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Blue Cross/Blue Shield Tennessee										
Commercial Network S	Last Updated: 12/7/2020									
COMMERCIAL NETWORK 3	Last Opuateu. 12/7/2020								Amount We	
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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	<u>Type</u>	<u>Code</u>	<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
										Case Rate-
										Excluding
										Professional
										Charges which
										are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	\$ 22,180.96	\$ 5,517.78	\$ 31,074.55	\$11,243.37	CPT/HCPCS
										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	\$ 89 541 22	\$ 16,237.64	\$ 58,989.92	\$40,218.35	CPT/HCPCS
mospital impatient stay	nospital inpatient	DING	400	or complications (wice)	163	7 05,541.22	ÿ 10,237.04	30,303.32	Ç40,210.33	ci i/iici cs
										Case Rate-
										Excluding
				Major joint replacement or						Professional
				reattachment of lower extremity						Charges which
				without major comorbid conditions		4 20 5-	4 00-01-	A 07 -01 5	400 555 05	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	470	or complications (MCC).	Yes	\$ 26,747.32	\$ 8,070.44	\$ 37,721.88	\$28,411.80	CPT/HCPCS
										Case Rate-
										Excluding
				Cervical spinal fusion without						Professional
				comorbid conditions (CC) or major						Charges which
				comorbid conditions or						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	473	complications (MCC).	Yes	\$ 37,083.10	\$ 10,123.74	\$ 62,430.00	\$25,951.88	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
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	480	MAJOR JOINT W MCC	No	\$ 69,180.99	\$ 12,375.85	\$ 48,933.51	\$29,238.50	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	\$ 45,651.13	\$ 8,559.98	\$ 38,996.68	\$25,994.38	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				LUB EELAUD DDOOEDUBES EVEEDE						Charges which
Hannikal Innations Chan	Hamital Innations	DDC	403	HIP FEMUR PROCEDURES EXCEPT	NI-	¢ 20.004.20	¢ 674572	ć 27.724.2E	\$40 C4E 2E	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	482	MAJOR JOINT W/O CC/MCC	No	\$ 36,964.29	\$ 6,745.73	\$ 37,731.25	\$19,645.35	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	\$ 45 467 21	\$ 9,439.20	\$ 41,283.64	\$22 107 39	CPT/HCPCS
nospital inpatient stay	Hospital Ilipaticiit	סאום	773	EXCEPT THE, LOOT, PEIVIOR W CC	140	y 73,407.21	02،430،20 ب	y 71,203.04	722,107.33	GF 1/11CFC3

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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
										Case Rate-
										Excluding
										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	\$ 34,101.03	\$ 7,426.74	\$ 43,066.25	\$15,091.05	CPT/HCPCS
nospital inputient stay	nospital inputient	DING	434	ec, wee	140	\$ 54,101.05	7 7,420.74	7 43,000.23	713,031.03	Ci i/iici cs
										Corre Dotto
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										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	\$ 18,033.90	\$ 3,828.29	\$ 28,968.03	\$7,533.83	CPT/HCPCS
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										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	MCC	No	\$ 16,643.21	\$ 4,255.93	\$ 31,015.82	\$8,375.41	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	\$ 12,941.86	\$ 2,955.18	\$ 26,002.03	\$5,815.61	CPT/HCPCS
				•						•

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	928	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	No	\$ 100,447.05	\$ 21,639.28	\$ 150,000.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	929	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	No	\$ 53,042.00	\$ 6,540.49	\$ 50,000.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	935	NON-EXTENSIVE BURNS	No	\$ 21,298.22	\$ 3,301.83	\$ 50,000.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	956	LIMB REATTACHMENT, HIP FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	No	\$ 105,373.59	\$ 16,085.53	\$ 200,000.00		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
Hospital Inpatient Stay	Hospital Inpatient	DRG	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	No	\$ 139,128.72	\$ 30,888.17	\$ 200,000.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	No	\$ 73,933.71	\$ 17,182.69	\$ 125,000.00		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	\$ 34,761.85	\$ 6,123.35	\$ 50,000.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	No	\$ 10,335.01	\$ 2,464.00	\$ 27,462.61		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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										Case Rate-
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										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	783	STERILIZATION W MCC	No	\$ 11,915.22	\$ 3,570,00	\$ 39,605.25	\$18,547.68	CPT/HCPCS
indeniney, belivery	Troopital Impatient	Ditto	700	STERREIE/ATTOTA W INTEC	110	ψ 11,515.EE	7 3,370.00	ψ 33,003.23	710,547100	Ci 1/11Ci Co
										Corre Doto
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	784	STERILIZATION W CC	No	\$ 9,940.40	\$ 3,570,00	\$ 27,865.12	\$11,710.91	CPT/HCPCS
indentity, benvery	Troopital Impatient	DIG	704	STERREIE/KITOTO VV CC	140	\$ 3,340.40	7 3,370.00	Ç 27,003.12	ψ11)/ 10:31	Ci 1/11Ci Co
										Corre Dotte
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	785	STERILIZATION W/O CC/MCC	No	\$ 8,988.27	\$ 3,519.44	\$ 25,870.71	\$8,984.28	CPT/HCPCS
materiney, belivery	Troopital Impatient	DIG	703	STERRED TO TO TO CONTINUE	140	Ç 0,500.27	ÿ 3,515144	\$ 25,070171	40,504.20	Ci 1/iici Co
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	786	STERILIZATION W MCC	No	\$ 12,696.27	\$ 3,570,00	\$ 35,011.06	\$16,521.30	CPT/HCPCS
The state of the s		2113	, 30	T. I.	140	7 12,030.27	- 5,570.00	+ 33,011.00	710,021.00	c. 1/11c1 co
										Corre Doi:
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	787	STERILIZATION W CC	No	\$ 11 222 50	\$ 2825.00	\$ 27,868.32	\$11,487.77	CPT/HCPCS
materinty/ Denvery	nospital inpatient	סווט	707	STERREIZATION W CC	140	¥ 11,322.33	0000،00	¥ 21,000.32	711, 101. 11	Ci 1/11CFC3

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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	788	CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	No	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$9,570.84	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	No	\$ 1,400.10	\$ 626.89	\$ 18,705.56	\$1,233.68	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	797	VAGINAL DELIVERY W STERILIZATION/D&C W CC	No	\$ 12,785.73	\$ 2,464.00	\$ 25,917.69	\$8,999.16	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	798	VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	No	\$ 10,897.11	\$ 2,464.00	\$ 25,917.69	\$8,999.16	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	805	VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	No	\$ 10,518.03	\$ 2,464.00	\$ 27,817.08	\$10,872.52	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	806	STERILIZATION/D&C W CC	No	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	\$7,516.83	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	807	STERILIZATION/D&C W/O CC/MCC	No	\$ 7,318.91	\$ 2,464.00	\$ 23,397.98	\$6,524.36	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital						_			_	are paid by
Stay	Inpatient Rehabilitation Hospital	DRG	945	REHABILITATION W CC/MCC	No	N/A	\$ 14,553.00	\$ 14,553.00	N/A	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
Innations Debabilities to the control										Charges which
Inpatient Rehabilitation Hospital	Innetions Debabilitation II	DDC	046	DELIABILITATION W/O CC/24CC		N/A	ć 10.070.00	ć 10.070.00	N1/0	are paid by
Stay	Inpatient Rehabilitation Hospital	DKG	946	REHABILITATION W/O CC/MCC	No	N/A	\$ 10,870.00	\$ 10,870.00	N/A	CPT/HCPCS
						52% Charges				
						Estimated at				
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per			\$826 Per	Per Diem Per
Stay	Inpatient Rehabilitation Hospital	LIB	118	Room & Board	No	52,341.30 Per Diem			Diem	Day
Jiay	inpatient nenabilitation nospital	OB	110	Nooni & Doard	NO	Dieiii			Dieiii	Day

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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
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	559	AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC	No	n/A	\$ 18,018.00	\$ 18,018.00	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	560	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	No	N/A	\$ 10.435.00	\$ 10,435.00	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	561	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	No	N/A		\$ 7,474.00	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Long Term Acute Care Inpatient Stay	Inpatient Long-Term Care Hospital	DRG	LTC189	Pulmonary edema respiratory failure	No	N/A	\$ 74,931.49	\$ 74,931.49	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Long Term Acute Care Inpatient Stay	Inpatient Long-Term Care Hospital	DRG	LTC207	Respiratory system diagnosis w ventilator support >96 hours	No	N/A	\$ 37,703.24	\$ 37,703.24	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Typ
						70% Charges				
						(Estimated as				
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Long Term Care Intensive Care		\$6,047.26 per	\$1,040 Per	\$1,929 Per	\$1,832 Per	Per Diem Per
Stay	Hospital	UB	200	Room & Board	No	diem)	Diem	Diem	Diem	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &						\$1,109.30 Per			\$253 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			\$333 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	\$ 299.70	\$ 850.00	Diem	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 3- Complex		\$1,109.30 Per			\$564 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	193	Care	No	Diem	\$ 370.00	\$ 850.00	Diem	Day
									44.0	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$1,243.00	Case Rate
Hospital Outpatient Presedure	Hospital Outpoticat	CDT	11100	Pioney Dunch Bioney of Chin	NI -	¢ 504.03	6 167.15	ć 1 030 27	¢1 242 00	Cose Poto
Hospital Outpatient Procedure	Hospital Outpatient	CPT	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$1,243.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$1,291.36	Case Rate
nospital Outpatient Frocedure	nospital outpatient	CFI	17000	best detion of Lesion (outpatient)	140	7 1,131.70	7 137.32	7 1,034.10	91,291.30	case nate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$1,738.57	Case Rate
	brear a archaelene	-	_5505	May 11110A		7 5,0021.42	÷ 301.23	-,50-1.50	7-,. 30.37	5000.1000

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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
						N/A No			N/A No	
				Removal of 1 or more breast		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19120	growth, open procedure	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Thospital Gutputient Focedure	Trospital Gatpatient	Ci i	13120	growth, open procedure	103	Volume	Y	•	voidine	case nate
Inications	Hannital Outrations	CDT	20010	Authoropotopic (autoptiont)	No	ć 270 F0	ć 103.30	ć 1 4C1 72	ć1 212 10	Cons Data
Injections	Hospital Outpatient	СРТ	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$1,312.19	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	27818	Treatment of ankle fracture	No		\$ 395.00	\$ 2,581.00	\$2,131.52	Case Rate
						N/A No			N/A No	
						Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	29826	Arthroscopic Shoulder Surgery	Yes	Volume	\$ -	\$ -	Volume	Case Rate
						N/A No			N/A No	
				Arthroscopic Knee Surgery		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	29881	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
							-			
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	31575	Laryngoscopy - Diagnostic	No	\$ 449.87	\$ 135.86	\$ 1,978.02	\$1,342.01	Case Rate
	- Copinal Carpanent	C	31373	zaryngoscopy ziagnosac	110	Ţ 115167	+ 200.00	+ -,	+-,-	000011010
Hasnital Outpatient Brosedure	Hospital Outpations	CDT	22555	Asnirate plaura w/imaging	No	\$ 608.39	\$ 288.54	ć 1.0E2.06	¢1 40E 90	Casa Bata
Hospital Outpatient Procedure	Hospital Outpatient	CPT	32555	Aspirate pleura w/ imaging	No	-	\$ 288.54	\$ 1,852.06	\$1,405.89	Case Rate
						N/A No			N/A No	
				Tonsillectomy with Adenoidectomy		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	42820	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43235	Diagnostic	Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$1,428.11	Case Rate
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43239	With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$1,452.52	Case Rate
				Colonoscopy - Diagnostic						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45378	(outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$1,521.88	Case Rate
			45576	(Carpacient)		y 2,117.00	÷ 333.73	÷ 2,220.00	Q1,021.00	- Case Hate
				Colonoscopy With Bionsy						
Hoositel Outpotiont Brooding	Heavital Outrations	CDT	45300	Colonoscopy - With Biopsy	Voc	ć 2.002.cc	ć 242.0C	6 4 110 45	Ć1 70F 34	Cose Dete
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45380	(outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$1,795.21	Case Rate

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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
				Colonoscopy - With Polyp Removal						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45385	(outpatient)	Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	\$1,876.68	Case Rate
						N/A No			N/A No	
				Ultrasound examination of lower		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45391	large bowel using an endoscope	Yes	Volume	\$ -	\$ -	Volume	Case Rate
							T	*		
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	47562	Gall Bladder Surgery (outpatient)	Yes	\$ 12,062.52	\$ 504.75	\$ 18,374.88	\$3,435.56	Case Rate
Trospital Gatpatient Focedare	nospital Gatpatient	CIT	47302	Gui Biadaci Saigery (Satpatient)	163	ÿ 12,002.52	у 304.73	Ç 10,07 4.00	43,433.30	cuse nate
Hospital Quitnationt Brosodura	Hospital Outpotiont	CDT	40440	Diaco gostrostomy tubo nore	Ne	\$ 3,111.60	¢ 44E 12	¢ 2.166.61	¢1 90E 00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$1,805.99	Case Rate
				Repair of groin hernia patient age 5						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49505	years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$2,937.86	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	51798	Urine Capacity Measurement	No	\$ 97.04	\$ -	\$ 1,579.20	\$1,270.09	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$1,422.61	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	\$ 284.76	\$ 2,631.84	\$1,927.29	Case Rate
				Surgical removal of prostate and		N/A No	N/A No	N/A No	N/A No	
				surrounding lymph nodes using an		Service	Service	Service	Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	55866	endoscope	Yes	Volume	Volume	Volume	Volume	Case Rate
•										
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58100	Biopsy - Endometrial (Uterus)	No	\$ 375.83	\$ 144.00	\$ 1,697.39	\$1,373.11	Case Rate
	Income of a selection		20200	2,27			, 211130	, _,,,,,,,,	+-,-,-	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	\$ 632.24	\$ 48.93	\$ 1,749.37	\$1,568.06	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CFI	30300	macre intrauterine device	140	9 032.24	y 40.33	y 1,743.37	91,500.00	case nate
Heavital Outretient Burnelin	Hamital Outpotions	CDT	E0304	Demonstrative desire	N1 =	6 272.65	6 22.22	6 1 405 50	64 242 52	Cons Dot-
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58301	Remove intrauterine device	No	\$ 273.85	\$ 32.34	\$ 1,495.58	\$1,343.52	Case Rate

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Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?			Min Nego	nimum otiated	No.	<u>laximum</u>	Payer- Specific Negotiated Charge	Estimate Type
Hospital Outpatient	СРТ	59025	Fetal Non-Stress Test	No	Ś	260.79	Ś	118.53	Ś	1.596.22	\$1.285.96	Case Rate
			Routine obstetric care for vaginal delivery, including pre-and post-		•				ė			Case Rate
Professional Services	CFI	39400	delivery care	163	7 4	,430.21	٦	242.00	Ą	3,270.40	\$3,047.00	Case Nate
Professional Services	СРТ	59410	Obstetrical care	No	\$ 2	,230.06	\$	133.91	\$	1,625.81	\$1,511.05	Case Rate
			Routine obstetric care for cesarean									
Professional Services	CDT	E0E10		Vos	ė 1	066 56	ė	246 DE	ė	2 610 12	\$2.262.66	Case Rate
Professional Services	CPT	59510	•	res	3 4	,900.50	ş	240.03	Ģ	3,019.13	\$3,303.00	Case Nate
			_									
Professional Services	CPT	59610		Yes	\$ 4	,706.58	\$	305.08	\$	3,429.34	\$3,187.27	Case Rate
			Injection of substance into spinal canal of lower back or sacrum using									
Hospital Outpatient	CPT	62322		Yes	\$ 1	,055.18	\$	379.33	\$	1,880.39	\$1,377.08	Case Rate
			· ·									
			_					205.04		4 000 00	44 205 42	
Hospital Outpatient	CPI	62323		Yes	\$ 1	,665.98	>	305.01	>	1,988.33	\$1,396.43	Case Rate
			_									
Hospital Outpatient	СРТ	64483		Yes	\$ 1	,776.21	\$	358.46	\$	1,980.49	\$1,662.85	Case Rate
					N/	A No					N/A No	
			Removal of recurring cataract in								Service	
Hospital Outpatient	CPT	66821	Iens capsule using laser	Yes			\$	-	\$	-		Case Rate
			Removal of cataract with insertion									
Hospital Outpatient	СРТ	66984		Ves			s	_	Ś	_		Case Rate
Troopital Outputient	CFI	30304	OT ICID	163	VOI	unic	Υ	_	Y	-	volunic	case nate
Hospital Outpatient	СРТ	69210	Remove impacted ear wax	No	Ś	168.99	Ś	48.93	Ś	1.604.78	\$1,292,05	Case Rate
	Professional Services Professional Services Professional Services Professional Services Hospital Outpatient Hospital Outpatient	Hospital Outpatient CPT Professional Services CPT Professional Services CPT Professional Services CPT Professional Services CPT Hospital Outpatient CPT	Service Setting Type Code	Type Code Description	Service Setting Code Type Code Description Professional Services CPT S9400 Code Description Routine obstetric care for vaginal delivery, including pre-and post-delivery, including pre-and post-delivery care Professional Services CPT S9510 Routine obstetric care for cesarean delivery, including pre-and post-delivery after prior cesarean delivery after prior cesarean delivery including pre-and post-delivery care Professional Services CPT S9610 Routine obstetric care for vaginal delivery care Yes Injection of substance into spinal canal of lower back or sacrum using imaging guidance Yes Injection of substance into spinal canal of lower back or sacrum using imaging guidance Yes Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging Hospital Outpatient CPT G4483 Gemoval of recurring cataract in Hospital Outpatient CPT G6821 Iens capsule using laser Yes Removal of cataract with insertion of lens Yes	Service Setting Type Code Description Service Discription Discription	Service Setting Type Code Description Service Setting Type Code Description Code	Service Setting Code Description Service Cash Price Cash P	Code Description Service Cash Price Cash Price	Service Setting Type Code Description Service? Cash Price Cash Price	Service Setting Type Code Description Service? Code Description Service? Cash Price Cash	Service Setting Type Code Description Service? Cash Price Code Description Service? Cash Price Cash Price Charge C

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Ca	sh Price		harge		Charge	<u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	No	\$	901.06	\$	127.22	\$	1,318.18	\$232.54	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	Yes	\$	901.06	\$	127.22	\$	1,318.18	\$232.54	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70482	Ct orbit/ear/fossa w/o&w/dye	No	\$	2,339.66	\$	207.79	\$	2,657.02	\$645.40	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$	1,668.57	\$	127.52	\$	2,259.85	\$402.26	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70496	Ct angiography head	No	\$	1,871.05	\$	223.05	\$	1,996.31	\$903.65	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$	1,632.72	\$	223.05	\$	1,677.63	\$942.26	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$	1,518.19	\$	252.20	\$	2,270.30	\$470.27	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$	2,314.59	\$	406.50	\$	3,409.54	\$762.53	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$	138.11	\$	19.91	\$	181.37	\$35.29	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$	148.99	\$	31.50	\$	193.55	\$57.45	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$	205.20	\$	38.07	\$	271.73	\$78.19	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$	1,024.52	\$	141.11	\$	1,468.48	\$373.83	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
				CT Scan - Chest, with Contrast						
Radiology Services	Hospital Outpatient	CPT	71260	(outpatient)	No	\$ 1,448.52	\$ 200.76	\$ 2,034.88	\$469.21	Per Unit
Radiology Services	Hospital Outpatient	CPT	71275	Ct angiography chest	No	\$ 1,935.65	\$ 226.19	\$ 2,092.27	\$732.81	Per Unit
Radiology Services	Hospital Outpatient	CPT	72040	X-Ray - Neck, Cervical Spine	No	\$ 154.65	\$ 37.93	\$ 204.42	\$68.48	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$ 251.61	\$ 33.93	\$ 338.99	\$64.05	Per Unit
naulology Services	nospital Outpatient	CFI	72070	X-Ray - Wildule Back, Tiloracic Spine	NO	\$ 231.01	33.33	338.55	304.03	reronic
Dadialam, Samiana	Hannital Outrations	CDT	72100	V Boy Crime (outmetient)	N	ć 100.cc	ć 37.03	ć 20F 42	¢60.40	Day Unit
Radiology Services	Hospital Outpatient	CPT	72100	X-Ray - Spine (outpatient)	No	\$ 199.60	\$ 37.93	\$ 265.13	\$68.48	Per Unit
				V D						
B # 1				X-Ray, lower back, minimum four		A 242.54			404.00	
Radiology Services	Hospital Outpatient	CPT	72110	views	Yes	\$ 213.64	\$ 52.80	\$ 284.93	\$94.32	Per Unit
Radiology Services	Hospital Outpatient	CPT	72125	Ct neck spine w/o dye	No	\$ 1,459.37	\$ 136.86	\$ 1,750.92	\$380.86	Per Unit
Radiology Services	Hospital Outpatient	CPT	72126	Ct neck spine w/dye	No	\$ 1,293.16	\$ 260.86	\$ 1,821.59	\$469.83	Per Unit
Radiology Services	Hospital Outpatient	CPT	72127	Ct neck spine w/o & w/dye	No	\$ 1,815.93	\$ 201.73	\$ 2,118.48	\$569.09	Per Unit
Radiology Services	Hospital Outpatient	CPT	72129	Ct chest spine w/dye	No	\$ 1,520.66	\$ 199.82	\$ 1,805.90	\$469.83	Per Unit
				-						
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/dye	No	\$ 1,518.43	\$ 260.86	\$ 1,805.90	\$468.27	Per Unit
-07	V			11 10 10 10 10 10	-	. ,5223.0		, ,555.30		2 2 3
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/o & w/dye	No	\$ 1,904.42	\$ 201.90	\$ 2,238.70	\$569.46	Per Unit
Hadiology Scivices		0.1	, 2133	or idinibul spilic w/o or w/uye	140	y 1,504.42	y 201.30	y 2,230.70	7303. 4 0	. Cr Omt

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Podiology Comission	Harristal Outrations			MADI NIECK CDINE W/O DVE		ć 4.444.04	ć 252.20	ć 2477.44	6472.24	Dan Hait
Radiology Services	Hospital Outpatient	СРТ	/2141	MRI NECK SPINE W/O DYE	No	\$ 1,441.84	\$ 252.20	\$ 2,177.11	\$472.34	Per Unit
			70440	24D1 D 1 (1 1 1)		4 204 40	4 252.22	A 0.407.40	4465.00	
Radiology Services	Hospital Outpatient	СРТ	/2148	MRI - Back (outpatient)	Yes	\$ 1,381.13	\$ 252.20	\$ 2,137.12	\$465.22	Per Unit
De dielem Comitee	Harristal Outrations			V Para Palada		ć 240.04	ć 20.72	ć 227.40	ČEE 4E	Dan Hait
Radiology Services	Hospital Outpatient	СРТ	/21/0	X-Ray - Pelvis	No	\$ 249.04	\$ 28.72	\$ 327.10	\$55.15	Per Unit
				V DAV 5VAAA OF DELVES		4 200 52	4 20.50	A 254 72	404 50	
Radiology Services	Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$ 208.53	\$ 39.60	\$ 264.73	\$84.59	Per Unit
									4	
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	\$ 1,536.96	\$ 197.29	\$ 2,142.05	\$463.91	Per Unit
									44	
Radiology Services	Hospital Outpatient	СРТ	72197	MRI - Pelvis (outpatient)	No	\$ 2,448.72	\$ 402.71	\$ 3,522.33	\$1,037.20	Per Unit
									4	
Radiology Services	Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$ 147.59	\$ 22.40	\$ 185.92	\$56.58	Per Unit
									404.04	
Radiology Services	Hospital Outpatient	СРТ	73010	X-ray exam of shoulder blade	No	\$ 196.93	\$ 26.01	\$ 251.93	\$61.84	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$ 149.50	\$ 28.33	\$ 196.92	\$59.16	Per Unit
				V DAV 5VAAA OF 11110455115			4 20 25	405.55	455.00	
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$ 147.62	\$ 29.40	\$ 195.82	\$56.22	Per Unit
L									4	
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$ 146.83	\$ 25.07	\$ 191.42	\$55.31	Per Unit
L									400	
Radiology Services	Hospital Outpatient	CPT	73080	X-RAY EXAM OF ELBOW	No	\$ 122.83	\$ 26.72	\$ 154.02	\$66.49	Per Unit

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Radiology Services	Hospital Outpatient	CPT	73090	X-RAY EXAM OF FOREARM	No	\$ 117.10	\$ 26.40	\$ 151.82	\$54.21	Per Unit
L									4	
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$ 156.52	\$ 30.72	\$ 196.19	\$75.95	Per Unit
Radiology Services	Hospital Outpatient	CPT	73120	X-RAY EXAM OF HAND	No	\$ 192.03	\$ 24.40	\$ 249.73	\$53.42	Per Unit
Radiology Services	Hospital Outpatient	CPT	73130	X-Ray - Hand	No	\$ 151.54	\$ 32.72	\$ 198.42	\$64.90	Per Unit
Radiology Services	Hospital Outpatient	CPT	73221	MRI - Shoulder, Elbow, or Wrist	No	\$ 1,211.82	\$ 246.65	\$ 1,702.46	\$495.90	Per Unit
Radiology Services	Hospital Outpatient	CPT	73502	X-Ray - Hip	No	\$ 129.58	\$ 37.77	\$ 197.91	\$80.52	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$ 150.51	\$ 29.51	\$ 189.38	\$62.41	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$ 201.92	\$ 32.40	\$ 266.82	\$59.49	Per Unit
,						7	, ,	7	700110	
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$ 263.50	\$ 36.52	\$ 351.25	\$73.34	Per Unit
3, 50			75552	and touchaster,		÷ 200,00	÷ 55.52	7 332123	Ţ70.0.	
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$ 239.62	\$ 32.40	\$ 321.48	\$53.09	Per Unit
The division of the control of the c	Trospital Outputient	CFI	73330	A Tay exam of lower leg	140	233.02	9 32.40	9 321.40	755.05	. c. ome
Radiology Services	Hospital Outpations	СРТ	73600	Y-DAY EXAM OF ANKLE	No	\$ 191.55	\$ 31.98	\$ 278.60	\$55.77	Por Unit
Radiology Services	Hospital Outpatient	CPT	/3000	X-RAY EXAM OF ANKLE	INU	3 131.55	\$ 31.98	φ 2/6.0U	\$55.77	Per Unit
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Radiology Services	Hospital Outpatient	CPT	/3610	X-Ray - Ankle (outpatient)	No	\$ 239.05	\$ 25.72	\$ 311.14	\$66.49	Per Unit

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Padialana Cambaa	Hamital Contractions		70.000	V DAY EVANA OF FOOT		_	400.34		20.04		262.24	ć=2.20	Day Heli
Radiology Services	Hospital Outpatient	СРТ	/3620	X-RAY EXAM OF FOOT	No	\$	196.24	>	29.81	\$	262.21	\$53.39	Per Unit
De diele en Comitee		CDT	72620	V Day (Fact (autoritions)	N		246.65		22.05	,	200.60	662.45	Des Heite
Radiology Services	Hospital Outpatient	СРТ	/3630	X-Ray - Foot (outpatient)	No	\$	216.05	>	33.95	\$	289.60	\$62.15	Per Unit
De dielem Comitee	Hamital Cotton tions			CT LOWER EXTREMITY M/O DVE		_	4 224 00		124.04		4 400 03	6272.00	Described.
Radiology Services	Hospital Outpatient	СРТ	/3/00	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	\$.	134.01	>	1,400.92	\$372.98	Per Unit
B # 1				2421 1/4 1/4 1/4 1/4			4 224 22				4 000 00	4405.50	
Radiology Services	Hospital Outpatient	СРТ	73721	MRI - Knee (outpatient)	Yes	\$	1,224.32	\$ 4	246.65	\$	1,828.36	\$496.68	Per Unit
			74040	V.D. 41.1			445.64		20.24		400 76	A=4 0=	
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	145.61	\$	28.31	\$	189.76	\$51.97	Per Unit
De dielem Comitee	Hamital Cotton tions	CDT		Stabilización (s. des		_	077.64		42.20		4 446 00	ć202.0C	Day Heli
Radiology Services	Hospital Outpatient	СРТ	/4150	Ct abdomen w/o dye	No	\$	977.64	\$.	142.38	>	1,446.99	\$282.86	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$	1,824.18	\$ 4	207.86	\$	2,144.29	\$545.77	Per Unit
				CT Scan - Abdomen and Pelvis, with								4	
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$	2,748.11	\$ 2	286.79	Ş	3,568.86	\$628.29	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	Yes	\$	2,748.11	\$ 2	286.79	\$	3,568.86	\$628.29	Per Unit
							204.62					4400.00	
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$	394.10	\$	56.38	Ş	563.71	\$182.80	Per Unit
		on-							70. 5.			4000	
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$	521.72	\$	79.34	\$	578.01	\$320.53	Per Unit
L												400	
Radiology Services	Hospital Outpatient	CPT	75571	Ct hrt w/o dye w/ca test	No	\$	306.04	Ş	59.00	\$	323.39	\$206.76	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cas	sh Price_	Charge	<u>Charge</u>	Charge	Estimate Type
Radiology Services	Hospital Outpatient	CPT	76536	Ultrasound - Head and Neck	No	\$	460.62	\$ 78.79	\$ 386.50	\$243.36	Per Unit
Radiology Services	Hospital Outpatient	CPT	76642	Ultrasound - Breast (outpatient)	No	\$	152.68	\$ 78.52	\$ 249.30	\$165.41	Per Unit
Radiology Services	Hospital Outpatient	CPT	76700	Ultrasound - Abdominal, Complete	Yes	\$	361.43	\$ 91.69	\$ 433.80	\$273.68	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$	327.93	\$ 46.05	\$ 372.20	\$212.41	Per Unit
naulology Services	nospital outpatient	CFI	70703	Oltrasouna - Abuoniniai, Linnteu	NO	7	327.33	7 40.03	3 372.20	3212.41	reronic
Matamity/Daliyamy	Heavital Outrations	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$	450 50	ć 7C.F4	\$ 400.80	Ć250.00	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	70770	OS EXAMI ABDO BACK WALL COMP	No	ş	456.58	\$ 76.54	\$ 400.80	\$259.00	Per Unit
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Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$	391.57	\$ 86.65	\$ 396.27	\$233.29	Per Unit
				Ultrasound - Pregnancy							
Radiology Services	Hospital Outpatient	CPT	76805	(outpatient)	Yes	\$	367.73	\$ 100.36	\$ 437.10	\$277.07	Per Unit
						١.					
Maternity/Delivery	Hospital Outpatient	СРТ	76811	OB US DETAILED SNGL FETUS	No	\$	522.04	\$ 198.65	\$ 587.50	\$319.63	Per Unit
						1					
Maternity/Delivery	Hospital Outpatient	CPT	76815	OB US LIMITED FETUS(S)	No	\$	309.95	\$ 54.75	\$ 384.30	\$169.03	Per Unit
Radiology Services	Hospital Outpatient	CPT	76816	Ultrasound - Pregnancy Follow-Up	No	\$	406.54	\$ 64.37	\$ 384.30	\$217.41	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76818	FETAL BIOPHYS PROFILE W/NST	No	\$	476.50	\$ 82.20	\$ 387.27	\$219.97	Per Unit
-											
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$	407.39	\$ 97.44	\$ 398.34	\$160.89	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	76021	MIDDLE CEREBRAL ARTERY ECHO	No	\$	370.14	\$ 88.69	\$ 391.69	\$174.20	Per Unit
naulology Services	Hospital Outpatient	CPT	70021	WIDDLE CEREBRAL ARTERT ECHO	NO	٦	370.14	\$ 66.05	3 331.03	3174.20	rei oiiit
				Hitesaninal Transcription (as							
				Ultrasound - Transvaginal (non-						4	
Radiology Services	Hospital Outpatient	CPT	76830	maternity)	Yes	\$	475.43	\$ 98.63	\$ 463.90	\$247.02	Per Unit
Radiology Services	Hospital Outpatient	CPT	76856	Ultrasound - Pelvic (outpatient)	No	\$	344.00	\$ 70.34	\$ 408.50	\$242.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	77065	Mammography of one breast	Yes	\$	546.40	\$ 107.57	\$ 501.03	\$260.42	Per Unit
Radiology Services	Hospital Outpatient	CPT	77066	Mammography of both breasts	Yes	\$	383.79	\$ 135.81	\$ 629.70	\$331.39	Per Unit
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Radiology Services	Hospital Outpatient	CPT	//06/	Mammogram (outpatient)	Yes	\$	406.73	\$ 109.22	\$ 504.02	\$269.61	Per Unit
L										405	
Radiology Services	Hospital Outpatient	CPT	77080	Bone Density Scan (outpatient)	No	\$	247.25	\$ 56.29	\$ 393.45	\$98.22	Per Unit
Radiology Services	Hospital Outpatient	CPT	77081	Dxa bone density/peripheral	No	\$	116.84	\$ 33.80	\$ 171.64	\$50.68	Per Unit
Radiology Services	Hospital Outpatient	CPT	78452	Myocardial Imaging (outpatient)	No	\$ 1	,010.04	\$ 336.74	\$ 2,091.45	\$992.02	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$	158.03	\$ 11.84	\$ 221.33	\$27.98	Per Unit
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				Blood Test - Comprehensive							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80052	Metabolic Panel	Yes	Ś	93.73	\$ 14.78	\$ 136.89	\$34.97	Per Unit
Educatory & Fathology Services	nospitai Outpatient	CF I	00033	WICKADONC FANCI	163	Y	93.13	y 14.70	A 130.02	754.7 /	i ei onit

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				Blood Test - Pregnancy (Obstetric)		Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	CPT	80055	Panel	Yes	Volume	Volume	Volume	Volume	Per Unit
				Blood Test - Cholesterol Test, Lipid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80061		Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$44.76	Per Unit
Laboratory & Fathology Scretces	nospitai outpatient	Ci i	00001	T dilet	103	7 40.40	7 12.03	3 101.77	344.70	T CT OTHE
				Blood Test - Renal (Kidney)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80069	Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$27.98	Per Unit
				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	90076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$27.98	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CPI	80076	runction ranei	162	\$ 140.77	3 11.44	3 203.04	327.30	rei Ollit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80307	Drug test prsmv chem anlyzr	No	\$ 128.65	\$ 55.93	\$ 199.53	\$195.53	Per Unit
						N/A No	N/A No	N/A No	N/A No	
						Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81000	Urinalysis nonauto w/scope	Yes	Volume	Volume	Volume	Volume	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CPT	91000	Office years notice to wascope	162	Volume	Volume	Volume	Volume	rei Ollit
				Urine Test - Automated with						
Laboratory & Pathology Services	Hospital Outpatient	CPT	81001	Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$12.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	91002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$8.55	Per Unit
Laboratory & Fathology Services	riospitai Outpatielit	CFI	01002	offine rest - offinalysis, ividitual fest	162	7.24	۷ 2.0/	7 14.00	30.33	rei Ollit
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	CPT	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$9.11	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$25.66	Per Unit
Laboratory & Fathology Services	riospitai Outpatielit	CF1	01023	Office rest - Fregulaticy	IVU	y 40.67	y 10.45	y 30.23	323.00	i ci Oiiit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$16.76	Per Unit
Laboratory & Pathology Comises	Hospital Outpatient	СРТ	92206	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$98.98	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	02300	DIOUG TEST - VITAIIIII D-2 LEVEL	INU	7 100.74	20.04	254.08	320.20	rei Ullit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	82330	Assay of calcium	No	\$	35.11	\$ 12.31	\$ 67.00	\$45.69	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82375	Assay carboxyhb quant	No	\$ 1	14.13	\$ 11.09	\$ 153.64	\$41.18	Per Unit
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Laboratory & Dathology Convices	Hospital Outpationt	СРТ	02465	Assay bld /sarum shalastaral	Na	\$	15 20	ć 2.02	¢ 22.76	¢14 F2	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPI	82465	Assay bld/serum cholesterol	No	Ş	15.28	\$ 3.92	\$ 23.76	\$14.53	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82550	Assay of ck (cpk)	No	\$	12.70	\$ 5.86	\$ 35.53	\$21.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82552	Assay of cpk in blood	No	\$	26.14	\$ 12.05	\$ 75.41	\$44.79	Per Unit
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Laboratory & Bathology Convices	Hospital Outpatient	СРТ	92565	Assay of creatinine	No	\$ 1	124.50	\$ 7.17	\$ 70.25	\$20.79	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CFI	02303	Assay of creatiline	INO	٠, ,	124.50	<i>Ş</i> 7.17	3 70.23	\$20.75	rei oiiit
				Blood Test - Vitamin B-12							
Laboratory & Pathology Services	Hospital Outpatient	CPT	82607	(Cyanocobalamin) Level	No	\$	29.40	\$ 13.57	\$ 82.73	\$50.37	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82610	Cystatin c	No	\$ 1	140.40	\$ 14.17	\$ 405.00	\$32.36	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82668	Assay of erythropoietin	No	\$	36.68	\$ 16.91	\$ 99.20	\$62.84	Per Unit
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Laboratory & Dath-law Card	Heavital Outrations	CDT	02070	Account actualist		,	F4 F4	6 25.45	6 453.33	¢02.20	Don Huit
Laboratory & Pathology Services	Hospital Outpatient	CPT	826/0	Assay of estradiol	No	\$	54.51	\$ 25.15	\$ 152.33	\$93.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82693	Assay of ethylene glycol	No	\$	20.29	\$ 13.41	\$ 40.08	\$34.77	Per Unit
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				Blood Test - Ferritin (Blood Protein)							
Laboratory & Pathology Services	Hospital Outpatient	CPT	82728	Level	No	\$	33.53	\$ 19.09	\$ 96.63	\$55.29	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82746	Blood Test - Folic Acid Level	No	\$ 37.7	5 \$	13.23	\$ 79.52	\$49.15	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82803	Blood gases any combination	No	\$ 73.4	0 \$	20.17	\$ 106.16	\$64.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34.0	4 \$	5.51	\$ 49.42	\$15.93	Per Unit
Laboratory at ratheredy services	Trospital Gatpatient	Ci i	02347	rissay gracese sreet quarre	140	y 5410	7 7	3.31	y 45142	V13.33	T CT OTHE
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82962	Glucose blood test	No	\$ 45.5	5 \$	3.89	\$ 61.82	\$9.51	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83018	Heavy metal quant each nes	No	\$ 172.9	7 \$	19.76	\$ 498.96	\$73.40	Per Unit
				Blood Test - Blood Glucose Control							
Laboratory & Pathology Services	Hospital Outpatient	CPT	83036	(Hemoglobin A1C)	No	\$ 71.2	7 \$	8.74	\$ 95.94	\$32.44	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	02000	Assay of histamine	No	\$ 75.8	4 \$	26.58	\$ 218.76	\$98.71	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	83088	Assay of filstaffille	NO	\$ 75.0	7 7	20.38	\$ 210.70	330.71	rei oiiit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83518	Immunoassay dipstick	No	\$ 147.0	9 \$	6.55	\$ 424.29	\$25.55	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	83540	Blood Test - Iron Level	No	\$ 51.9	0 \$	9.06	\$ 75.77	\$26.26	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$ 27.4	4 \$	10.41	\$ 58.05	\$35.70	Per Unit
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				Blood Test - Lipase (fat enzyme)							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690		No	\$ 69.4	7 5	6.20	\$ 93.51	\$23.03	Per Unit
Laboratory & Fathology Services	Tiospital Outpatient	GF I	33030	LCVC!	140	y 03.4	, ,	0.20	9 99.51	723.03	1 CI OIIIC
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Laboratory & Pathology Services	Hospital Outpatient	CPT	83735	Assay of magnesium	No	\$ 53.8	2 \$	9.38	\$ 78.56	\$27.18	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	83880	Assay of natriuretic peptide	No	\$	172.55	\$ 35	.33	\$ 23	2.27	\$113.46	Per Unit
			04400				64.70					447.70	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$	61.73	\$ 6	.64	\$ 8	7.67	\$17.73	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	9/132	Assay of serum potassium	No	\$	43.23	\$ 6	.66	\$ 6	2.65	\$18.65	Per Unit
Laboratory & Pathology Services	nospital Outpatient	CFI	04132	Assay of serum potassium	NO	7	43.23	, 0	.00	y 0	2.03	710.05	reronit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	Ś	43.23	\$ 6	.66	\$ 6	2.65	\$18.65	Per Unit
Laboratory a ratheregy services	nospital Gatpatient	C	04102	Assay or seram potassiam	110	7	43.23	, ,		, ,	2.03	\$10.03	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$	52.59	\$ 18	.77	\$ 9	6.68	\$69.73	Per Unit
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				Blood Test - Prostate Specific									
Laboratory & Pathology Services	Hospital Outpatient	CPT	84153	Antigen (PSA) Level	Yes	\$	74.21	\$ 25	.75	\$ 11	6.68	\$74.62	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84154	PSA (prostate specific antigen)	Yes	\$	106.34	\$ 16	.55	\$ 14	3.15	\$61.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84182	Protein western blot test	No	\$	382.72	\$ 18	.76	\$ 58	8.80	\$60.15	Per Unit
Laboratory & Dathalam Comit	Hespital Outpotions	CDT	04305	Access of commercialisms	N-		42.10		22	, -		¢16.07	Dou Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$	42.10	\$ 4	.33	\$ 5	6.67	\$16.07	Per Unit
				Blood Test - Thyroxine (Thyroid									
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84430	Chemical) Level, Free	No	\$	66.21	\$ 8	.12	\$ 8	9.13	\$30.14	Per Unit
Lawrence y at 1 attiology services	Troopital Outputient	CFI	0-433	Chemical Ecoci, 11cc	140	7	55.21	γ ο		γ o	J.13	930.1 4	. cr omt
				Blood Test - Thyroid Stimulating									
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	No	Ś	64.07	\$ 23	.52	\$ 11	9.09	\$68.19	Per Unit
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				Blood Test - Thyroid Stimulating									
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	Yes	\$	64.07	\$ 23	.52	\$ 11	9.09	\$68.19	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	84480	Assay triiodothyronine (t3)	No	\$ 96.3	ı s	12.76	\$ 129.65	\$47.38	Per Unit
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Laboratoria O Dothologia Condess	Hamital Outputions	CDT	04404		81-	ć 04.7		10.20	ć 124.4E	ć22.00	Dan Hait
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84484	Assay of troponin quant	No	\$ 81.7) >	10.26	\$ 121.45	\$32.88	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84702	Chorionic gonadotropin test	No	\$ 125.7	7 \$	11.54	\$ 169.31	\$50.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85014	Hematocrit	No	\$ 26.9	5 6	2.13	\$ 36.27	\$7.91	Per Unit
Laboratory & Fathology Screeces	nospital outpatient	CFT	03014	Tiematocht	140	ÿ 20.3	, ,	2.13	ÿ 30.27	77.51	T CT OTHE
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	CPT	85025	Count and Automated WBC	Yes	\$ 77.9	3 \$	10.88	\$ 112.06	\$31.55	Per Unit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	CPT	85027	Count (Hemoglobin)	Yes	\$ 60.7	\$	5.82	\$ 81.83	\$21.63	Per Unit
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Laboratori C Dathalami Camilana	Heavital Outrations	CDT	05340	Clat factor viii abo 1 store	81-	ć 4F.0	, ,	10 11	ć 05.50	ĆEO OE	Day Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85240	Clot factor viii ahg 1 stage	No	\$ 45.9	7 3	16.11	\$ 95.56	\$59.85	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85378	Fibrin degrade semiquant	No	\$ 53.5	7 \$	7.44	\$ 72.11	\$23.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85610	Blood Test - Clotting Time	Yes	\$ 44.8	ı s	6.01	\$ 64.27	\$15.97	Per Unit
	- Property of male and a second	 	55515			,	7	3.02		7-3.0.	
							. _			405.55	
Laboratory & Pathology Services	Hospital Outpatient	CPT	85613	Russell viper venom diluted	No	\$ 24.6	L Ş	8.24	\$ 70.98	\$32.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85660	RBC SICKLE CELL TEST	No	\$ 53.3	2 \$	4.96	\$ 71.77	\$18.45	Per Unit
		1								-	
				Blood Test - Coagulation							
Laboratory & Datheless Comit	Hasnital Outnoticet	CDT	05730	•	V	6 400	ا ا	F 44	ć C1.04	620.07	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85/30	Assessment	Yes	\$ 46.0	ı Ş	5.41	\$ 61.94	\$20.07	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	85732	Thromboplastin time partial	No	\$ 12	63	\$ 5.82	\$ 36.42	\$21.63	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86140	C-reactive protein	No	\$ 48	49	\$ 4.66	\$ 65.28	\$17.30	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86360	T cell absolute count/ratio	No	\$ 65	00	\$ 42.28	\$ 211.59	\$157.05	Per Unit
,								-			
Laboratory & Pathology Services	Hospital Outpatient	СРТ	96261	T cell absolute count	No	\$ 132	72	\$ 24.10	\$ 383.03	\$89.50	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	80301	r cell absolute count	INU	y 132	70	y 24.10	3 383.0	303.30	rei oiiit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86431	Rheumatoid factor quant	No	\$ 52	70	\$ 5.10	\$ 70.95	\$18.96	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 37.	81	\$ 3.84	\$ 50.90	\$13.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 37.	81	\$ 3.84	\$ 50.90	\$13.74	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$ 57.	37	\$ 9.16	\$ 165.50	\$34.03	Per Unit
Laboratory & Fathology Services	nospital outputient	Ci i	00011	Dartonena untibody	110	ÿ 37	3,	y 5.10	7 105.50	754.05	T CT OTHE
Laboratory & Dathalam Camilia	Hospital Outpotiont	CDT	00045	Pordetalla antihed:	B1 =	ć 3F	74	ć 44.07	ć 01.47	644.10	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86615	Bordetella antibody	No	\$ 25	74	\$ 11.87	\$ 81.45	\$44.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86651	Encephalitis californ antbdy	No	\$ 25	74	\$ 11.87	\$ 110.13	\$44.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86652	Encephaltis east eqne anbdy	No	\$ 25.	74	\$ 11.87	\$ 110.13	\$44.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86653	Encephaltis st louis antbody	No	\$ 25	74	\$ 11.87	\$ 110.13	\$44.10	Per Unit
Education y & Fathology Scrutces	nospital outputient	- ·	30033	Encephantis striouis untbody	110	y 23		y 11.07	y 110.1.	777.10	. Cr Ome

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86654	Encephaltis west eqne antbdy	No	\$ 25	.74	\$ 11.87	\$ 110.13	\$44.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86663	Epstein-barr antibody	No	\$ 25	.60	\$ 11.81	\$ 83.21	\$43.86	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86677	Helicobacter pylori antibody	No	\$ 30	.68	\$ 15.13	\$ 63.03	\$48.51	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86602	Hepatitis delta agent antbdy	No	\$ 29	.16	\$ 15.44	\$ 50.98	\$49.96	Per Unit
Laboratory & Fathology Services	nospital outpatient	Ci i	80032	ricpatitis delta agent antody	140	7 23	.10	7 13.44	30.30	Ş43.30	T CT OTHE
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$ 79	.65	\$ 12.41	\$ 107.23	\$41.77	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 86	.11	\$ 10.85	\$ 115.92	\$40.28	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86705	HEP B CORE ANTIBODY IGM	No	\$ 22	.98	\$ 10.59	\$ 57.38	\$39.37	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$ 98	.98	\$ 9.67	\$ 133.25	\$35.89	Per Unit
			30730			,		y 5.67	7 200.20	700.00	7 01 01111
Laboratory & Pathology Convices	Hospital Outpatient	СРТ	96707	Henatitis he antibody	No	\$ 22	.56	\$ 10.41	\$ 65.09	\$38.66	Per Unit
Laboratory & Pathology Services	riospital Outpatient	CFI	00/0/	Hepatitis be antibody	INU	٧ 22		7 10.41	Ş 03.09	330.00	rei Ullit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$ 22	.71	\$ 11.15	\$ 56.71	\$38.91	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86762	Rubella antibody	No	\$ 78	.19	\$ 12.95	\$ 225.56	\$48.12	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	\$ 25	.14	\$ 11.59	\$ 72.53	\$43.07	Per Unit
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				86769 - SARS-COV-2 COVID-19						
Laboratory & Pathology Services	Hospital Outpatient	CPT	86769	ANTIBODY	No	\$ 51.48	\$ -	\$ 112.07	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$43.07	Per Unit
				Blood Test - Hepatitis C Antibody						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	-	No	\$ 67.64	\$ 12.84	\$ 91.06	\$47.70	Per Unit
		C	00000		140	V 07101	7	Ţ 52.00	V 11110	
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$39.57	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$37.83	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$19.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$9.97	Per Unit
Laboratory at rathology services	Trospital Gatpatient	Ci i	00300	blood typing scrologic abo	140	Ų 130:33	3.70	Ç 207.00	ψ3.37	T CT OTHE
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	80900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$9.97	Per Unit
							1.	1.		
Laboratory & Pathology Services	Hospital Outpatient	CPT	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$9.97	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$9.97	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$ 4.84	\$ 383.37	\$9.97	Per Unit
	proof waspastells	1	22302			ÿ 5.02	7 -1.04	÷ 303.37	75.57	
Laboratori Q Dott- I C	Heavitel Output:	CDT	00000	COMPATIBILITY TEST SPIN	NI-	6 244 70	6 42.65	6 344.00	ĆE 4 30	Day Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$ 344.22	\$54.39	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	8/040	Blood culture for bacteria	No	\$	133.90	\$ 9.29	\$	180.25	\$34.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87070	Bacterial Culture - Swab	No	\$	138.63	\$ 7.76	\$	186.61	\$28.79	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87077	Bacterial Culture - Aerobic Isolates	No	\$	60.43	\$ 7.27	\$	81.35	\$27.02	Per Unit
				Test for Disease-Causing								
				(Pathogenic) Organisms, Not								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87081	Limited to a Specific Condition	No	\$	81.17	\$ 5.97	\$	109.26	\$22.17	Per Unit
Education y & 1 actionogy services	nospital outputient	CFT	87081	Elimited to a Specific condition	NO	7	01.17	ÿ 3.57	7	103.20	722.17	T CT OTHE
				Uning Test Restanted Culture								
			07000	Urine Test - Bacterial Culture,			00.46			440.60	400.07	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87086	Quantitative Colony Count	No	\$	82.16	\$ 7.26	Ş	110.60	\$26.97	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87088	Urine Test - Bacterial Culture	No	\$	15.80	\$ 7.28	\$	43.86	\$27.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87110	Chlamydia culture	No	\$	130.74	\$ 17.64	\$	175.99	\$65.49	Per Unit
				•							-	
				Evaluation of Antimicrobial Drug								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87186	(antibiotic, antifungal, antiviral)	No	Ś	69.16	\$ 7.79	\$	93.10	\$28.91	Per Unit
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Laboratory & Pathology Consises	Hospital Outpations	CDT	07305	Lab Tost Smoor for Microorgeniem	N-	\$	49.93	\$ 3.84	ċ	67.21	\$14.26	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	0/205	Lab Test - Smear for Microorganism	No	۶	47.73	3.84	\$	07.21	314.ZD	rei Unit
		1		Lab Test - Detection test for								
Laboratory & Pathology Services	Hospital Outpatient	CPT	87340	Hepatitis B Surface Antigen	No	\$	63.55	\$ 9.30	\$	85.55	\$29.23	Per Unit
				Lab Test - Detection test for HIV-1								
Laboratory & Pathology Services	Hospital Outpatient	CPT	87389	and HIV-2	No	\$	110.43	\$ 21.67	\$	148.66	\$80.51	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87425	Rotavirus ag ia	No	Ś	37.44	\$ 10.78	Ś	108.00	\$38.27	Per Unit
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Service Category	Service Setting	Туре	Code	Description	Service?	Cash P	rice	Charge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	87491	Urine Test - Chlamydia	No	\$ 1	08.43	\$ 31.58	\$ 171.0	3 \$117.28	Per Unit
				Urine Test - Gonorrhoeae							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$	90.13	\$ 31.58	\$ 171.0	\$117.28	Per Unit
				(**************************************		*		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	, and	
				87635 - SARS-COV-2 COVID-19							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87635	AMP PRB	No	\$	53.36	\$ -	\$ 136.4	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87798	Detect agent nos dna amp	No	\$	90.13	\$ 31.58	\$ 171.0	\$117.28	Per Unit
				Lab Test - Detection test for							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87804	Influenza Virus	No	\$	37.58	\$ 19.82	\$ 70.5	\$46.45	Per Unit
			0,00.			·		7 25:02	7 700	ψ 10110	
Laboratory & Pathology Services	Hospital Outpatient	CPT	87880	Strep Test (Streptococcus, group A)	No	\$ 1	01.56	\$ 19.87	\$ 143.4	\$46.45	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	88185	Flowcytometry/tc add-on	No	\$	68.81	\$ -	\$ 120.3	0 \$117.89	Per Unit
				Immunization Administration First							
Vaccinations	Physician Office	СРТ	90460	Component	No	\$	40.10	\$ 11.68	\$ 75.9	\$23.68	Per Unit
	1	1		,		T		,		+	2. 2
				Immunization Administration Each							
Vaccinations	Physician Office	CPT	90461	Additional Component	No	\$	25.13	\$ 10.49	\$ 38.5	\$11.70	Per Unit
						_		A =			
Vaccinations	Hospital Outpatient	CPT	90471	Immunization Administration	No	\$	44.49	\$ 7.02	\$ 81.8	\$99.61	Per Unit
				Immunization Administration Each							
Vaccinations	Hospital Outpatient	СРТ	90472	Additional Component	No	\$	12.56	\$ -	\$ 38.5	\$50.21	Per Unit
	France and any and	1				T		•	, 53.5	+	2. 2
Vaccinations	Hospital Outpatient	CPT	90651	9V HPV Vaccine 2/3 Dose	No	\$ 1	42.32	\$ 9.56	\$ 227.9	\$205.28	Per Unit

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Vaccination	Hospital Outpatient	СРТ	90670	Vaccine - Pneumococcal Conjugate for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 345.21	\$411.91	Per Unit
vaccination	nospital Outpatient	СРТ	90670	Vaccine - Tetanus, Diptheria Toxoids, and Acellular Pertussis (Whooping Cough) for Injection	No	\$ 263.39	3 9.56	5 545.21	\$411.91	Per onit
Vaccination	Hospital Outpatient	СРТ	90715	into Muscle	No	\$ 57.74	\$ -	\$ 77.73	\$0.00	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90791	Psychiatric Diagnostic Evaluation	No	\$ 308.81	\$ 118.93	\$ 198.74	\$158.77	Per Unit
		C. 1	30731		140	Ţ 000.01	+ ======	-	¥200 .77	
Evaluation & Management Services	Professional Services	СРТ	90832	Psychotherapy - 30 Minutes	Yes	\$ 88.03	\$ 57.92	\$ 99.25	\$86.63	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90834	Psychotherapy - 45 Minutes	Yes	\$ 116.77	\$ 77.37	\$ 132.34	\$115.44	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90837	Psychotherapy - 60 Minutes	Yes	\$ 174.90	\$ 116.00	\$ 198.22	\$173.53	Per Unit
						N/A No		N/A No	N/A No	
Evaluation & Management Services	Professional Services	СРТ	90846	Family psytx w/o pt 50 min	Yes	Service Volume	\$ -	Service Volume	Service Volume	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90847	Psychotherapy - Family Session	Yes	\$ 146.15	\$ 97.13	\$ 166.18	\$145.17	Per Unit
						N/A No Service		N/A No Service	N/A No Service	
Evaluation & Management Services	Protessional Services	CPT	90853	Psychotherapy - Group Session	Yes	Volume	\$ -	Volume	Volume	Per Unit
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$ 52.00	\$ 17.40	\$ 251.43	\$251.43	Per Unit
				Electrocardiogram, routine, with						
Medicine Cardiovascular	Professional Services	СРТ	93000	interpretation and report	Yes	\$ 36.27	\$ 28.12	\$ 95.52	\$26.59	Per Unit
Medicine Other	Hospital Outpatient	CPT	93005	Electrocardiogram (ECG or EKG)	No	\$ 142.29	\$ -	\$ 295.26	\$38.24	Per Unit

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Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	\$	61.00	\$ 634.57	\$115.27	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	\$	1,404.83	\$	322.26	\$ 1,593.05	\$582.05	Per Unit
				Insertion of catheter into left heart								
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	93452	for diagnosis	Yes	\$	8,847.45	\$	579.93	\$ 12,920.92	\$2,561.81	Case Rate
Medicine Other	Hospital Outpatient	СРТ	93971	Extremity study	No	\$	240.64	\$	92.64	\$ 400.67	\$300.18	Per Unit
Medicine Other	Hospital Outpatient	СРТ	95044	Allergy patch tests	No	\$	189.82	\$	_	\$ 1,229.53	\$273.77	Per Unit
							N/A No		I/A No	N/A No	N/A No	
Medicine Neurology and Neuromuscular	Hospital Outpatient	СРТ	95810	Sleep study	Yes		Service Volume		ervice olume	Service Volume	Service Volume	Per Unit
rectionascular	nospital outputient	Ci i	33010	orecep study	103		Volume	_	<u>oranic</u>	voidine	Tolume	T CT OTHE
Injections	Hospital Outpatient	CDT	00403	Chama harman antinoanl sa /im	No	\$	110.26	ė	66.86	\$ 196.20	\$138.73	Casa Bata
Injections	Hospital Outpatient	CPT	96402	Chemo hormon antineopl sq/im Physical Therapy - Manual	No	Þ	110.26	Ş	00.80	\$ 196.20	\$138.73	Case Rate
Medicine Physical Medicine and				Electrical Stimulation Therapy, 15								
Rehabilitation	Hospital Outpatient	CPT	97032	minutes	No	\$	31.26	\$	12.56	\$ 59.90	\$59.90	Per Unit
Medicine Physical Medicine and				Physical Therapy - Ultrasound								
Rehabilitation	Hospital Outpatient	СРТ	97035	Therapy	No	\$	26.92	\$	11.95	\$ 40.29	\$40.29	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic								
Rehabilitation	Hospital Outpatient	СРТ	97110	Exercises	Yes	\$	88.74	\$	17.40	\$ 119.46	\$100.52	Per Unit
Medicine Physical Medicine and				Physical Therapy - Neuromuscular								
Rehabilitation	Hospital Outpatient	СРТ	97112	Reeducation	No	\$	69.93	\$	26.14	\$ 104.78	\$104.78	Per Unit
Medicine Physical Medicine and												
Rehabilitation	Hospital Outpatient	СРТ	97116	GAIT TRAINING THERAPY	No	\$	77.61	\$	22.90	\$ 104.48	\$89.30	Per Unit
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Medicine Physical Medicine and						A 50.00		22.72	A 02.02	4400.00	
Rehabilitation	Hospital Outpatient	CPT	97140	Physical Therapy - Manual Therapy	No	\$ 56.20	\$	23.73	\$ 93.92	\$128.39	Per Unit
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Medicine Physical Medicine and				Physical Therapy - Low Complexity							
Rehabilitation	Hospital Outpatient	CPT	97161	Evaluation	No	\$ 168.06	\$	71.97	\$ 252.78	\$252.78	Per Unit
Medicine Physical Medicine and				Physical Therapy - Moderate							
Rehabilitation	Hospital Outpatient	CPT	97162	Complexity Evaluation	No	\$ 62.40	\$	71.97	\$ 252.78	\$252.78	Per Unit
Medicine Physical Medicine and				Physical Therapy - High Complexity							
Rehabilitation	Hospital Outpatient	CPT	97163	Evaluation	No	\$ 168.06	\$	71.97	\$ 252.78	\$252.78	Per Unit
									-		
Medicine Physical Medicine and											
Rehabilitation	Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	\$ 113.34	ıs	48.67	\$ 170.97	\$170.97	Per Unit
				- injection and a property of the contraction		,	1		· -	7 27 27 27 27 27 27 27 27 27 27 27 27 27	
Medicine Occupational Therapy	Hospital Outpatient	СРТ	07165	OT EVAL LOW COMPLEX 30 MIN	No	\$ 180.88	2 6	77.05	\$ 245.32	\$245.32	Per Unit
Tricalence Occupational Triciupy	Tiospital Outputient	CFT	37103	OT EVAL LOW COMM LEX SO MIN	NO	7 100.00	, ,	77.03	ÿ 243.32	7243.32	T CT OTHE
Madiaina Casumatianal Thomas	Heavital Outrations	CDT	07466	OT EVALAGE COMPLEY AS MAIN	B1 -	\$ 62.40	م ا	72.00	ć 24F 22	Ć24F 22	Don Huit
Medicine Occupational Therapy	Hospital Outpatient	CPT	9/100	OT EVAL MOD COMPLEX 45 MIN	No	\$ 62.40	7	72.00	\$ 245.32	\$245.32	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic			. .			4	
Rehabilitation	Hospital Outpatient	CPT	97530	Activities	No	\$ 92.45	\$	17.40	\$ 124.45	\$108.90	Per Unit
										1	
Medicine Physical Medicine and				Physical Therapy - Self-care or							
Rehabilitation	Hospital Outpatient	CPT	97535	Home Management Training	No	\$ 68.89	\$	-	\$ 109.03	\$148.80	Per Unit
										1	
Evaluation & Management Services	Professional Services	CPT	99024	Postop follow-up visit	No	\$ -	\$	-	\$ 14.27	\$0.00	Per Unit
]	
										1	
Evaluation & Management Services	Professional Services	CPT	99202	Office Visit - New Patient, Minor	No	\$ 167.93	\$	90.34	\$ 200.08	\$64.86	Per Unit
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Samisa Catagoni	Comica Sotting		Codo	Description	Service?	Cash Price				Estimate Type
Service Category	Service Setting	Type	Code	<u>Description</u>	Services	<u>Casii Price</u>	Charge	Charge	<u>Charge</u>	Estimate Type
				Office Visit - New Patient, Low						
Evaluation & Management Services	Professional Services	CPT	99203	Complexity	Yes	\$ 182.06	\$ 132.54	\$ 273.99	\$98.92	Per Unit
				Office Visit - New Patient,						
Evaluation & Management Services	Professional Services	CPT	99204	Moderate Complexity	Yes	\$ 250.69	\$ 177.01	\$ 432.49	\$168.95	Per Unit
				New patient office of other						
Evaluation & Management Services	Professional Services	СРТ	99205	outpatient visit, typically 60 min	Yes	\$ 448.04	\$ 156.38	\$ 553.76	\$217.60	Per Unit
Evaluation & Management Services	Troicessional Scrittees	Ci i	33203	outputient visit, typicany oo iiiii	103	y 440104	7 130.30	ÿ 333.70	7217100	T CT OTHE
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Evaluation & Management Services	Professional Services	CPT	99212	Office Visit - Basic	No	\$ 58.74	\$ 46.41	\$ 133.24	\$32.41	Per Unit
				Office Visit - Established Patient,						
Evaluation & Management Services	Professional Services	CPT	99213	Low Complexity	No	\$ 99.67	\$ 81.71	\$ 201.59	\$65.91	Per Unit
				Office Visit - Established Patient,						
Evaluation & Management Services	Professional Services	CPT	99214	Moderate Complexity	No	\$ 151.19	\$ 140.90	\$ 279.47	\$101.74	Per Unit
				Office Visit - Established Patient,						
Evaluation & Management Services	Drofossional Somicos	СРТ	00215	High Complexity	No	\$ 315.87	\$ 192.33	\$ 385.34	\$143.35	Per Unit
Evaluation & Ivianagement Services	r rolessional Services	CFI	33213	Tigir Complexity	NO	3 313.07	3 132.33	3 303.34	\$143.33	reronit
Professional Services Associated										
with Inpatient Stay	Professional Services	CPT	99232	Subsequent hospital care	No	\$ 159.88	\$ 50.60	\$ 111.92	\$93.44	Per Unit
				Patient office consultation,						
Evaluation & Management Services	Professional Services	CPT	99243	typically 40 min	Yes	\$ 212.43	\$-	\$ 142.18	\$124.40	Per Unit
				Patient office consultation,						
Evaluation & Management Services	Professional Services	СРТ	99244	typically 60 min	Yes	\$ 338.80	\$-	\$ 226.38	\$198.09	Per Unit
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpationt	СРТ	99281	Minor (outpatient)	No	\$ 230.81	\$ 74.98	\$ 689.88	\$595.31	Case Rate
Emergency Room Visit	Hospital Outpatient	CFI	33201	ivinior (outpatient)	INU	y 230.81	7 /4.38	y 003.88	3333.31	case nate
				Emergency Department Visit - Low						
Emergency Room Visit	Hospital Outpatient	CPT	99282	Complexity (outpatient)	No	\$ 430.38	\$ 93.52	\$ 1,114.22	\$934.49	Case Rate

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	C	ash Price	C	harge		Charge	Charge	Estimate Type
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	CPT	99283	Moderate Complexity (outpatient)	No	\$	932.99	\$	182.62	\$	2,714.83	\$1,721.01	Case Rate
											-		
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	СРТ	99284	Higher Complexity (outpatient)	No	\$	2,400.69	Ś	270.43	\$	4,475.48	\$2,358.66	Case Rate
				The second secon		7	_,	-		T .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+-,	
				Emergency Department Visit - High									
Emergency Room Visit	Hospital Outpatient	СРТ	00295	Complexity (outpatient)	No	\$	3,149.91	\$	458.20	\$	5,806.95	\$5,208.97	Case Rate
Emergency Room visit	nospital Outpatient	CFI	33283	complexity (outpatient)	NO	7	3,143.31	Y	430.20	7	3,800.93	33,208.37	Case Nate
				Emanger of Department Visit									
				Emergency Department Visit -			47.000.04		405 50	_	c 222 27	45 404 00	
Emergency Room Visit	Hospital Outpatient	CPT	99291	Critical Care (outpatient)	No	\$	17,860.61	\$	425.50	\$	6,308.07	\$6,404.08	Case Rate
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient,									
Evaluation & Management Services	Professional Services	CPT	99381	Younger than 1 Year Old	No	\$	156.75	\$	-	\$	225.38	\$102.89	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 1-									
Evaluation & Management Services	Professional Services	CPT	99382	4 Years Old	No	\$	163.82	\$	-	\$	236.91	\$109.30	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 5-									
Evaluation & Management Services	Professional Services	СРТ	99383	11 Years Old	No	Ś	170.96	Ś	_	Ś	413.46	\$116.21	Per Unit
				Office Visit - Comprehensive		-		-				7	
				Preventive Medicine Evaluation									
				and Management, New Patient, 12-									
Evaluation & Management Services	Professional Services	СРТ	00204	17 Years Old	No	\$	193.58	Ġ	_	Ś	280.75	\$136.96	Per Unit
Evaluation & Management Services	i i o i e s si o i a i s e i vices	CFI	22304	Office Visit - Comprehensive	IAO	٠	133.30	Y	-	Y	200.73	Ģ130.30	i ei oiiit
				Preventive Medicine Evaluation									
			00000	and Management, New Patient, 18-			40-0-				20-00	4404	5
Evaluation & Management Services	Professional Services	СРТ	99385	39 Years Old	Yes	\$	187.80	\$	59.23	\$	347.60	\$131.72	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 40-									
Evaluation & Management Services	Professional Services	CPT	99386	64 Years Old	Yes	\$	217.32	\$	91.72	\$	1,293.56	\$159.35	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash	Price	Charge		Charge	Charge	Estimate Type
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
				and Management, Younger than 1								
Evaluation & Management Services	Professional Services	СРТ	99391	Year Old	No	\$	141.19	\$ -	\$	267.83	\$93.63	Per Unit
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
Evaluation & Management Services	Professional Services	CPT	99392	and Management, 1-4 Years Old	No	\$	150.93	\$ -	\$	305.91	\$102.89	Per Unit
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
Evaluation & Management Services	Professional Services	СРТ	99393	and Management, 5-11 Years Old	No	\$	150.44	\$ -	\$	305.91	\$102.89	Per Unit
								-			-	
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
Evaluation & Management Services	Professional Services	СРТ	99394	and Management, 12-17 Years Old	No	\$	165.14	\$ -	\$	398.57	\$116.21	Per Unit
3								•			•	
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
Evaluation & Management Services	Professional Services	СРТ	99395	and Management, 18-39 Years Old	No	\$	168.81	\$ 37.07	\$	304.60	\$119.53	Per Unit
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				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
Evaluation & Management Services	Professional Services	СРТ	99396	and Management, 40-64 Years Old	No	\$	180.12	\$ 64.57	\$	429.79	\$130.03	Per Unit
						_						
											Covered	
											Service	
											Beginning	
											1/1/2021	
											Rate Not Yet	
Exablate	Hospital Outpatient	СРТ	0398T	Focused Ultrasound	No	\$ 32	,139.56	\$ 11,272.90	\$	11,272.90	Established	Case Rate
Vaccinations	Hospital Outpatient	CPT	G0008	Admin influenza virus vaccine	No	\$	70.15	\$ -	\$	126.95	\$99.61	Per Unit

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<u>Service Category</u>	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Vaccinations	Hospital Outpatient	СРТ	G0009	Admin pneumococcal vaccine	No	\$ 27.43	\$ -	\$ -	\$99.61	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	No	\$ 773.99	\$ 46.24	\$ 1,424.46	\$190.33	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$ 15,685.71	\$ 605.00	\$ 24,131.86	\$7,029.33	Per Unit
Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$ 130.00	\$ 74.02	\$ 200.00	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 476.03	\$ -	\$ 732.35	\$195.85	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$ 0.22	\$ 0.03	\$ 0.34	\$0.00	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$ 2.13	\$ 0.78	\$ 3.27	\$0.00	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$ 26.95	\$ -	\$ 89.11	\$12.35	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$ 2,818.54	\$ -	\$ 4,336.21	\$257.85	Per Unit