ 1,957.09	\$ 381.25	\$ 2,685.54	Non-Par	Case Rate

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					Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Code Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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Hospital Outpatient Procedure	Hospital Outpatient	CPT	27818	Treatment of ankle fracture	No	\$ 5,944.56	\$ 395.00	\$ 8,157.20	Non-Par	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	32555	Aspirate pleura w/ imaging	No	\$ 7,293.50	\$ 288.54	\$ 10,008.23	Non-Par	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,073.24	\$ 445.12	\$ 4,217.14	Non-Par	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CFI	43440	riace gastrostorily tube perc	NO	3 3,073.24	3 445.12	3 4,217.14	NOII-Pai	Case Nate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	59025	Fetal Non-Stress Test	No	\$ 581.33	\$ 118.53	\$ 797.71	Non-Par	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	69210	Remove impacted ear wax	No	\$ 302.36	\$ 48.93	\$ 414.90	Non-Par	Case Rate
				CT Scan - Head/Brain, without						
Radiology Services	Hospital Outpatient	СРТ	70450	Contrast	No	\$ 804.63	\$ 127.22	\$ 1,331.30	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70/192	Ct orbit/ear/fossa w/o&w/dye	No	\$ 1,715.77	\$ 207.79	\$ 2,691.70	Non-Par	Per Unit
hadiology Services	Hospital Outpatient	CFI	70482	ct orbit/ear/rossa w/o&w/uye	NO	\$ 1,713.77	\$ 207.79	\$ 2,091.70	NOII-Pai	rei Ollit
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$ 1,507.75	\$ 127.52	\$ 2,382.36	Non-Par	Per Unit
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Radiology Services	Hospital Outpatient	CPT	70496	Ct angiography head	No	\$ 1,246.07	\$ 223.05	\$ 1,993.25	Non-Par	Per Unit
										7
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$ 1,001.14	\$ 223.05	\$ 1,629.05	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$ 858.09	\$ 141.11	\$ 1,416.34	Non-Par	Per Unit
naulology services	nospitai Outpatient	CFI	/1250	CI ITORAX W/O DIE	INO	و0.050 د	141.111 ب	1,410.34	INUIT-PdI	refullit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$ 121.75	\$ 19.91	\$ 192.16	Non-Par	Per Unit
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Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$ 121.75	\$ 31.50	\$ 194.36	Non-Par	Per Unit
Hospital Outpatient	СРІ	/1260	(outpatient)	No	\$ 1,246.07	\$ 200.76	\$ 1,993.25	Non-Par	Per Unit
Hospital Outpatient	CPT	71275	Ct angiography chest	No	\$ 1,295.90	\$ 226.19	\$ 2,067.34	Non-Par	Per Unit
Henrital Outrations	CDT	72120	Ch mark anima w/dwa	No	ć 1.004.C0	ć 200.00	ć 1.752.2C	Non Day	Dou Huit
Hospital Outpatient	CPI	/2126	ct neck spine w/dye	NO	\$ 1,084.08	\$ 200.80	\$ 1,753.26	Non-Par	Per Unit
Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	\$ 168.26	\$ 37.93	\$ 263.91	Non-Par	Per Unit
Hospital Outpatient	СРТ	72127	Ct neck spine w/o & w/dve	No	\$ 1246.07	\$ 201.73	\$ 1 993 25	Non-Par	Per Unit
Trospital Outputient	CIT	72127	et neek spine w/o & w/aye	110	7 1,240.07	7 201.73	7 1,555.25	Non-Tu	T CT OTHE
Hospital Outpatient	СРТ	72133	Ct lumbar spine w/o & w/dye	No	\$ 1,338.47	\$ 201.90	\$ 2,130.65	Non-Par	Per Unit
Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$ 850.98	\$ 134.01	\$ 1.405.75	Non-Par	Per Unit
					7 00000	7	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$ 846.65	\$ 142.38	\$ 1,399.32	Non-Par	Per Unit
Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$ 1,270.98	\$ 207.86	\$ 2,030.30	Non-Par	Per Unit
							-		
Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$ 168.26	\$ 39.60	\$ 262.99	Non-Par	Per Unit
Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$ 121.75	\$ 22.40	\$ 191.26	Non-Par	Per Unit
	Hospital Outpatient Hospital Outpatient	Hospital Outpatient CPT Hospital Outpatient CPT	Hospital Outpatient CPT 71046 Hospital Outpatient CPT 71260 Hospital Outpatient CPT 71275 Hospital Outpatient CPT 72126 Hospital Outpatient CPT 72100 Hospital Outpatient CPT 72133 Hospital Outpatient CPT 73700 Hospital Outpatient CPT 74150 Hospital Outpatient CPT 74170 Hospital Outpatient CPT 74170	Hospital Outpatient CPT 71046 X-Ray - Chest (outpatient) CT Scan - Chest, with Contrast (outpatient) Hospital Outpatient CPT 71275 Ct angiography chest Hospital Outpatient CPT 72126 Ct neck spine w/dye Hospital Outpatient CPT 72100 X-Ray - Spine (outpatient) Hospital Outpatient CPT 72127 Ct neck spine w/o & w/dye Hospital Outpatient CPT 72133 Ct lumbar spine w/o & w/dye Hospital Outpatient CPT 73700 CT LOWER EXTREMITY W/O DYE Hospital Outpatient CPT 74150 Ct abdomen w/o dye Hospital Outpatient CPT 74170 Ct abdomen w/o & w/dye Hospital Outpatient CPT 74170 Ct abdomen w/o & w/dye	Hospital Outpatient CPT 71046 X-Ray - Chest (outpatient) No Hospital Outpatient CPT 71260 (outpatient) No Hospital Outpatient CPT 71275 Ct angiography chest No Hospital Outpatient CPT 72126 Ct neck spine w/dye No Hospital Outpatient CPT 72100 X-Ray - Spine (outpatient) No Hospital Outpatient CPT 72127 Ct neck spine w/o & w/dye No Hospital Outpatient CPT 72133 Ct lumbar spine w/o & w/dye No Hospital Outpatient CPT 73700 CT LOWER EXTREMITY W/O DYE No Hospital Outpatient CPT 74150 Ct abdomen w/o dye No Hospital Outpatient CPT 74170 Ct abdomen w/o & w/dye No Hospital Outpatient CPT 74170 Ct abdomen w/o & w/dye No Hospital Outpatient CPT 74170 Ct abdomen w/o & w/dye No	Service Setting Code Type Code Description Service? Discounted Service? Cash Price	No Service Code Type Code Description Service Discounted Shoppable Service Cash Price Charge	No Service Setting Code Type Code Description Service Shoppable Service Service Service Cash Price Cash Price	Code Code Code Description Code Description Service Service

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					Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Code Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	73010	X-ray exam of shoulder blade	No	\$ 168.26	\$ 26.01	\$ 261.26	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$ 121.75	\$ 29.40	\$ 191.26	Non-Par	Per Unit
The discount of the discount o		G. .	70000			-	-	-	10011101	
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$ 121.75	\$ 25.07	\$ 190.82	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$ 91.32	\$ 26.40	\$ 146.00	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$ 168.26	\$ 24.40	\$ 260.41	Non-Par	Per Unit
						7 200.20	·	7 200112		
Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$ 121.75	\$ 32.72	\$ 191.71	Non-Par	Per Unit
		CD=		V DAY 5VAAA OF 5534UD 2 /		A 404 75	4 20.54	400.55		5
Radiology Services	Hospital Outpatient	СРТ	/3552	X-RAY EXAM OF FEMUR 2/>	No	\$ 121.75	\$ 29.51	\$ 192.56	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$ 176.40	\$ 32.40	\$ 272.51	Non-Par	Per Unit
<u> </u>										
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$ 218.41	\$ 32.40	\$ 334.99	Non-Par	Per Unit
Padiology Sonvices	Hospital Outpations	СРТ	72600	X-RAY EXAM OF ANKLE	No	\$ 188.76	\$ 31.98	\$ 290.90	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	CFI	/3000	A-RAT EARINI OF AINKLE	INO	φ 188./b	31.38 ډ	ş 290.90	NOII-Par	rerunit
Radiology Services	Hospital Outpatient	СРТ	73610	X-Ray - Ankle (outpatient)	No	\$ 210.38	\$ 25.72	\$ 323.50	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	CPT	73620	X-RAY EXAM OF FOOT	No	\$ 173.94	\$ 29.81	\$ 268.05	Non-Par	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$ 188.76	\$ 33.95	\$ 290.94	Non-Par	Per Unit
Padiology Sandos	Hespital Outpatient	CDT	74177	CT Scan - Abdomen and Pelvis, with	No	¢ 2 500 65	¢ 206.70	¢ 2.0E0.00	Non Dor	Dor I Init
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$ 2,500.65	\$ 286.79	\$ 3,858.80	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$ 79.37	\$ 59.00	\$ 258.38	Non-Par	Per Unit
De dielem Comisse	Heavital Outrations	CDT	70450	CT Scan - Head/Brain, without	Vaa	¢ 804.63	ć 127.22	ć 1 221 20	Non Don	Dou I Init
Radiology Services	Hospital Outpatient	СРТ	70450	Contrast	Yes	\$ 804.63	\$ 127.22	\$ 1,331.30	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	\$ 1,341.96	\$ 197.29	\$ 2,135.84	Non-Par	Per Unit
De dielem Comisse	Heavital Outrations	СРТ	74220	V vary vary according to 1 and that	N.	\$ 371.53	ć FC 30	\$ 580.59	Non Day	Doublait
Radiology Services	Hospital Outpatient	CPT	74220	X-ray xm esophagus 1cntrst	No	\$ 3/1.53	\$ 56.38	\$ 580.59	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$ 371.53	\$ 79.34	\$ 594.34	Non-Par	Per Unit
				CT Scan - Abdomen and Pelvis, with		A 2 500 55	A 205 70	4 2 250 20		
Radiology Services	Hospital Outpatient	СРТ	/41//	Contrast	Yes	\$ 2,500.65	\$ 286.79	\$ 3,858.80	Non-Par	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$ 224.35	\$ 76.54	\$ 378.51	Non-Par	Per Unit
24 1 12 12				00.00		A	A	A		B 11 11
Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$ 224.35	\$ 86.65	\$ 394.20	Non-Par	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76811	OB US DETAILED SNGL FETUS	No	\$ 224.35	\$ 198.65	\$ 451.77	Non-Par	Per Unit
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Maternity/Delivery	Hospital Outpatient	CPT	76815	OB US LIMITED FETUS(S)	No	\$ 224.35	\$ 54.75	\$ 373.29	Non-Par	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Dadialam Camiasa	Hamital Outrations	СРТ	70010	Ultraceured December Follow Un	No	\$ 224.35	ć (4.27	\$ 386.56	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	CPT	70010	Ultrasound - Pregnancy Follow-Up	No	\$ 224.35	\$ 64.37	\$ 300.30	NOII-Pai	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76818	FETAL BIOPHYS PROFILE W/NST	No	\$ 224.35	\$ 82.20	\$ 399.21	Non-Par	Per Unit
indeniney, beniery	nospital outputient	C. I	70010	TETAL BIOTHIST NOTICE W/NST	110	ŷ <u>224.55</u>	V 02.20	Ų 333:E1	TOTT OF	i ci oiiic
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$ 224.35	\$ 97.44	\$ 381.13	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	CPT	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$ 224.35	\$ 88.69	\$ 377.20	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	CPT	77080	Bone Density Scan (outpatient)	No	\$ 168.26	\$ 56.29	\$ 262.60	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$ 91.46	\$ 33.80	\$ 149.31	Non-Par	Per Unit
		CDT					A	407.00		
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80307	Drug test prsmv chem anlyzr	No	\$ 147.41	\$ 55.93	\$ 197.92	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 34.21	\$ 10.45	\$ 58.32	Non-Par	Per Unit
Laboratory & Fathology Services	nospital outputient	CIT	01023	offic rest - regitation	140	y 54.21	7 10.43	ÿ 50.52	NOIT OF	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82247	Bilirubin total	No	\$ 42.44	\$ 4.52	\$ 63.11	Non-Par	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82306	Blood Test - Vitamin D-3 Level	No	\$ 195.28	\$ 26.64	\$ 290.38	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82330	Assay of calcium	No	\$ 36.33	\$ 12.31	\$ 54.02	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82375	Assay carboxyhb quant	No	\$ 118.09	\$ 11.09	\$ 175.59	Non-Par	Per Unit

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		33331,773								
Laboratory & Pathology Services	Hospital Outpatient	CPT	82465	Assay bld/serum cholesterol	No	\$ 58.15	\$ 3.92	\$ 23.50	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of ck (cpk)	No	\$ 13.14	\$ 5.86	\$ 19.54	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82552	Assay of cpk in blood	No	\$ 27.05	\$ 12.05	\$ 10.71	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82565	Assay of creatinine	No	\$ 47.70	\$ 7.17	\$ 76.41	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82610	Cystatin c	No	\$ 145.26	\$ 14.17	\$ 216.00	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82668	Assay of erythropoietin	No	\$ 37.95	\$ 16.91	\$ 56.43	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82670	Assay of estradiol	No	\$ 56.40	\$ 25.15	\$ 83.86	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82693	Assay of ethylene glycol	No	\$ 20.99	\$ 13.41	\$ 31.22	Non-Par	Per Unit
		CD.T.	00000	BL 1 11 11		A	A 20.5-	440.55		
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82803	Blood gases any combination	No	\$ 75.94	\$ 20.17	\$ 112.92	Non-Par	Per Unit
Laboratory & Bothslow Co.	Hamital Outrations	CDT	02047	A the admin		ć 22.45	6 5-4	ć 53.50	Non Be	Davida la
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 33.15	\$ 5.51	\$ 53.50	Non-Par	Per Unit
Laboratorii 9 Doth - L C	Heavital Outs-tit	CDT	02005	Assess of leasting of d		ć 20.00	6 40.44	6 43.34	New Dev	Doublait
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$ 28.38	\$ 10.41	\$ 42.21	Non-Par	Per Unit
Laboratom, 9. Doth - L C	Heavital Outs-tit	CDT	02725	Access of managements		6 52.44	6 0.30	6 04.60	New Dev	Doublait
Laboratory & Pathology Services	Hospital Outpatient	CPT	83/35	Assay of magnesium	No	\$ 52.14	\$ 9.38	\$ 84.69	Non-Par	Per Unit

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<u> </u>	Service Setting	code Type	Code	Description	<u> Jervice:</u>	Casii Fiice	Charge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	02000	Assay of natriuretic peptide	No	\$ 178.52	\$ 35.33	\$ 265.46	Non-Par	Per Unit
Laboratory & Pathology Services	nospital Outpatient	CPT	03000	Assay of natritiretic peptide	INO	\$ 176.52	\$ 35.33	\$ 205.40	NOII-Pai	Per Offit
Laboratori & Dathalami Samilaa	Hasnital Outrations	СРТ	04100	A constraint on the combination of the combination	No	\$ 61.56	\$ 6.64	\$ 96.59	Non Day	Dou Huit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84100	Assay of phosphorus	NO	\$ 01.50	\$ 0.04	\$ 96.59	Non-Par	Per Unit
Laboratory & Dathology Convices	Hospital Outpations	CDT	0/122	Assay of sarum natassium	No	\$ 42.30	¢ 6.66	\$ 67.82	Non Dar	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	04132	Assay of serum potassium	No	\$ 42.50	\$ 6.66	\$ 67.62	Non-Par	Per Unit
Laboratoria O Bathalani Candara	Handital Cotton til ant	CDT	04433		N -	ć 42.20	6 666	6 67.00	Mars Dan	Day Haite
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 42.30	\$ 6.66	\$ 67.82	Non-Par	Per Unit
Laborata e O Bathala e Candasa	Usasital Commentions	CDT	04444		N -	ć == 44	ć 40.77	ć 00.00	New Ben	Day Haite
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 55.44	\$ 18.77	\$ 80.90	Non-Par	Per Unit
Laborata e O Bathala e Candasa	Usasital Commentions	CDT	04205	A	N -	ć 43.FC	ć 4.33	6 64.77	New Ben	Day Haite
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$ 43.56	\$ 4.33	\$ 64.77	Non-Par	Per Unit
				DI 17 . 7 . 10:						
				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	No	\$ 56.72	\$ 23.52	\$ 102.31	Non-Par	Per Unit
Laboratory & Bath L. C.	Handral Output	CDT	04400	a auti- disaleum (* 422)		6 60 65	6 40.75	A 440.5=	Non 5	Day Half
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84480	Assay triiodothyronine (t3)	No	\$ 99.64	\$ 12.76	\$ 148.17	Non-Par	Per Unit
Laboratory O Dath - Law Card	Hamital Outpoti sut	CDT	04404	A	N1 -	6 04.50	6 40.35	6 435.60	New Dev	Dou Huit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84484	Assay of troponin quant	No	\$ 84.53	\$ 10.26	\$ 125.69	Non-Par	Per Unit
Laboratory O Dath - Law Card	Hamital Outpoti sut	CDT	04700	Chariania anno det continuto et	N1 -	6 430.63	6 44.55	ć 403.F0	New Dev	Dou Huit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84/02	Chorionic gonadotropin test	No	\$ 130.13	\$ 11.54	\$ 193.50	Non-Par	Per Unit
Laboratory 0 Poll 1 Co.	Handral Outro II	CDT	0504.5	No. of the second		A 27.55	A 245		Non 5	Day Half
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85014	Hematocrit	No	\$ 27.88	\$ 2.13	\$ 41.46	Non-Par	Per Unit
										
			00000							
Laboratory & Pathology Services	Hospital Outpatient	CPT	85240	Clot factor viii ahg 1 stage	No	\$ 47.56	\$ 16.11	\$ 70.72	Non-Par	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
lahamtan G Bathalan Gardaa		CDT	05270	Ethatia da anada a satistica da		ć 55.43	. 7.44	ć 02.42	New Dev	Danilla in
Laboratory & Pathology Services	Hospital Outpatient	СРТ	853/8	Fibrin degrade semiquant	No	\$ 55.42	\$ 7.44	\$ 82.42	Non-Par	Per Unit
Laboratory & Dathology Convices	Hospital Outpatient	СРТ	85613	Russell viper venom diluted	No	\$ 25.46	\$ 8.24	\$ 37.86	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CFI	83013	Russell viper verioni diluteu	NO	3 23.40	3 0.24	\$ 37.80	NOII-Pai	Per Offic
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$ 45.07	\$ 4.96	\$ 82.02	Non-Par	Per Unit
	поорта сагранен		-			+ 10107	·	Ţ 02.02	1101111	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85732	Thromboplastin time partial	No	\$ 13.06	\$ 5.82	\$ 19.42	Non-Par	Per Unit
, ,,	·			· ·						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86140	C-reactive protein	No	\$ 50.17	\$ 4.66	\$ 74.60	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86360	T cell absolute count/ratio	No	\$ 67.25	\$ 42.28	\$ 100.00	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$ 137.38	\$ 24.10	\$ 204.28	Non-Par	Per Unit
			00404	DI				4 04 00		
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86431	Rheumatoid factor quant	No	\$ 54.53	\$ 5.10	\$ 81.08	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86502	Syphilis test non-trep qual	No	\$ 39.12	\$ 3.84	\$ 58.18	Non-Par	Per Unit
Laboratory & Fathology Services	nospital Outpatient	CFT	00332	Syphinis test non-trep quar	NO	y 39.12	y 3.64	y 36.16	IVOITE	. er omt
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$ 39.12	\$ 3.84	\$ 58.18	Non-Par	Per Unit
	p.ran o aspations		22332	- Abrilla sees item steb days		, 55.12	7 3.54	, 55.10		
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$ 59.36	\$ 9.16	\$ 88.26	Non-Par	Per Unit
, 110,11									-	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86677	Helicobacter pylori antibody	No	\$ 29.29	\$ 15.13	\$ 47.20	Non-Par	Per Unit
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lahawatawa Q Bathalawa Cawdaa		CDT	00000	Harrista della consul control.		ć 20.47	6 45.44	ć 44.0C	Man Dan	Day Held
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86692	Hepatitis delta agent antbdy	No	\$ 30.17	\$ 15.44	\$ 44.86	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$ 33.21	\$ 12.41	\$ 122.54	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 89.09	\$ 10.85	\$ 132.48	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86705	HEP B CORE ANTIBODY IGM	No	\$ 23.77	\$ 10.59	\$ 35.35	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$ 102.41	\$ 9.67	\$ 152.28	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86708	Hepatitis a antibody	No	\$ 23.49	\$ 11.15	\$ 34.94	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	\$ 65.86	\$ 12.95	\$ 120.30	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	\$ 26.01	\$ 11.59	\$ 38.68	Non-Par	Per Unit
				86769 - SARS-COV-2 COVID-19						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86769	ANTIBODY	No	\$ 53.26	\$ -	\$ 79.20	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86790	Virus antibody nos	No	\$ 26.01	\$ 11.59	\$ 38.68	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86850	Rbc antibody screen	No	\$ 21.03	\$ 5.00	\$ 31.26	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 253.19	\$ 5.65	\$ 376.50	Non-Par	Per Unit
.aboratory & Pathology Services	Hospital Outpatient	CPT	86885	Coombs test indirect qual	No	\$ 253.19	\$ 5.65	\$ 376.50	Non-Par	Per Unit

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Service Category	<u>Service Setting</u>	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
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 205.88	\$ 3.78	\$ 306.14	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 205.88	\$ 3.78	\$ 306.14	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 62.33	\$ 3.78	\$ 92.68	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 62.33	\$ 3.78	\$ 92.68	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 6.02	\$ 4.84	\$ 8.95	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$ 253.19	\$ 13.44	\$ 376.50	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$ 138.54	\$ 9.29	\$ 206.00	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87110	Chlamydia culture	No	\$ 135.26	\$ 17.64	\$ 201.14	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87340	Lab Test - Detection test for Hepatitis B Surface Antigen	No	\$ 65.75	\$ 9.30	\$ 97.77	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87389	Lab Test - Detection test for HIV-1 and HIV-2	No	\$ 114.26	\$ 21.67	\$ 169.90	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87425	Rotavirus ag ia	No	\$ 38.74	\$ 10.78	\$ 9.58	Non-Par	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Urine Test - Gonorrhoeae						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$ 93.25	\$ 31.58	\$ 138.66	Non-Par	Per Unit
			0.001	(110000110 001101110000 0011111)		7 55:25	-	+ 200:00		
				87635 - SARS-COV-2 COVID-19						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87635	AMP PRB	No	\$ 55.21	\$ -	\$ 82.10	Non-Par	Per Unit
Laboratory a rathology services	Troopital Gatpatient	Ci i	0,000	Altin Tito		y 55:21	<u> </u>	Ç 02.10	Hom r ur	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	СРТ	27792	Detect agent nos dna amp	No	\$ 93.25	\$ 31.58	\$ 138.66	Non-Par	Per Unit
Edboratory & Fathology Services	nospital outpatient	CIT	07730	Detect agent nos una ump	140	ÿ 33.23	31.30	7 130.00	Non-rai	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	СРТ	97990	Strep Test (Streptococcus, group A)	No	\$ 89.94	\$ 19.87	\$ 148.06	Non-Par	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CFI	87880	Strep Test (Streptococcus, group A)	NO	\$ 65.54	3 13.67	3 146.00	NOII-Fai	Per Offic
Laboratory & Dathology Comises	Hospital Outpotiont	СРТ	00105	Elewaytemetry/ts add on	No	\$ 71.19	\$ -	\$ 105.86	Non Day	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	CPI	00103	Flowcytometry/tc add-on	INO	\$ 71.19	3 -	\$ 105.86	Non-Par	Per Unit
Vaccinations	Hospital Outpatient	СРТ	00471	Immunization Administration	No	\$ 44.49	\$ 7.02	\$ 80.64	Non-Par	Per Unit
Vaccinations	Hospital Outpatient	CPT	904/1	Illinumzation Auministration	No	\$ 44.45	\$ 7.02	\$ 60.04	NOII-Pai	Per Onit
				Incomplete and designation for the						
Manatanatana	U	CDT	00473	Immunization Administration Each	N.	ć 43.FC		ć 24.52	Non Den	Deville:
Vaccinations	Hospital Outpatient	СРТ	90472	Additional Component	No	\$ 12.56	\$ -	\$ 31.53	Non-Par	Per Unit
Ch are at have no	Hamital Outpotions	CDT	00442	Chama in infusion 4 has	N-	ć 503.05		6 007.00	New Dev	Dou Unit
Chemotherapy	Hospital Outpatient	СРТ	96413	Chemo iv infusion 1 hr	No	\$ 583.25		\$ 867.28	Non-Par	Per Unit
el il			0044-					4.55.55		
Chemotherapy	Hospital Outpatient	СРТ	96415	Chemo iv infusion addl hr	No	\$ 114.07		\$ 169.62	Non-Par	Per Unit
L										
Chemotherapy	Hospital Outpatient	СРТ	96417	Chemo iv infus each addl seq	No	\$ 114.07		\$ 169.62	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	CPT	70491	Ct soft tissue neck w/dye	No	\$ 1,069.80		\$ 1,590.78	Non-Par	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	71271	Ct thorax lung cancer scr c-	No	\$ 152.19		\$ 226.31	Non-Par	Per Unit
Radiology Services	nospital Outpatient	CFT	/12/1	et thorax lang cancer ser e-	140	ÿ 132.13		ÿ 220.31	NOIFFAI	reronic
Injections	Hospital Outpatient	СРТ	96402	Chemo hormon antineopl sq/im	No	\$ 123.61	\$ 66.86	\$ 169.62	Non-Par	Case Rate
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Pet Scan	Hospital Outpatient	СРТ	78815	Pet image w/ct skull-thigh	No	\$ 3,017.62		\$ 4,487.17	Non-Par	Per Unit
Pet Scan	Hospital Outpatient	СРТ	78816	Pet image w/ct full body	No	\$ 3,017.62		\$ 4,487.17	Non-Par	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	No	\$ 111.89	\$ 46.24	\$ 1,080.34	Non-Par	Per Unit
Madicine Dhysical Madicine and										
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97116	GAIT TRAINING THERAPY	No	\$ 80.30	\$ 22.90	\$ 119.40	Non-Par	Per Unit
Reliabilitation	Hospital Outpatient	CFI	3/110	GAIT TRAINING THERAPT	IVO	\$ 80.30	\$ 22.30	3 119.40	NOII-Pai	rei Ollit
								Service Not		
								Covered by		
Exablate	Hospital Outpatient	СРТ	0398T	Focused Ultrasound	No	\$ 32,139.56	\$ 11,272.90	Payer	Non-Par	Case Rate
Vaccinations	Hospital Outpatient	СРТ	G0008	Admin influenza virus vaccine	No	\$ 70.15	\$ -	\$ 115.23	Non-Par	Per Unit
Manatana	Harrital Outrations	CDT	coocc	a dustrian and a second and at				ć 40.50	Non Box	Dan Hait
Vaccinations	Hospital Outpatient	СРТ	G0009	Admin pneumococcal vaccine	No	\$ 27.43	\$ -	\$ 49.50	Non-Par	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic						
Rehabilitation	Hospital Outpatient	СРТ	97530	Activities	No	\$ 83.07	\$ 17.40	\$ 142.23	Non-Par	Per Unit
Terrasilitation	Troopital Outputient	Ci i	3,330	Production S	110	y 55.07	y 17.40	y 142.23	71011-1 01	. c. ome
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$ 187.14	\$ 77.05	\$ 278.27	Non-Par	Per Unit
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<u>Service Category</u>	<u>Service Setting</u>	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	\$ 96.00	Non-Par	Per Unit
			57.200			+ 207121	72.00	7 55.50		1 61 61
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 492.51	\$ -	\$ 732.35	Non-Par	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$ 0.18	\$ 0.03	\$ 0.34	Non-Par	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$ 2.35	\$ 0.78	\$ 3.28	Non-Par	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$ 30.80	\$ -	\$ 41.47	Non-Par	Per Unit
•										
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$ 816.35	\$ -	\$ 4,336.21	Non-Par	Per Unit
						7 525.55	7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 447.50	\$ 161.58	\$ 614.06	Non-Par	Case Rate
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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 804.56	\$ 167.15	\$ 1,104.03	Non-Par	Case Rate
nospital outputient i roccuare	nospital outputient		11104	Diopsy 1 unen biopsy of skin	110	φ 554.55	7 207123	7 2)204103	11011111	Cube rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 781.92	\$ 157.92	\$ 1,072.96	Non-Par	Case Rate
			2.000			, ,O1.32	+ 137.32	,072.30		
Injections	Hospital Outpatient	СРТ	20610	Arthrocentesis (outpatient)	No	\$ 1,185.82	\$ 182.39	\$ 1,627.20	Non-Par	Case Rate
- Injections	Trospital Outputient		20010	ratinocentesis (outputient)	140	y 1,103.02	7 102.33	7 1,027.20	HOII-I GI	Case nate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	31575	Laryngoscopy - Diagnostic	No	\$ 377.88	\$ 135.86	\$ 518.54	Non-Par	Case Rate
	house a substanta		===:	. , .0	130	, 077.30		, 525.54		
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43235	Diagnostic	Yes	\$ 2,532.81	\$ 61.00	\$ 3,475.56	Non-Par	Case Rate

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Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	_Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43239	Upper Gastrointestinal Endoscopy - With Biopsy	Yes	\$ 3,909.14	\$ 372.00	\$ 5,364.18	Non-Par	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45378	Colonoscopy - Diagnostic (outpatient)	Yes	\$ 2,399.03	\$ 335.79	\$ 3,291.98	Non-Par	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45380	Colonoscopy - With Biopsy (outpatient)	Yes	\$ 2,423.51	\$ 343.06	\$ 3,325.57	Non-Par	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45385	Colonoscopy - With Polyp Removal (outpatient)	Yes	\$ 2,553.22	\$ 354.50	\$ 3,503.56	Non-Par	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 248.09	\$ -	\$ 340.43	Non-Par	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 948.42	\$ 282.78	\$ 1,301.43	Non-Par	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 702.11	\$ 284.76	\$ 963.45	Non-Par	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58100	Biopsy - Endometrial (Uterus)	No	\$ 354.58	\$ 144.00	\$ 486.56	Non-Par	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	\$ 536.76	\$ 48.93	\$ 736.54	Non-Par	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58301	Remove intrauterine device	No	\$ 669.25	\$ 32.34	\$ 918.35	Non-Par	Case Rate
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$ 163.49	\$ 17.40	\$ 80.00	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$ 1,075.17	\$ 136.86	\$ 1,739.13	Non-Par	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
Dadialam Camina	Hamital Outrations	СРТ	72040	V Boy Nook Comical Spins	No	\$ 121.75	ć 27.02	\$ 194.76	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	CPT	72040	X-Ray - Neck, Cervical Spine	INO	\$ 121.75	\$ 37.93	\$ 194.76	NOII-Pai	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$ 224.35	\$ 33.93	\$ 347.31	Non-Par	Per Unit
nadiology services	nospital outputient	Ci i	72070	A nay imagic back, moracic spine	110	V 224100	Ç 33.33	Ç 347.01	TOTT OF	i ci oiiic
				X-Ray, lower back, minimum four						
Radiology Services	Hospital Outpatient	СРТ	72110	-	Yes	\$ 168.26	\$ 52.80	\$ 269.38	Non-Par	Per Unit
Medicine Cardiac Stress Test	Hospital Outpatient	CPT	93017	CARDIOVASCULAR STRESS TEST	No	\$ 487.71	\$ 61.00	\$ 725.22	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	CPT	72170	X-Ray - Pelvis	No	\$ 224.35	\$ 28.72	\$ 344.26	Non-Par	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	\$ 953.92	\$ 322.26	\$ 1,508.46	Non-Par	Per Unit
Hannital Observation Banklass	Userital Contrations	CDT	60270	Handad abancation on bu	N-	ć 255.22	ć 60F.00	ć 24.424.0C	New Dev	Day Heit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G03/8	Hospital observation per hr	No	\$ 255.22	\$ 605.00	\$ 24,131.86	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$ 121.75	\$ 28.33	\$ 192.56	Non-Par	Per Unit
nadiology services	Trospital Outputient	Ci i	73030	x-ray - Shoulder (outpatient)	140	7 121.73	20.33	ÿ 132.30	NOII-1 di	T CT OTHE
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$ 121.75	\$ 30.72	\$ 191.71	Non-Par	Per Unit
	·					•				
Radiology Services	Hospital Outpatient	CPT	70551	MRI BRAIN STEM W/O DYE	No	\$ 1,344.67	\$ 252.20	\$ 2,104.42	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$ 121.75	\$ 37.77	\$ 194.76	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	CPT	73562	X-Ray - Knee (outpatient)	No	\$ 233.07	\$ 36.52	\$ 358.09	Non-Par	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$ 2,005.53	\$ 406.50	\$ 3,179.47	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$ 121.75	\$ 28.31	\$ 192.16	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72197	MRI - Pelvis (outpatient)	No	\$ 2,065.91	\$ 402.71	\$ 3,059.51	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76536	Ultrasound - Head and Neck	No	\$ 224.35	\$ 78.79	\$ 367.82	Non-Par	Per Unit
radiology Services	nospital outputient	CIT	70330	Old a South a Fred and Neck	140	ÿ 224.33	70.73	ÿ 307.0 <u>2</u>	iton-i ui	T CI OIIIC
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$ 121.75	\$ 78.52	\$ 222.48	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$ 224.35	\$ 91.69	\$ 382.85	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$ 224.35	\$ 46.05	\$ 369.56	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76805	Ultrasound - Pregnancy (outpatient)	Yes	\$ 224.35	\$ 100.36	\$ 394.84	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76830	Ultrasound - Transvaginal (non- maternity)	Yes	\$ 224.35	\$ 98.63	\$ 375.88	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76856	Ultrasound - Pelvic (outpatient)	No	\$ 224.35	\$ 70.34	\$ 375.48	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$ 271.82	\$ 107.57	\$ 453.69	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$ 343.48	\$ 135.81	\$ 571.80	Non-Par	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	Shoppable Service?	Discounted Cash Price	Negotiated Charge	Negotiated Charge	Negotiated Charge	Estimate Type
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Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$ 276.60	\$ 109.22	\$ 457.52	Non-Par	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$ 539.40	\$ 336.74	\$ 898.75	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$ 159.70	\$ 11.84	\$ 246.51	Non-Par	Per Unit
				Blood Test - Comprehensive						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80053	Metabolic Panel	Yes	\$ 92.22	\$ 14.78	\$ 148.44	Non-Par	Per Unit
				Blood Test - Cholesterol Test, Lipid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80061	Panel	Yes	\$ 48.09	\$ 12.05	\$ 71.51	Non-Par	Per Unit
				Blood Test - Renal (Kidney)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80069	Function Panel	Yes	\$ 13.92	\$ 8.68	\$ 29.98	Non-Par	Per Unit
				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80076	Function Panel	Yes	\$ 148.16	\$ 11.44	\$ 229.05	Non-Par	Per Unit
Laboratore & Dathalam Comisso	Henrital Outrations	CDT	01001	Urine Test - Automated with	Voc	ć F.22	ć 4.44	ć 20.00	New Dev	Doublait
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81001	Microscope Examination	Yes	\$ 5.22	\$ 4.44	\$ 36.99	Non-Par	Per Unit
Laboratorio O Both do in Comitorio	Unanital Outrations	CDT	04.003	Urine Test - Automated without	V	ć 22.60	A 246	ć 10.15	Non Bon	Day Heli
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 22.60	\$ 3.16	\$ 10.16	Non-Par	Per Unit
				Blood Tost Vitamin P 13						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82607	Blood Test - Vitamin B-12 (Cyanocobalamin) Level	No	\$ 30.42	\$ 13.57	\$ 45.23	Non-Par	Per Unit
				Blood Test - Ferritin (Blood Protein)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82728	-	No	\$ 27.50	\$ 19.09	\$ 55.48	Non-Par	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82746	Blood Test - Folic Acid Level	No	\$ 39.06	\$ 13.23	\$ 58.08	Non-Par	Per Unit
				Blood Test - Blood Glucose Control]
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83036	(Hemoglobin A1C)	No	\$ 73.74	\$ 8.74	\$ 109.65	Non-Par	Per Unit
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Laboratom, & Dathology Comises	Hasnital Outpatient	СРТ	92540	Blood Test - Iron Level	No	\$ 50.28	\$ 9.06	\$ 81.69	Non Dor	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83340	Blood Test - Iron Level	INO	\$ 50.26	\$ 9.00	\$ 61.09	Non-Par	Per Offit
				Blood Test - Lipase (fat enzyme)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	83690	Level	No	\$ 71.87	\$ 6.20	\$ 106.87	Non-Par	Per Unit
				Blood Test - Prostate Specific						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84153	Antigen (PSA) Level	Yes	\$ 67.06	\$ 25.75	\$ 119.39	Non-Par	Per Unit
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Laboratore & Dathalam Comissa	Hernital Outpotions	CDT	04154	DSA (prostate energica entires)	Vac	ć 110.03	ć 10.55	ć 163.60	Non Don	Dou I Init
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84154	PSA (prostate specific antigen)	Yes	\$ 110.02	\$ 16.55	\$ 163.60	Non-Par	Per Unit
				Blood Test - Thyroxine (Thyroid						
Laboratory & Pathology Services	Hospital Outpatient	CPT	84439	Chemical) Level, Free	No	\$ 68.50	\$ 8.12	\$ 101.86	Non-Par	Per Unit
				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443		Yes	\$ 56.72	\$ 23.52	\$ 102.31	Non-Par	Per Unit
Eusoratory a rathology services	nospital outputient	C	01110	Tiormone (1511) Level	163	ÿ 30.72	ÿ 25.52	Ų 102.01	14011141	i ci oiiic
				Plant Tark Complete Plant Comp						
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85025	Count and Automated WBC	Yes	\$ 76.57	\$ 10.88	\$ 122.17	Non-Par	Per Unit
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	CPT	85027	Count (Hemoglobin)	Yes	\$ 62.89	\$ 5.82	\$ 93.52	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85610	Blood Test - Clotting Time	Yes	\$ 44.12	\$ 6.01	\$ 69.81	Non-Par	Per Unit
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Service Category	Service Setting	Code Type	Code	Description	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	Charge	Estimate Type
				Blood Test - Coagulation						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85730	Assessment	Yes	\$ 47.60	\$ 5.41	\$ 70.78	Non-Par	Per Unit
				Blood Test - Hepatitis C Antibody						
Laboratory & Pathology Services	Hospital Outpatient	CPT	86803	Level	No	\$ 69.98	\$ 12.84	\$ 104.06	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87070	Bacterial Culture - Swab	No	\$ 143.43	\$ 7.76	\$ 213.27	Non-Par	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87077	Bacterial Culture - Aerobic Isolates	No	\$ 62.53	\$ 7.27	\$ 92.98	Non-Par	Per Unit
				Test for Disease-Causing						
				(Pathogenic) Organisms, Not						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87081	Limited to a Specific Condition	No	\$ 67.18	\$ 5.97	\$ 124.87	Non-Par	Per Unit
				Urine Test - Bacterial Culture,						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87086	Quantitative Colony Count	No	\$ 85.00	\$ 7.26	\$ 126.40	Non-Par	Per Unit
3,7					_					
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87088	Urine Test - Bacterial Culture	No	\$ 16.35	\$ 7.28	\$ 24.31	Non-Par	Per Unit
	- Company of the Comp	-			_			,		
				Evaluation of Antimicrobial Drug						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87186	(antibiotic, antifungal, antiviral)	No	\$ 71.55	\$ 7.79	\$ 106.40	Non-Par	Per Unit
	Promise and waren			and the state of t				. 255.40		
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87205	Lab Test - Smear for Microorganism	No	\$ 51.65	\$ 3.84	\$ 76.81	Non-Par	Per Unit
Education y & Faction of y Services	Trospital Outputient	Ci i	3,203	200 FOR Sincular for Microol gariisiii	140	φ 51.03	Ç 3.04	7 70.01	HOIL GI	. c. oc
Laboratory & Pathology Convices	Hospital Outpations	СРТ	97/101	Urine Test - Chlamudia	No	\$ 112.18	\$ 31.58	\$ 166.82	Non Par	Por Unit
Laboratory & Pathology Services	Hospital Outpatient	CFI	0/431	Urine Test - Chlamydia	IVU	112.18	y 31.38	y 100.82	Non-Par	Per Unit
				Lab Test - Detection test for						
Laboratory & Datheless Comit	Hospital Outpotiont	CDT	07004		N-	\$ 35.62	ć 10.03	\$ 62.34	Non Den	Dorlinit
Laboratory & Pathology Services	Hospital Outpatient	CPT	6/804	Influenza Virus	No	\$ 35.62	\$ 19.82	\$ 62.34	Non-Par	Per Unit

						-	-		Amount We	
									Estimate You	
Last Updated: 12/14/2022									Will Owe *	
To Search for a service Click "CTRL" + "F"										
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
Vaccination	Hospital Outpatient	СРТ	90670	Vaccine - Pneumococcal Conjugate for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 439.37	Non-Par	Per Unit
Vaccination	Hospital Outpatient	СРТ	90715	Vaccine - Tetanus, Diptheria Toxoids, and Acellular Pertussis (Whooping Cough) for Injection into Muscle	No	\$ 57.74	\$ -	\$ 139.46	Non-Par	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$ 109.68	\$ -	\$ 172.64	Non-Par	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97032	Physical Therapy - Manual Electrical Stimulation Therapy, 15 minutes	No	\$ 32.34	\$ 12.56	\$ 48.10	Non-Par	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97035	Physical Therapy - Ultrasound Therapy	No	\$ 27.85	\$ 11.95	\$ 41.41	Non-Par	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97110	Physical Therapy - Therapeutic Exercises	Yes	\$ 91.82	\$ 17.40	\$ 136.53	Non-Par	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97112	Physical Therapy - Neuromuscular Reeducation	No	\$ 72.35	\$ 26.14	\$ 107.58	Non-Par	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97140	Physical Therapy - Manual Therapy	No	\$ 58.15	\$ 23.73	\$ 108.21	Non-Par	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97161	Physical Therapy - Low Complexity Evaluation	No	\$ 173.88	\$ 71.97	\$ 258.56	Non-Par	Per Unit

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					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
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Service Category	Service Setting	Code Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u>Service Category</u>	Service Setting	Code Type	Code	Description	<u>Jervice:</u>	Casii Fiice	Charge	Charge	Charge	Estillate Type
Medicine Physical Medicine and				Physical Therapy - Moderate						
Rehabilitation	Hospital Outpatient	СРТ	97162	Complexity Evaluation	No	\$ 173.88	\$ 71.97	\$ 96.00	Non-Par	Per Unit
Reliabilitation	nospital Outpatient	CFI	3/102	Complexity Evaluation	NO	3 173.88	\$ 71.57	\$ 90.00	NOIFFAI	rei oiiit
Medicine Physical Medicine and				Physical Therapy - High Complexity						
Rehabilitation	Hasnital Quitnotions	СРТ	07163	Evaluation	No	\$ 173.88	\$ 71.97	\$ 258.56	Non-Par	Per Unit
Reliabilitation	Hospital Outpatient	CPI	3/103	Evaluation	NO	\$ 1/3.00	\$ 71.97	\$ 256.50	NOII-Pai	Per Unit
Madisina Physical Madisina and										
Medicine Physical Medicine and	Henrital Outrations	CDT	07164	Physical Thereny, Be Evaluation	Na	ć 117.2C	ć 49.67	ć 174.27	Non Don	Dou I Init
Rehabilitation	Hospital Outpatient	СРТ	9/164	Physical Therapy - Re-Evaluation	No	\$ 117.26	\$ 48.67	\$ 174.37	Non-Par	Per Unit
Bandinian Dhaminal Bandinian and				Physical Theorem Colf come on						
Medicine Physical Medicine and				Physical Therapy - Self-care or				400.55		
Rehabilitation	Hospital Outpatient	СРТ	97535	Home Management Training	No	\$ 71.27	\$ -	\$ 132.65	Non-Par	Per Unit
				For a series of Ministry						
			00004	Emergency Department Visit -			å 74.00	å 200.47		
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Minor (outpatient)	No	\$ 218.75	\$ 74.98	\$ 300.17	Non-Par	Case Rate
			00000	Emergency Department Visit - Low		404.00	A 00.50	á		
Emergency Room Visit	Hospital Outpatient	СРТ	99282	Complexity (outpatient)	No	\$ 404.82	\$ 93.52	\$ 555.50	Non-Par	Case Rate
		CD.T.	00000	Emergency Department Visit -			A			
Emergency Room Visit	Hospital Outpatient	СРТ	99283	Moderate Complexity (outpatient)	No	\$ 929.87	\$ 182.62	\$ 1,275.98	Non-Par	Case Rate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ	99284	Higher Complexity (outpatient)	No	\$ 2,470.23	\$ 270.43	\$ 3,389.68	Non-Par	Case Rate
				Emergency Department Visit - High						_
Emergency Room Visit	Hospital Outpatient	CPT	99285	Complexity (outpatient)	No	\$ 3,326.63	\$ 458.20	\$ 4,564.84	Non-Par	Case Rate

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Last Updated: 12/14/2022									Will Owe *	
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					<u>CMS</u>		De-Identified		Payer-	
					Required		<u>Minimum</u>	Maximum	<u>Specific</u>	
					Shoppable	Discounted	Negotiated	<u>Negotiated</u>	<u>Negotiated</u>	
Service Category	Service Setting	Code Type	Code	Description	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	Charge	Estimate Type
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	CPT	99291	Critical Care (outpatient)	No	\$ 19,712.86	\$ 425.50	\$ 27,050.24	Non-Par	Case Rate