Self-Pay/Uninsured	Last Updated: 12/7/2020									
									Amount We	
									Estimate You Will Owe *	
									Will Owe	
To Search for a service Click "CTRL"										
+ "F"										
					CMS		De-Identified	De-Identified		
					Required		Minimum	Maximum		
Service Category	Service Setting	Code Type	Code	Description	Shoppable Service?	Discounted Cash Price	Negotiated Charge	Negotiated Charge	Discounted Cash Price	Estimate Type
Service Category	Service Setting	туре	coue	Description	<u>Jervice:</u>	Casii Fiice	charge	charge	Casii Fiice	Case Rate-
										Excluding
				Cardiac valve and other major						Professional
				cardiothoracic procedures with		N/A No	N/A No	N/A No	N/A No	Charges which
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	cardiac catheterization with major complications or comorbidities	Yes	Service Volume	Service Volume	Service Volume	Service Volume	are paid by CPT/HCPCS
nospital inpatient stay	nospital inpatient	DING	210	complications of comorbidities	163	Volume	Volume	Volume	Volume	CF 1/11CF CS
										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	\$22,180.96	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	\$89,541.22	CPT/HCPCS
										Case Rate-
										Excluding
				Major joint replacement or						Professional
				reattachment of lower extremity						Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	470	or complications (MCC).	Yes	\$ 26,747.32	\$ 8,070.44	\$ 37,721.88	\$26,747.32	CPT/HCPCS
										Case Rate-
										Excluding
				Cervical spinal fusion without						Professional
				comorbid conditions (CC) or major						Charges which
Hospital Innationt Stay	Hospital Innations	DRG	473	comorbid conditions or complications (MCC).	Vos	¢ 27.002.10	¢ 10 122 74	\$ 62,430.00	\$37,083.10	are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DKG	4/3	complications (wice).	Yes	3 37,083.10	⇒ 10,12 5 .74	9 02,43U.UU	357,085.10	CP1/MCPC3

				T		ı				1
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Discounted Cash Price	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	480	HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	No	\$ 69,180.99	\$ 12,375.85	\$ 48,933.51	\$69,180.99	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	\$ 45,651.13	\$ 8,559.98	\$ 38,996.68	\$45,651.13	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	\$ 36,964.29	\$ 6,745.73	\$ 37,731.25	\$36,964.29	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	\$ 45,467.21	\$ 9,438.20	\$ 41,283.64	\$45,467.21	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

				1	1					,
									Amount We	
									Estimate You	
									Will Owe *	
To Connet for a comic Click IICTRIII										
To Search for a service Click "CTRL"										
+ "F"										
					CMS		De-Identified	De-Identified		
					Required		Minimum	Maximum		
		Code			Shoppable	Discounted	Negotiated	Negotiated	Discounted	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Cash Price	Estimate Type
<u> </u>	ocretice setting	1700	couc	<u> </u>	<u>JCI VICC.</u>	Casirrine	charge	charge	Casiiiiicc	Estimate Type
										Case Rate-
										Excluding
										Professional
				LOWER EXTREM HUMER PROC						Charges which
				EXCEPT HIP, FOOT, FEMUR W/O		A 0440400	A = 400 = 4	4 40 000 00	40440400	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	494	CC/MCC	No	\$ 34,101.03	\$ 7,426.74	\$ 43,066.25	\$34,101.03	CPT/HCPCS
										Case Rate-
										Excluding
				Uterine and adnexa procedures for						Professional
				non-malignancy without comorbid						Charges which
				conditions (CC) or major comorbid						are paid by
Hasnital Innationt Stay	Hospital Innations	DRG	743	conditions or complications (MCC)	Yes	\$ 18,033.90	\$ 3,828.29	\$ 28,968.03	\$18,033.90	CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DKG	743	conditions of complications (MCC)	res	\$ 10,055.50	\$ 3,020.23	\$ 20,300.03	\$10,055.50	CP1/HCPC3
										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	\$16,643.21	CPT/HCPCS
			011			Ţ 10,043.ZI	7 7,200.00	÷ 51,015.02	+10,0 13121	5. 1/1101 05
										Cose Dete
										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	\$12,941.86	CPT/HCPCS
The second second	Process Processes			i .		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ,,,,,,,,,	,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,

									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	<u>Discounted</u> <u>Cash Price</u>	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	\$100,447.05	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	\$53,042.00	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	\$21,298.22	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	\$105,373.59	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

To Search for a service Click "CTRL" **F" Code Code Description		I			T						
To Search for a service Click "CTRL" * "F" Code Type Code Description Service Category Service Category Service Setting To Search for a service Click "CTRL" * "F" Code Description Service Category Service Category Service Setting Type Code Description Service Service Service Service Code Description Service Service Code Description Service Code Minimum Negotiated Charge Cash Price Cash Price Exc Price Charge Charge Code Charge C										Amount We	
To Search for a service Click "CTRL" * "F" CMS Required Shoppable Discounted Minimum Nexotiated Cash Price Cash Price Cash Price Cash Price Cash Price Cash Price											
Service Category Service Setting Service Setting Service Setting Type Code Type Code Type Code Description Desc										Will Owe *	
Service Category Service Setting Service Category Service Category Service Setting Service Category Service Ca											
Service Category Service Setting Service Setting Service Category Service Setting Service Setting Service Cade Type Code Description Description Description Description Description Description Description Description Description Discounted Cash Price Cash Price Cash Price Cash Price Description Description Discounted Charge Charge Charge Cash Price Description Description Description Description Discounted Charge Cash Price Description											
Canter C	Service Category	Service Setting		<u>Code</u>	<u>Description</u>	Required Shoppable		Minimum Negotiated	Maximum Negotiated		Estimate Type
Cantest Cant											
Hospital Inpatient Stay Hospital Inpatient DRG DRG DRG DRG DRG DRG DRG DR	Hospital Inpatient Stay	Hospital Inpatient	DRG	957	MULTIPLE SIGNIFICANT TRAUMA	No	\$ 139,128.72	\$ 30,888.17	\$ 200,000.00	\$139,128.72	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay Hospital Inpatient DRG DRG DRG DRG DRG DRG DRG DR											
Hospital Inpatient Stay Hospital Inpatient DRG 964 TRAUMA W CC No \$ 34,761.85 \$ 6,123.35 \$ 50,000.00 \$34,761.85 CPT Can be seen to be se	Hospital Inpatient Stay	Hospital Inpatient	DRG	958	MULTIPLE SIGNIFICANT TRAUMA	No	\$ 73,933.71	\$ 17,182.69	\$ 125,000.00	\$73,933.71	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Exc	Hospital Inpatient Stay	Hospital Inpatient	DRG	964		No	\$ 34,761.85	\$ 6,123.35	\$ 50,000.00	\$34,761.85	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
VAGINAL DELIVERY W O.R. PROC are	Maternity/Delivery	Hospital Innatient	DRG	769		No	\$ 10 335 01	\$ 2,464,00	\$ 27.462.61	\$10 225 01	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

	1			1						
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
+ F										
					CMS		De-Identified	De-Identified		
					Required		<u>Minimum</u>	Maximum		
		Code			Shoppable	Discounted	Negotiated	Negotiated	Discounted	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Cash Price	Estimate Type
<u> </u>	<u> </u>	-770	-	<u> </u>	<u> </u>		<u> </u>	<u>Girange</u>		200
										Corre Dotte
										Case Rate-
										Excluding
										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	\$11,915.22	CPT/HCPCS
materinty, bentery	Troopital Impatient	Ditto	700	STERREIE/ATTOTA W INTEC	110	ψ 11,515.EE	7 3,370.00	ψ 33,003.23	V11,515.22	Ci i/iici co
										Corre Boto
										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	\$9,940.40	CPT/HCPCS
indeniney, belivery	Troopital Impatient	DIG	704	STERREIE/KITOTO VV CC	110	\$ 3,340.40	7 3,370.00	Ç 27,003112	43,340,40	Ci i/iici co
										Corre Boto
										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	\$8,988.27	CPT/HCPCS
materinty/ Benvery	Troopital Impatient	DIG	703	STERRED TO TO TO CONTINUE	110	Ç 0,500.27	ÿ 3,515144	\$ 25,070171	40,500.27	Ci i/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	\$12,696.27	CPT/HCPCS
The state of the s		2110	, 30	T. I.	140	7 12,030.27	- 5,570.00	+ 33,011.00	712,000.27	c. 1/1101 C3
										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	\$11,322.59	CPT/HCPCS
wiaternity/ Delivery	Hospital Hipatient	שמם	/0/	STERILIZATION W CC	INU	y 11,322.33	2,000،00	21,000.32	711,322.33	CF 1/HCFC3

	1									
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
+ r										
					CMS		De-Identified	De-Identified		
					Required		Minimum	Maximum		
		Code			Shoppable	Discounted	Negotiated	Negotiated	Discounted	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Cash Price	Estimate Type
<u>service duringory</u>	<u> </u>	-770	-	<u> </u>	<u> </u>	<u> </u>	<u></u>	<u>Girange</u>		
										Corre Boto
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	788	STERILIZATION W/O CC/MCC	No	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$9,626.23	CPT/HCPCS
indeniney, belivery	Troopital Impatient	Ditto	700	STERREIE/KITOTO TO CONTINUE	110	ÿ 3,020.23	ψ 3)E-1E-1-1-1	Ç 20,501.00	43,020.23	Ci i/iici co
										Corre Boto
										Case Rate-
										Excluding
										Professional
										Charges which
										are paid by
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	No	\$ 1,400.10	\$ 626.89	\$ 18,705.56	\$1,400.10	CPT/HCPCS
iviate mey, benvery	Troopital Impatient	DIG	755	TOTAL TELEVISION OF THE PROPERTY OF THE PROPER	140	7 1,400.10	ψ 020.03	7 10,703.30	71) 400110	Ci i/iici co
										Corre Boto
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	797	STERILIZATION/D&C W CC	No	\$ 12,785.73	\$ 2,464.00	\$ 25,917.69	\$12,785.73	CPT/HCPCS
materinty/ Benvery	Troopital Impatient	DIG	737	STERREIE TOTAL DATE IN CE	140	Ç 12,703.70	Ç 2,104.00	Ç 23,517.03	VIL)703173	Ci 1/iici Co
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	798	STERILIZATION/D&C W/O CC/MCC	No	\$ 10,897.11	\$ 2,464,00	\$ 25,917.69	\$10,897.11	CPT/HCPCS
		5110	, 30	The state of the s	140	7 10,037.11	÷ =,-704.00	÷ 25,517.05	710,037.11	J. 1/1107 CO
										Corre Doi:
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	805	STERILIZATION/D&C W MCC	No	\$ 10.519.02	\$ 2,464,00	\$ 27,817.08	\$10,518.03	CPT/HCPCS
materinty/ Denvery	nospital inpatient	טווט	003	STERREZATION DOC W WICE	140	A 10,310.03	y 2,404.00	4 51,011.00	710,310.03	Ci 1/11crC3

r		1		T	ı	ı				Ī
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
+ r										
					CMS		De-Identified	De-Identified		
					Required		Minimum	Maximum		
		Code			Shoppable	Discounted	Negotiated	Negotiated	Discounted	
Service Category	Service Setting		Code	Description	Service?	Cash Price	Charge	Charge	Cash Price	Estimate Type
Service Category	Service Setting	Type	code	Description	Servicer	Cash Price	Charge	Charge	Casii Price	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				VACINAL DELIVERY W/O						
				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	\$8,616.42	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	\$7,318.91	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
										Charges which
Inpatient Rehabilitation Hospital										are paid by
Stay	Inpatient Rehabilitation Hospital	DRG	946	REHABILITATION W/O CC/MCC	No	N/A	\$ 10,870.00	\$ 10,870.00	N/A	CPT/HCPCS
-					_	_				-
						52% Charges			52% Charges	
						Estimated at			Estimated at	
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per			\$2,341.96 Per	Per Diem Per
	Innetions Debebilitation IIit-l	LUB	110	-	N.	1 1 1			1 1	
Stay	Inpatient Rehabilitation Hospital	ΩR	118	Room & Board	No	Diem			Diem	Day

				1						
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
+ F										
					CMS		De-Identified	De-Identified		
					Required		Minimum	Maximum		
		Code			Shoppable	Discounted	Negotiated	Negotiated	Discounted	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Cash Price	Estimate Type
<u> </u>	<u></u>	-770	554.5		<u> </u>		<u>enange</u>	<u>Girange</u>		20011101011770
										Corre Dotto
										Case Rate-
					1					Excluding
					1					Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM AND CONNECTIVE TISSUE						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	559	WITH MCC	No	N/A	\$ 18,018.00	\$ 18,018.00	N/A	CPT/HCPCS
inputione stated traising	inputione stated traising	Ditto	333		140	N/A	Ţ 10,010.00	7 10,010.00	14/74	Ci i/iici co
										Corre Dotto
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM & CONNECTIVE TISSUE W						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	560	cc	No	N/A	\$ 10.435.00	\$ 10,435.00	N/A	CPT/HCPCS
inputione standarding	inputient stanca reasing	DING	300		140	N/A	Ç 10)133.00	7 10,433.00	14/74	Ci i/iici co
										Corre Dotto
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM & CONNECTIVE TISSUE						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	561	w/o cc/mcc	No	N/A	\$ 7,474.00	\$ 7,474.00	N/A	CPT/HCPCS
		20	301	,,		,	+ 1,1100	7 7,7 7,00	,	2. 1/1.0. 00
					1					Cosa Dota
					1					Case Rate-
					1					Excluding
					1					Professional
					1					Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Pulmonary edema respiratory						are paid by
Stay	Hospital	DRG	LTC189	failure	No	N/A	\$ 74.931.49	\$ 74,931.49	N/A	CPT/HCPCS
· ·	• **			-		,	. ,	. ,552.70	,	
					1					Case Rate-
					1					
					1					Excluding
					1					Professional
					1					Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Respiratory system diagnosis w						are paid by
Stay	Hospital	DRG	LTC207	ventilator support >96 hours	No	N/A	\$ 37,703.24	\$ 37,703.24	N/A	CPT/HCPCS
,	p	2110	-:0207	Tomasor support 7 So Hours	110	14/74	+ 57,700.24	T 37,733.24	14/74	J/

	1							<u> </u>	Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Discounted Cash Price	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	\$1,929 Per Diem	70% Charges (Estimated as \$6,047.26 per diem)	Per Diem Per Day
Skilled Nursing Inpatient Room & Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	52% Charges Estimated at \$1,109.30 Per Diem	\$ 227.70	\$ 850.00	52% Charges Estimated at \$1,109.30 Per Diem	Per Diem Per Day
Skilled Nursing Inpatient Room & Board	Inpatient Skilled Nursing	UB	192	Subacute Care Level 2- Comprehensive Care	No	52% Charges Estimated at \$1,109.30 Per Diem	\$ 299.70		52% Charges Estimated at \$1,109.30 Per Diem	
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		52% Charges Estimated at \$1,109.30 Per Diem	
	1						, 5,5,66	, 223,00		
Hospital Outpatient Procedure	Hospital Outpatient	CPT	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	•	\$ 1,803.41	\$530.90	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$584.92	Case Rate
Unanitad Contrastinat Barand	Hamital Outputions		47000	Bartonetian of Larian factor (C. 1)		ć 4424.70	ć 457.00	4 624 40	ć4 424 7 0	Cons Date
Hospital Outpatient Procedure Hospital Outpatient Procedure	Hospital Outpatient Hospital Outpatient	CPT	17000 19083	Destruction of Lesion (outpatient) Bx breast 1st lesion us imag	No No	\$ 1,131.70 \$ 3,052.42	•	\$ 1,634.10 \$ 2,964.36	\$1,131.70 \$3,052.42	Case Rate Case Rate
inospital Outpatient Procedure	mospital Outpatient	CFI	19003	Removal of 1 or more breast	NO	N/A No Service	y 301.23	y 2,304.30	N/A No Service	Case Nate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19120	growth, open procedure	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Injections	Hospital Outpatient	CPT	20610	Arthrocentesis (outpatient)	No		\$ 182.39	\$ 1,461.73	\$370.58	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$1,243.48	Case Rate

									Amount We	
									Estimate You	
									Will Owe *	
									Will Owe	
To Search for a service Click "CTRL"										
+ "F"										
									•	
					CMS		De-Identified	De-Identified		
					Required		Minimum	Maximum		
		Code			Shoppable	Discounted	Negotiated	Negotiated	Discounted	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Cash Price	Estimate Type
						N/A No			N/A No	
						Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	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	СРТ	29881	(outpatient)	Yes	Volume	Ś -	\$ -	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	31575	Laryngoscopy - Diagnostic	No	\$ 449.87	\$ 135.86	\$ 1,978.02	\$449.87	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ		Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$608.39	Case Rate
·						N/A No			N/A No	
				Tonsillectomy with Adenoidectomy		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	42820	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
				Upper Gastrointestinal Endoscopy -			-	-		
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43235	Diagnostic	Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$2,027.21	Case Rate
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43239	With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$1,259.34	Case Rate
				Colonoscopy - Diagnostic						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45378	(outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$2,117.86	Case Rate
				Colonoscopy - With Biopsy						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45380	(outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$3,082.66	Case Rate
				Colonoscopy - With Polyp Removal						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45385	(outpatient)	Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	\$3,317.89	Case Rate
						N/A No			N/A No	
				Ultrasound examination of lower		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45391	large bowel using an endoscope	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	47562	Gall Bladder Surgery (outpatient)	Yes	\$ 12,062.52	\$ 504.75	\$ 18,374.88	\$12,062.52	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$3,111.60	Case Rate
				Repair of groin hernia patient age 5						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	49505	years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$9,867.85	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 97.04	\$ -	\$ 1,579.20	\$97.04	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$1,173.22	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	\$ 284.76	\$ 2,631.84	\$1,165.04	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	CPT	58100	Biopsy - Endometrial (Uterus)	No	\$ 375.83	\$ 144.00	\$ 1,697.39	\$375.83	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58300	Insert intrauterine device	No	\$ 632.24	\$ 48.93	\$ 1,749.37	\$632.24	Case Rate

	1		1		Amount M'-	
					Amount We	
					Estimate You	
					Will Owe *	
To Search for a service Click "CTRL"						
+ "F"						
	CMS		De-Identified	De-Identified		
	Required		Minimum	Maximum	-	
Code	Shoppable	Discounted	Negotiated	Negotiated	Discounted	
	Service?	Cash Price	Charge	Charge	Cash Price	Estimate Type
		\$ 273.85		\$ 1,495.58	\$273.85	Case Rate
	No	\$ 260.79		\$ 1,596.22	\$260.79	
	No	\$ 200.79	\$ 110.55	\$ 1,590.22	\$200.79	Case Rate
Routine obstetric care for vaginal						
Professional Services Associated delivery, including pre-and post-		ć 4.40C.34	ć 242.00	ć 2.270.40	Ć4 40C 24	Corre Dotte
with Inpatient Stay Professional Services CPT 59400 delivery care	Yes	\$ 4,496.21	\$ 242.00	\$ 3,278.48	\$4,496.21	Case Rate
Professional Services Associated		A 2222.05	4 4 4 2 2 4 4	4 505 04	42 222 25	
with Inpatient Stay Professional Services CPT 59410 Obstetrical care	No	\$ 2,230.06	\$ 133.91	\$ 1,625.81	\$2,230.06	Case Rate
Routine obstetric care for cesareal	n					
Professional Services Associated delivery, including pre-and post-					4	
with Inpatient Stay Professional Services CPT 59510 delivery care	Yes	\$ 4,966.56	\$ 246.05	\$ 3,619.13	\$4,966.56	Case Rate
Routine obstetric care for vaginal						
delivery after prior cesarean						
Professional Services Associated delivery including pre-and post-						
with Inpatient Stay Professional Services CPT 59610 delivery care	Yes	\$ 4,706.58	\$ 305.08	\$ 3,429.34	\$4,706.58	Case Rate
Injection of substance into spinal						
canal of lower back or sacrum usir	_					
Hospital Outpatient Procedure Hospital Outpatient CPT 62322 imaging guidance	Yes	\$ 1,055.18	\$ 379.33	\$ 1,880.39	\$1,055.18	Case Rate
Injection of substance into spinal						
canal of lower back or sacrum usir	ng					
Hospital Outpatient Procedure Hospital Outpatient CPT 62323 imaging guidance	Yes	\$ 1,665.98	\$ 305.01	\$ 1,988.33	\$1,665.98	Case Rate
Injections of anesthetic and/or						
steroid drug into lower or sacral						
spine nerve root using imaging						
Hospital Outpatient Procedure Hospital Outpatient CPT 64483 guidance	Yes	\$ 1,776.21	\$ 358.46	\$ 1,980.49	\$1,776.21	Case Rate
		N/A No			N/A No	
Removal of recurring cataract in		Service			Service	
Hospital Outpatient Procedure Hospital Outpatient CPT 66821 lens capsule using laser	Yes	Volume	\$ -	\$ -	Volume	Case Rate
		N/A No			N/A No	
Removal of cataract with insertion	1	Service			Service	
Hospital Outpatient Procedure Hospital Outpatient CPT 66984 of lens	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 69210 Remove impacted ear wax	No	\$ 168.99	\$ 48.93	\$ 1,604.78	\$168.99	Case Rate
CT Scan - Head/Brain, without						
Radiology Services Hospital Outpatient CPT 70450 Contrast	No	\$ 901.06	\$ 127.22	\$ 1,318.18	\$901.06	Per Unit
CT Scan - Head/Brain, without						
Radiology Services Hospital Outpatient CPT 70450 Contrast	Yes	\$ 901.06	\$ 127.22	\$ 1,318.18	\$901.06	Per Unit
Radiology Services Hospital Outpatient CPT 70482 Ct orbit/ear/fossa w/o&w/dye	No	\$ 2,339.66	\$ 207.79	\$ 2,657.02	\$2,339.66	Per Unit
Radiology Services Hospital Outpatient CPT 70486 Ct maxillofacial w/o dye	No	\$ 1,668.57	\$ 127.52	\$ 2,259.85	\$1,668.57	Per Unit

												Amount We	
												Estimate You	
												Will Owe *	
												Will Owe	
To Search for a service Click "CTRL"													
+ "F"													
					CMS			De-	dentified	De	e-Identified		
					Required				inimum	_	Maximum		
		Code			Shoppable	D	iscounted		gotiated	_	legotiated	Discounted	
Service Category	Service Setting	Туре	Code	Description	Service?	C	Cash Price		harge		Charge	Cash Price	Estimate Type
Radiology Services	Hospital Outpatient	CPT	70496	Ct angiography head	No	\$	1,871.05	_	223.05	\$	1,996.31	\$1,871.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$	1,632.72	\$	223.05	\$	1,677.63	\$1,632.72	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$	1,518.19	\$	252.20	\$	2,270.30	\$1,518.19	Per Unit
, , , , , , , , , , , , , , , , , , ,				-			,				,		
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$	2,314.59	\$	406.50	\$	3,409.54	\$2,314.59	Per Unit
<u> </u>													
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$	138.11	\$	19.91	\$	181.37	\$138.11	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$	148.99	\$	31.50	\$	193.55	\$148.99	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$	205.20	\$	38.07	\$	271.73	\$205.20	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$	1,024.52	\$	141.11	\$	1,468.48	\$1,024.52	Per Unit
				CT Scan - Chest, with Contrast									
Radiology Services	Hospital Outpatient	CPT	71260	(outpatient)	No	\$	1,448.52	\$	200.76	\$	2,034.88	\$1,448.52	Per Unit
Radiology Services	Hospital Outpatient	CPT	71275	Ct angiography chest	No	\$	1,935.65	\$	226.19	\$	2,092.27	\$1,935.65	Per Unit
Radiology Services	Hospital Outpatient	CPT	72040	X-Ray - Neck, Cervical Spine	No	\$	154.65	\$	37.93	\$	204.42	\$154.65	Per Unit
Radiology Services	Hospital Outpatient	CPT	72070	X-Ray - Middle Back, Thoracic Spine	No	\$	251.61	\$	33.93	\$	338.99	\$251.61	Per Unit
Radiology Services	Hospital Outpatient	CPT	72100	X-Ray - Spine (outpatient)	No	\$	199.60	\$	37.93	\$	265.13	\$199.60	Per Unit
				X-Ray, lower back, minimum four									
Radiology Services	Hospital Outpatient	CPT	72110	views	Yes	\$	213.64	\$	52.80	\$	284.93	\$213.64	Per Unit
Radiology Services	Hospital Outpatient	CPT	72125	Ct neck spine w/o dye	No	\$	1,459.37	\$	136.86	\$	1,750.92	\$1,459.37	Per Unit
Radiology Services	Hospital Outpatient	CPT	72126	Ct neck spine w/dye	No	\$	1,293.16	\$	260.86	\$	1,821.59	\$1,293.16	Per Unit
Radiology Services	Hospital Outpatient	CPT	72127	Ct neck spine w/o & w/dye	No	\$	1,815.93	\$	201.73	\$	2,118.48	\$1,815.93	Per Unit
Radiology Services	Hospital Outpatient	CPT	72129	Ct chest spine w/dye	No	\$	1,520.66	\$	199.82	\$	1,805.90	\$1,520.66	Per Unit
Radiology Services	Hospital Outpatient	CPT	72132	Ct lumbar spine w/dye	No	\$	1,518.43	\$	260.86	\$	1,805.90	\$1,518.43	Per Unit
Radiology Services	Hospital Outpatient	CPT	72133	Ct lumbar spine w/o & w/dye	No	\$	1,904.42	\$	201.90	\$	2,238.70	\$1,904.42	Per Unit
Radiology Services	Hospital Outpatient	CPT	72141	MRI NECK SPINE W/O DYE	No	\$	1,441.84	\$	252.20	\$	2,177.11	\$1,441.84	Per Unit
Radiology Services	Hospital Outpatient	CPT	72148	MRI - Back (outpatient)	Yes	\$	1,381.13	\$	252.20	\$	2,137.12	\$1,381.13	Per Unit
Radiology Services	Hospital Outpatient	CPT	72170	X-Ray - Pelvis	No	\$	249.04	\$	28.72	\$	327.10	\$249.04	Per Unit
Radiology Services	Hospital Outpatient	CPT	72190	X-RAY EXAM OF PELVIS	No	\$	208.53	\$	39.60	\$	264.73	\$208.53	Per Unit
Radiology Services	Hospital Outpatient	CPT	72193	CT scan, pelvis, with contrast	Yes	\$	1,536.96	\$	197.29	\$	2,142.05	\$1,536.96	Per Unit
Radiology Services	Hospital Outpatient	CPT	72197	MRI - Pelvis (outpatient)	No	\$	2,448.72	\$	402.71	\$	3,522.33	\$2,448.72	Per Unit
Radiology Services	Hospital Outpatient	CPT	73000	X-ray exam of collar bone	No	\$	147.59	\$	22.40	\$	185.92	\$147.59	Per Unit

		_							Г		Amount Mo	I
											Amount We	
											Estimate You	
											Will Owe *	
To Search for a service Click "CTRL"												
+ "F"												
<u> </u>												
					CMS			De-Identified	D	e-Identified		
					Required			Minimum		Maximum		
		Code			Shoppable	D	iscounted	Negotiated	N	legotiated	Discounted	
Service Category	Service Setting	Туре	Code	Description	Service?	_	Cash Price	Charge	_	Charge	Cash Price	Estimate Type
Radiology Services	Hospital Outpatient	CPT	73010	X-ray exam of shoulder blade	No	\$	196.93	\$ 26.01	\$	251.93	\$196.93	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$	149.50	\$ 28.33	\$	196.92	\$149.50	Per Unit
Radiology Services	Hospital Outpatient	CPT	73060	X-RAY EXAM OF HUMERUS	No	\$	147.62	\$ 29.40	\$	195.82	\$147.62	Per Unit
Radiology Services	Hospital Outpatient	CPT	73070	X-ray exam of elbow	No	\$		\$ 25.07	\$	191.42	\$146.83	Per Unit
Radiology Services	Hospital Outpatient	CPT	73080	X-RAY EXAM OF ELBOW	No	\$		\$ 26.72	\$	154.02	\$122.83	Per Unit
Radiology Services	Hospital Outpatient	CPT	73090	X-RAY EXAM OF FOREARM	No	\$	117.10	•	\$	151.82	\$117.10	Per Unit
Radiology Services	Hospital Outpatient	CPT	73110		No	\$	156.52	•	\$	196.19	\$156.52	Per Unit
Radiology Services	Hospital Outpatient	CPT		X-RAY EXAM OF HAND	No	\$	192.03	•		249.73	\$192.03	Per Unit
Radiology Services	Hospital Outpatient	CPT		X-Ray - Hand	No	\$	151.54	•	\$	198.42	\$151.54	Per Unit
Radiology Services	Hospital Outpatient	CPT	73221	MRI - Shoulder, Elbow, or Wrist	No	\$	1,211.82	•	\$	1,702.46	\$1,211.82	Per Unit
,		- C	70222			-		7	-		7-/	
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$	129.58	\$ 37.77	\$	197.91	\$129.58	Per Unit
,			70002	The state of the s		-		7	T		7	
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$	150.51	\$ 29.51	\$	189.38	\$150.51	Per Unit
Radiology Services	Hospital Outpatient	CPT	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$	201.92	\$ 32.40	Ś	266.82	\$201.92	Per Unit
Radiology Services	Hospital Outpatient	CPT	73562	X-Ray - Knee (outpatient)	No	\$		•	\$	351.25	\$263.50	Per Unit
Radiology Services	Hospital Outpatient	CPT	73590	X-ray exam of lower leg	No	\$		·	\$	321.48	\$239.62	Per Unit
Radiology Services	Hospital Outpatient	CPT	73600	X-RAY EXAM OF ANKLE	No	\$		\$ 31.98	\$	278.60	\$191.55	Per Unit
Radiology Services	Hospital Outpatient	CPT	73610	X-Ray - Ankle (outpatient)	No	\$	239.05		\$	311.14	\$239.05	Per Unit
Radiology Services	Hospital Outpatient	CPT	73620	X-RAY EXAM OF FOOT	No	\$	196.24	\$ 29.81	\$	262.21	\$196.24	Per Unit
Radiology Services	Hospital Outpatient	CPT	73630	X-Ray - Foot (outpatient)	No	\$	216.05	\$ 33.95	\$	289.60	\$216.05	Per Unit
Radiology Services	Hospital Outpatient	CPT	73700	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	\$ 134.01	\$	1,400.92	\$1,231.00	Per Unit
Radiology Services	Hospital Outpatient	CPT	73721	MRI - Knee (outpatient)	Yes	Ś	1,224.32	\$ 246.65	Ś	1,828.36	\$1,224.32	Per Unit
	and the same of th			in the constant of		_	-,		_	-,	,	2.0
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	145.61	\$ 28.31	Ś	189.76	\$145.61	Per Unit
Radiology Services	Hospital Outpatient	CPT	74150	•	No	\$	977.64			1,446.99	\$977.64	Per Unit
Radiology Services	Hospital Outpatient	CPT		Ct abdomen w/o & w/dye	No	\$	1,824.18	•	\$	2,144.29	\$1,824.18	Per Unit
	2 - 1					-	_,	, 207.30	7	_,5	+-,··-·	
				CT Scan - Abdomen and Pelvis, with								
Radiology Services	Hospital Outpatient	СРТ	74177	·	No	\$	2,748.11	\$ 286.79	Ś	3,568.86	\$2,748.11	Per Unit
		-				7	_,. 10.11	- 200.73	7	2,230.00	7-,- 70.11	
				CT Scan - Abdomen and Pelvis, with								
Radiology Services	Hospital Outpatient	СРТ	74177	•	Yes	\$	2,748.11	\$ 286.79	Ś	3,568.86	\$2,748.11	Per Unit
Radiology Services	Hospital Outpatient	CPT	74220		No	\$	394.10	\$ 56.38	Ś	563.71	\$394.10	Per Unit
Hadiology octations	Hospital Gatpatient	GI I	17220	A ray Am coopinguo Icitast	140	7	334.10	7 30.36	٦	303.71	7334.10	. Cr Omt

	T	1		T						1	A	I
											Amount We	
											Estimate You	
											Will Owe *	
To Search for a service Click "CTRL"												
+ "F"												
, ,												
					CMS			De-Identified	De.	-Identified		
					Required			Minimum		laximum		
		Code			Shoppable	Di	scounted	Negotiated	_	egotiated	Discounted	
Service Category	Service Setting	Туре	Code	Description	Service?		ash Price	Charge		Charge	Cash Price	Estimate Type
Radiology Services	Hospital Outpatient	CPT	74270	X-ray xm colon 1cntrst std	No No	\$	521.72		\$	578.01	\$521.72	Per Unit
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$	306.04	\$ 59.00	\$	323.39	\$306.04	Per Unit
Radiology Services	Hospital Outpatient	CPT	76536	Ultrasound - Head and Neck	No	\$	460.62	\$ 78.79	\$	386.50	\$460.62	Per Unit
nadiology Services	nospital outpatient	CFI	70330	Ottrasouna - Head and Neck	NU	7	400.02	7 76.73	Y	300.30	3400.02	rei Oilit
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$	152.68	\$ 78.52	Ġ	249.30	\$152.68	Per Unit
nautology services	nospital outputient	C. T	70042	Oterasouna - Breast (outpatient)	110	7	132.00	7 70.32	7	243.30	Ģ152.00	T CT OTHE
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$	361.43	\$ 91.69	ċ	433.80	\$361.43	Per Unit
induitiogy Services	nospital Outpatient	CFT	70700	Ottrasouna - Abdominal, Complete	163	٦	301.43	3 31.03	Y	433.00	3301.43	rei Oiiit
Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$	327.93	\$ 46.05	\$	372.20	\$327.93	Per Unit
itadiology services	nospital outputient	CFT	70703	Oldrasouna - Abdollmai, Ellincea	NO	7	327.33	7 40.03	7	372.20	7327.33	T CT OTHE
Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$	456.58	\$ 76.54	\$	400.80	\$456.58	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76801	OB US < 14 WKS SINGLE FETUS	No	\$	391.57	\$ 86.65	\$	396.27	\$391.57	Per Unit
waterinty/ benvery	nospital outpatient	CFI	70001	Ultrasound - Pregnancy	INU	7	331.37	3 80.03	7	330.27	3331.37	rei Oilit
Radiology Services	Hospital Outpatient	СРТ	76805	(outpatient)	Yes	\$	367.73	\$ 100.36	\$	437.10	\$367.73	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76811	OB US DETAILED SNGL FETUS	No	\$	522.04	\$ 198.65	\$	587.50	\$522.04	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76815	OB US LIMITED FETUS(S)	No	\$	309.95		\$	384.30	\$309.95	Per Unit
iviaterinty/ Benvery	nospital outputient	C. T	70013	OB 03 EIMITED 12103(3)	110	7	303.33	ÿ 34.73	7	304.30	7303.33	T CT OTHE
Radiology Services	Hospital Outpatient	СРТ	76816	Ultrasound - Pregnancy Follow-Up	No	\$	406.54	\$ 64.37	\$	384.30	\$406.54	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76818	FETAL BIOPHYS PROFILE W/NST	No	\$	476.50	\$ 82.20	\$	387.27	\$476.50	Per Unit
indicinity, beneaty	Trospital Gatpatient	C. T	70010	TETAL BIOTHIST NOTICE 11/11/51	110	~	470130	ψ 02.20	~	307127	\$470.50	T CT OTHE
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$	407.39	\$ 97.44	\$	398.34	\$407.39	Per Unit
iviaterinty/ Benvery	nospital outputient	CFT	70013	TETAL BIOTHIST ROTTE W/O NST	140	7	407.33	37.44	7	330.34	3407.33	T CT OTHE
Radiology Services	Hospital Outpatient	СРТ	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$	370.14	\$ 88.69	\$	391.69	\$370.14	Per Unit
nautology services	nospital outputient	C. T	70021	Ultrasound - Transvaginal (non-	110	7	370.14	7 00.05	7	331.03	3370.14	T CT OTHE
Radiology Services	Hospital Outpatient	СРТ	76830	maternity)	Yes	\$	475.43	\$ 98.63	Ś	463.90	\$475.43	Per Unit
Radiology Services	Hospital Outpatient	CPT	76856	Ultrasound - Pelvic (outpatient)	No	\$	344.00	-		408.50	\$344.00	Per Unit
Radiology Services	Hospital Outpatient	CPT	77065	Mammography of one breast	Yes	\$	546.40	-	_	501.03	\$546.40	Per Unit
Radiology Services	Hospital Outpatient	CPT	77066	Mammography of both breasts	Yes	\$	383.79	-	_	629.70	\$383.79	Per Unit
industrigy services	Trospital Gatpatient	C. T	77000	inaminography of sour sicuses	103	~	303173	Ţ 155.01	~	023.70	4303.73	T CT OTHE
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$	406.73	\$ 109.22	Ġ	504.02	\$406.73	Per Unit
Radiology Services	Hospital Outpatient	CPT	77080	Bone Density Scan (outpatient)	No	\$	247.25		\$	393.45	\$247.25	Per Unit
Radiology Services	Hospital Outpatient Hospital Outpatient	CPT	77081	Dxa bone density/peripheral	No	\$	116.84	•	_	171.64	\$116.84	Per Unit
naulology services	nospital Outpatient	CPT	1/081	Dia pone density/peripheral	INO	Ģ	110.64	35،80 ډ	ş	1/1.04	\$110.04	rei Ullit

									Amount We	
									Estimate You	
									Will Owe *	
									Will Owe	
To Search for a service Click "CTRL"										
+ "F"										
,										
					CMS		De-Identified	De-Identified		
					Required		Minimum	Maximum		
		Codo				Discounted			Dissounted	
Samias Catacami	Comice Cotting	Code	Cada	Description	Shoppable Samias?	Discounted Cook Price	Negotiated	Negotiated	Discounted Cook Price	Estimate Tuna
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	Cash Price	Estimate Type
						4 040 04	A 225 74	4 2 2 2 4 5	44 040 04	
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$ 1,010.04	\$ 336.74	\$ 2,091.45	\$1,010.04	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$ 158.03	\$ 11.84	\$ 221.33	\$158.03	Per Unit
				Blood Test - Comprehensive						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80053	Metabolic Panel	Yes	\$ 93.73	•	-	\$93.73	Per Unit
						N/A No	N/A No	N/A No	N/A No	
				Blood Test - Pregnancy (Obstetric)		Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	CPT	80055		Yes	Volume	Volume	Volume	Volume	Per Unit
				Blood Test - Cholesterol Test, Lipid						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80061	Panel	Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$46.48	Per Unit
				Blood Test - Renal (Kidney)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80069	Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$17.24	Per Unit
				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$146.77	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80307	Drug test prsmv chem anlyzr	No	\$ 128.65	\$ 55.93	\$ 199.53	\$128.65	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
				Urine Test - Automated with						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81001	Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$23.46	Per Unit
	The second secon		01001			7	,	· ·	720110	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$7.24	Per Unit
	Program of male and and			3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	T-1-1-1	
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$10.40	Per Unit
	prom. waspasterit	J	51505			7 20.40	÷ 3.20	÷ 11.25	4-31-10	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$40.87	Per Unit
		51.1	51525	- Tegraney	140	7 70.07	÷ 10.43	7 30.23	ψ-10.07	. c. ct
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$41.02	Per Unit
Laboratory & Latifology Services	Troopical Outputient	51.1	0224/	Simulation total	140	7 71.02	7 7.32	y 33.22	y-1.02	. cr omt
Laboratory & Dathology Consissa	Hospital Outpations	CDT	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	¢ 26.64	\$ 254.08	\$188.74	Por Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	02300	blood Test - Vitaliilii D-3 Level	INU	\$ 188.74	\$ 26.64	<i>⊋</i> ∠54.08	3100.74	Per Unit
Laboratom & Dathalam Camin-	Hospital Outpotions	CDT	02220	Assay of salsium	N-	\$ 35.11	ć 43.34	\$ 67.00	\$35.11	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	02330	Assay of calcium	No	\$ 35.11	\$ 12.31	\$ 67.00	333.11	Per Unit
Laboratom & Dathalam Camin-	Hospital Outpotions	CDT	02275	Assay sarbayybb susat	N =	\$ 114.13	ć 44.00	é 452.C4	6114.13	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	823/5	Assay carboxyhb quant	No	\$ 114.13	\$ 11.09	\$ 153.64	\$114.13	Per Unit

										Amount We	
										Estimate You	
										Will Owe *	
To Search for a service Click "CTRL" + "F"											
<u>Service Category</u>	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	ounted Price	De-Identified Minimum Negotiated Charge	De-Ider Maxin Negoti Char	num ated	Discounted Cash Price	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82465	Assay bld/serum cholesterol	No	\$ 15.28	\$ 3.92	\$	23.76	\$15.28	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of ck (cpk)	No	\$ 12.70	\$ 5.86	\$	35.53	\$12.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82552	Assay of cpk in blood	No	\$ 26.14	\$ 12.05	\$	75.41	\$26.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82565	Assay of creatinine	No	\$ 124.50	\$ 7.17	\$	70.25	\$124.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82607	Blood Test - Vitamin B-12 (Cyanocobalamin) Level	No	\$ 29.40	\$ 13.57	\$	82.73	\$29.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82610	Cystatin c	No	\$ 140.40	\$ 14.17	\$ 4	05.00	\$140.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82668	Assay of erythropoietin	No	\$ 36.68	\$ 16.91	\$	99.20	\$36.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82670	Assay of estradiol	No	\$ 54.51	\$ 25.15	\$ 1	52.33	\$54.51	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82693	Assay of ethylene glycol Blood Test - Ferritin (Blood Protein)	No	\$ 20.29	\$ 13.41	\$	40.08	\$20.29	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82728		No	\$ 33.53	\$ 19.09	\$	96.63	\$33.53	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82746	Blood Test - Folic Acid Level	No	\$ 37.75	\$ 13.23	\$	79.52	\$37.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82803	Blood gases any combination	No	\$ 73.40	\$ 20.17	\$ 1	06.16	\$73.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34.04	\$ 5.51	\$	49.42	\$34.04	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82962	Glucose blood test	No	\$ 45.55	\$ 3.89	\$	61.82	\$45.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83018	Heavy metal quant each nes	No	\$ 172.97	\$ 19.76	\$ 4	98.96	\$172.97	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83036	Blood Test - Blood Glucose Control (Hemoglobin A1C)	No	\$ 71.27	\$ 8.74	\$	95.94	\$71.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83088	Assay of histamine	No	\$ 75.84	\$ 26.58	\$ 2	18.76	\$75.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83518	Immunoassay dipstick	No	\$ 147.09	\$ 6.55	\$ 4	24.29	\$147.09	Per Unit

				I					A	
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
					CMS		De-Identified	De-Identified		
					Required		Minimum	Maximum		
		Code			Shoppable	Discounted	Negotiated	Negotiated	Discounted	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Cash Price	Estimate Type
<u>Jervice Category</u>	<u>Service Setting</u>	туре	coue	Description	Service:	Casii Fiice	Charge	Charge	Casii Fiice	Estimate Type
Laboratori C Dathalami Camilaa	Heavital Outrations	CDT	02540	Dioad Test Iven Level	No.	ć F1.00	ć 0.0C	ć 7F 77	ĆE1 00	Don Huit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83540	Blood Test - Iron Level	No	\$ 51.90	\$ 9.06	\$ 75.77	\$51.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83605	•	No	\$ 27.44	\$ 10.41	\$ 58.05	\$27.44	Per Unit
				Blood Test - Lipase (fat enzyme)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	83690	Level	No	\$ 69.47	\$ 6.20	\$ 93.51	\$69.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83735	Assay of magnesium	No	\$ 53.82	\$ 9.38	\$ 78.56	\$53.82	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83880	Assay of natriuretic peptide	No	\$ 172.55	\$ 35.33	\$ 232.27	\$172.55	Per Unit
	and the second s			,						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$ 61.73	\$ 6.64	\$ 87.67	\$61.73	Per Unit
Editional of a factorious services	Troopital outputient	Ci i	04100	rissay or priosprioras	140	Ų 01.75	ŷ 0.04	Ψ 07.07	401.73	T CT OTHE
Laboratory & Bathology Songices	Hospital Outpationt	CDT	0/122	Assay of sorum notassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$43.23	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84132	Assay of serum potassium	No	\$ 45.25	\$ 0.00	\$ 02.05	343.23	Per Unit
		CD=	04400			40.00	A 6.66	A	440.00	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$43.23	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84144	Assay of progesterone	No	\$ 52.59	\$ 18.77	\$ 96.68	\$52.59	Per Unit
				Blood Test - Prostate Specific						
Laboratory & Pathology Services	Hospital Outpatient	CPT	84153	Antigen (PSA) Level	Yes	\$ 74.21	\$ 25.75	\$ 116.68	\$74.21	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84154	PSA (prostate specific antigen)	Yes	\$ 106.34	\$ 16.55	\$ 143.15	\$106.34	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84182	Protein western blot test	No	\$ 382.72	\$ 18.76	\$ 588.80	\$382.72	Per Unit
,	The state of the s									
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$ 42.10	\$ 4.33	\$ 56.67	\$42.10	Per Unit
			5-255	Blood Test - Thyroxine (Thyroid		7 72.10	7 7.55	÷ 30.07	γ-12.10	
Laboratory & Pathology Convices	Hospital Outpations	CDT	9//20	Chemical) Level, Free	No	\$ 66.21	\$ 8.12	\$ 89.13	\$66.21	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	04433		No	y 00.21	y 0.12	y 05.15	900.ZI	i ei Oiiit
lahawatawa 8 Bathalawa 6			04442	Blood Test - Thyroid Stimulating	1	6 64.07	ć 22.52	ć 440.00	¢64.07	Devilled.
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Hormone (TSH) Level	No	\$ 64.07	\$ 23.52	\$ 119.09	\$64.07	Per Unit
				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Hormone (TSH) Level	Yes	\$ 64.07	\$ 23.52	\$ 119.09	\$64.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84480	Assay triiodothyronine (t3)	No	\$ 96.31	\$ 12.76	\$ 129.65	\$96.31	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84484	Assay of troponin quant	No	\$ 81.70	\$ 10.26	\$ 121.45	\$81.70	Per Unit
			_					_		

Г	T			T		I		I	A 14/-	I
									Amount We	
									Estimate You	
									Will Owe *	
To Consult for a consider Clintell CTDI										
To Search for a service Click "CTRL"										
+ "F"										
					CNAS		Do Identified	Do Identified		
					CMS Descripted		De-Identified	De-Identified		
					Required		Minimum	Maximum	B:	
	6 . 6	<u>Code</u>		.	Shoppable	Discounted	Negotiated	Negotiated	Discounted	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	Cash Price	Estimate Type
Laboratori 9 Dathalami Camilaa	Hamital Outpations	CDT	04703	Chariania annodatuania tast	NI -	ć 125.77	ć 11 F4	ć 100.21	Ć125.77	Day Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84702	Chorionic gonadotropin test	No	\$ 125.77	\$ 11.54	\$ 169.31	\$125.77	Per Unit
Laboratory & Pathology Sorvices	Hospital Outpationt	СРТ	85014	Homatocrit	No	\$ 26.95	\$ 2.13	\$ 36.27	\$26.95	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83014	Hematocrit	No	\$ 20.95	\$ 2.13	3 30.27	320.93	Per Offic
Laboratori & Dathalam Comicae	Henrital Outrations	CDT	05035	Blood Test - Complete Blood Cell	Vaa	ć 77.00	ć 10.00	ć 113.0C	ć77 00	Dou Hait
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85025	Count and Automated WBC	Yes	\$ 77.98	\$ 10.88	\$ 112.06	\$77.98	Per Unit
			05005	Blood Test - Complete Blood Cell		4 50.70	A		450 70	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85027	Count (Hemoglobin)	Yes	\$ 60.79	\$ 5.82	\$ 81.83	\$60.79	Per Unit
				GI . C		45.05	4544		445.07	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85240	Clot factor viii ahg 1 stage	No	\$ 45.97	\$ 16.11	\$ 95.56	\$45.97	Per Unit
									4	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85378	Fibrin degrade semiquant	No	\$ 53.57	\$ 7.44	\$ 72.11	\$53.57	Per Unit
									4	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85610	Blood Test - Clotting Time	Yes	\$ 44.81	\$ 6.01	\$ 64.27	\$44.81	Per Unit
									40.00	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85613	Russell viper venom diluted	No	\$ 24.61	\$ 8.24	\$ 70.98	\$24.61	Per Unit
				DDG CIGIN E GELL TEGT		A 50.00	4.05		450.00	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$ 53.32	\$ 4.96	\$ 71.77	\$53.32	Per Unit
				Blood Test - Coagulation					4	
Laboratory & Pathology Services	Hospital Outpatient	CPT	85730	Assessment	Yes	\$ 46.01	\$ 5.41	\$ 61.94	\$46.01	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85732	Thromboplastin time partial	No	\$ 12.63	\$ 5.82	\$ 36.42	\$12.63	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86140	C-reactive protein	No	\$ 48.49	\$ 4.66	\$ 65.28	\$48.49	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86360	T cell absolute count/ratio	No	\$ 65.00	\$ 42.28	\$ 211.59	\$65.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$ 132.78	\$ 24.10	\$ 383.03	\$132.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86431	Rheumatoid factor quant	No	\$ 52.70	\$ 5.10	\$ 70.95	\$52.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$ 37.81	\$ 3.84	\$ 50.90	\$37.81	Per Unit
									_	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 37.81	\$ 3.84	\$ 50.90	\$37.81	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86611	Bartonella antibody	No	\$ 57.37	\$ 9.16	\$ 165.50	\$57.37	Per Unit

				I					Amazumt Ma	
									Amount We	
									Estimate You	
									Will Owe *	
To Convok for a convice Click "CTD!"										
To Search for a service Click "CTRL"										
+ "F"										
					<u>CMS</u>		De-Identified			
					Required		Minimum	<u>Maximum</u>		
		<u>Code</u>			Shoppable	Discounted	Negotiated	Negotiated	Discounted	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	Cash Price	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	86615	Bordetella antibody	No	\$ 25.74	\$ 11.87	\$ 81.45	\$25.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86651	Encephalitis californ antbdy	No	\$ 25.74	\$ 11.87	\$ 110.13	\$25.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86652	Encephaltis east eqne anbdy	No	\$ 25.74	\$ 11.87	\$ 110.13	\$25.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86653	Encephaltis st louis antbody	No	\$ 25.74	\$ 11.87	\$ 110.13	\$25.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86654	Encephaltis west eqne antbdy	No	\$ 25.74	\$ 11.87	\$ 110.13	\$25.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86663	Epstein-barr antibody	No	\$ 25.60	\$ 11.81	\$ 83.21	\$25.60	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86677	Helicobacter pylori antibody	No	\$ 30.68	\$ 15.13	\$ 63.03	\$30.68	Per Unit
							-	-	-	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86692	Hepatitis delta agent antbdy	No	\$ 29.16	\$ 15.44	\$ 50.98	\$29.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86698	Histoplasma antibody	No	\$ 79.65	\$ 12.41	\$ 107.23	\$79.65	Per Unit
				· ·						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 86.11	\$ 10.85	\$ 115.92	\$86.11	Per Unit
,			30701			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 20100	,	700	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86705	HEP B CORE ANTIBODY IGM	No	\$ 22.98	\$ 10.59	\$ 57.38	\$22.98	Per Unit
	nospital outputient	C. I	00703	THE BECKE ANTIBOD FIGURE	140	Ç 22.50	Ψ 10.33	ψ 37.30	ŲZZ.ISO	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$ 98.98	\$ 9.67	\$ 133.25	\$98.98	Per Unit
Laboratory & Fathology Scrvices	nospital outputient	Ci i	00700	THE BOOK ACE ANTIBOD!	140	7 30.30	y 5.07	7 133.23	750.50	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86707	Hepatitis be antibody	No	\$ 22.56	\$ 10.41	\$ 65.09	\$22.56	Per Unit
Laboratory & Pathology Services	nospital Outpatient	CFI	80707	nepatitis be antibody	NO	\$ 22.30	3 10.41	\$ 05.05	322.30	rei Ollit
Laboratory & Pathology Convices	Hospital Outpations	СРТ	96700	Henatitis a antihody	No	\$ 22.71	\$ 11.15	\$ 56.71	\$22.71	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CF1	00/08	Hepatitis a antibody	No	y 22./1	y 11.15	y 30.71	922./I	i ei oiiit
Laboratory & Pathology Convices	Hospital Outpations	СРТ	96762	Ruhella antibody	No	\$ 78.19	\$ 12.95	\$ 225.56	\$78.19	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CF1	86762	Rubella antibody	No	7 /0.19	y 12.35	223.36	3/0.13	rei Onit
Laboratory & Dathalam Camilia	Hasnital Outpations	CDT	96765	Pubodo antibodo	NI-	ć 3F44	ć 44 FO	ć 72.F2	¢2F 44	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	\$ 25.14	\$ 11.59	\$ 72.53	\$25.14	Per Unit
Laboratoria O Dothologia Co. 1		CDT	00700	86769 - SARS-COV-2 COVID-19	N-	6 54.40		ć 443.0T	ĆE4 40	Dan Hait
Laboratory & Pathology Services	Hospital Outpatient	CPT	86769	ANTIBODY	No	\$ 51.48	\$ -	\$ 112.07	\$51.48	Per Unit
			00=05	lar are t					don	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$25.14	Per Unit

aboratory & Pathology Services Hospital Outpatient CPT 86804 Hep c ab test confirm No \$ 23.09 \$ 13.94 \$ 66.62 \$23.09 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86805 Rbc antibody screen No \$ 20.32 \$ 5.00 \$ 66.92 \$20.32 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86805 Rbc antibody screen No \$ 244.72 \$ 5.65 \$ 329.43 \$244.72 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86900 Blood typing serologic abo No \$ 198.99 \$ 3.78 \$ 267.88 \$198.99 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic abo No \$ 198.99 \$ 3.78 \$ 267.88 \$198.99 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86902 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86902 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86902 BLOOD TYPE ANTIGEN DONOR EA No \$ 5.82 \$ 4.84 \$ 383.37 \$5.82 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86902 COMPATIBILITY TEST SPIN No \$ 244.72 \$ 13.44 \$ 344.22 \$244.72 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 8707 Bacterial Culture - Swab No \$ 138.63 \$ 7.76 \$ 186.61 \$138.63 Per Unit Test for Disease-Causing (Pathogogy Services No \$ 60.43 \$ 7.27 \$ 81.35 \$60.43 Per Unit Unite Test - Bacterial Culture - Aerobic Isolates No \$ 5.82 \$ 7.27 \$ 81.35 \$60.43 Per Unit Test for Disease-Causing (Pathogogic) Organisms, Not Unite Test - Bacterial Culture, Aerobic Isolates No \$ 5.82 \$ 7.27 \$ 81.35 \$60.43 Per Unit Unite Test - Bacterial Culture, Aerobic Isolates No \$ 5.82 \$ 7.27 \$ 81.35 \$60.43 Per Unit Unite Test - Bacterial Culture, Aerobic Isolates No \$ 5.82 \$ 7.27 \$ 81.35 \$										Amount We	
For Service Cick "CFRL" Service Category Service Setting Service Category Service Setting Service Category Service Setting Type Code Description Service Category Service Category Service Category Service Setting Type Service Category No 5 67.64 price Cate Price Cate Price Cate Price Change Ch											
Service Category Service Setting Type Code Description Service Category Service Setting Type Code Description Service Category Service Setting Service Category Services Hospital Outpatient CPT Second Pethology Services Aboratory & Pathology Service										Will Owe *	
Service Category Service Setting Type Code Description Service Category Service Setting Type Code Description Service Category Service Setting Service Category Services Hospital Outpatient CPT Second Pethology Services Aboratory & Pathology Service											
Service Setting Service Settin	-										
Service Category Service Setting Service Setting Service Category Service Setting Service Setting Service Service Service Category Service Setting Service Setting Service Setting Service Setting Service Setting Service Service Service Setting Service Setting Service Setting Service Service Service Setting Service Service Service Service Ser	1 1										
Service Category Service Setting Service Setting Service Category Service Setting Service Setting Service Service Service Category Service Setting Service Setting Service Setting Service Setting Service Setting Service Service Service Setting Service Setting Service Setting Service Service Service Setting Service Service Service Service Ser											
Service Category Service Setting Type Description Service? Service Category Services Aboratory & Pathology Services Aborator											
Service Category Service Setting Type Code Description Service Cash Price Charge Cha			Code				Discounted			Discounted	
aboratory & Pathology Services Hospital Outpatient CPT 86804 Hep c ab test confirm No \$ 67.64 \$ 12.84 \$ 91.06 \$67.64 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86804 Hep c ab test confirm No \$ 23.09 \$ 13.94 \$ 66.62 \$23.09 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86805 Rbc antibody screen No \$ 20.32 \$ 5.00 \$ 66.92 \$20.32 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86900 Blood typing serologic abo No \$ 198.99 \$ 3.78 \$ 267.88 \$198.99 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic abo No \$ 198.99 \$ 3.78 \$ 267.88 \$198.99 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic abo No \$ 198.99 \$ 3.78 \$ 267.88 \$198.99 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic abo No \$ 198.99 \$ 3.78 \$ 267.88 \$198.99 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86902 Blood typing serologic rh(d) No \$ 50.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86902 Blood typing Serologic rh(d) No \$ 50.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87070 Bacterial Culture - Swab No \$ 133.90 \$ 9.29 \$ 180.25 \$133.90 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87070 Bacterial Culture - Swab No \$ 133.63 \$ 7.76 \$ 186.61 \$138.63 Per Unit Test for Disease-Causing (Pathogenic) Organisms, Not Unite Test Section Condition No \$ 50.41 \$ 5.97 \$ 109.26 \$81.17 Per Unit Test for Disease-Causing (Pathogenic) Organisms, Not Unite Test Section Condition No \$ 50.41 \$ 5.97 \$ 109.26 \$81.17 Per Unit Unite Test Section Condition No Specific Condition No Specific Condition No Specific Condition No S	Service Category	Service Setting		Code	Description						Estimate Type
aboratory & Pathology Services Hospital Outpatient CPT 86804 Hep c ab test confirm No \$ 23.09 \$ 13.94 \$ 66.62 \$23.09 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86850 Rbc antibody screen No \$ 20.32 \$ 5.00 \$ 66.92 \$20.32 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86885 Coombs test indirect qual No \$ 244.72 \$ 5.65 \$ 329.43 \$244.72 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86900 Blood typing serologic abo No \$ 198.99 \$ 3.78 \$ 267.88 \$198.99 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86902 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86902 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86902 Blood typing serologic rh(d) No \$ 5.82 \$ 4.84 \$ 383.37 \$5.82 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86902 COMPATIBILITY TEST SPIN No \$ 244.72 \$ 13.44 \$ 344.22 \$244.72 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87070 Bacterial Culture - Swab No \$ 138.63 \$ 7.76 \$ 186.61 \$138.63 Per Unit Test for Disease-Causing (Pathogenic) Organisms, Not Unive Test - Bacterial Culture,					Blood Test - Hepatitis C Antibody						
aboratory & Pathology Services Hospital Outpatient CPT 86850 Rbc antibody screen No \$ 20.32 \$ 5.00 \$ 66.92 \$20.32 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86800 Blood typing serologic abo No \$ 198.99 \$ 3.78 \$ 267.88 \$198.99 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86900 Blood typing serologic abo No \$ 198.99 \$ 3.78 \$ 267.88 \$198.99 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic abo No \$ 198.99 \$ 3.78 \$ 267.88 \$198.99 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86902 BLOOD TYPE ANTIGEN DONOR EA No \$ 5.82 \$ 4.84 \$ 383.37 \$5.82 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86920 COMPATIBILITY TEST SPIN No \$ 244.72 \$ 13.44 \$ 344.22 \$244.72 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87040 Blood culture for bacteria No \$ 133.90 \$ 9.29 \$ 180.25 \$133.90 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87070 Bacterial Culture - Swab No \$ 138.63 \$ 7.76 \$ 186.61 \$138.63 Per Unit Test for Disease-Causing (Pathogogy Services Hospital Outpatient CPT 87015 Bacterial Culture - Aerobic Isolates No \$ 60.43 \$ 7.27 \$ 81.35 \$60.43 Per Unit Universe - Bacterial Culture - Aerobic Isolates No \$ 5.90 \$ 109.26 \$81.17 Per Unit Universe - Bacterial Culture, Pathology Services No \$ 5.90 \$ 109.26 \$81.17 Per Unit Universe - Bacterial Culture, Pathology Services No \$ 5.90 \$ 109.26 \$81.17 Per Unit Universe - Bacterial Culture, Pathology Services No \$ 5.90 \$ 109.26 \$ \$81.17 Per Unit Universe - Bacterial Culture, Pathology Services No \$ 5.90 \$ 109.26 \$ \$81.17 Per Unit Universe - Bacterial Cultu	Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	Level	No	\$ 67.64	\$ 12.84	\$ 91.06	\$67.64	Per Unit
aboratory & Pathology Services Hospital Outpatient CPT 86885 Coombs test indirect qual No \$ 244.72 \$ 5.65 \$ 329.43 \$ 5244.72 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86900 Blood typing serologic abo No \$ 198.99 \$ 3.78 \$ 267.88 \$198.99 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic abo No \$ 198.99 \$ 3.78 \$ 267.88 \$198.99 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86902 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86902 Blood Typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86902 Blood Typing serologic rh(d) No \$ 5.82 \$ 4.84 \$ 383.37 \$5.82 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86902 COMPATIBILITY TEST SPIN No \$ 244.72 \$ 13.44 \$ 344.22 \$244.72 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87070 Bacterial Culture - Swab No \$ 138.63 \$ 7.76 \$ 186.61 \$138.63 Per Unit Test for Disease-Causing (Pathogenic) Organisms, Not Unine Test - Bacterial Culture, No \$ 81.17 \$ 5.97 \$ 109.26 \$81.17 Per Unit Unine Test - Sacterial Culture,	Laboratory & Pathology Services	Hospital Outpatient	СРТ	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$23.09	Per Unit
aboratory & Pathology Services Hospital Outpatient CPT 86900 Blood typing serologic abo No \$ 198.99 \$ 3.78 \$ 267.88 \$198.99 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86900 Blood typing serologic abo No \$ 198.99 \$ 3.78 \$ 267.88 \$198.99 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86902 BLOOD TYPE ANTIGEN DONOR EA No \$ 5.82 \$ 4.84 \$ 383.37 \$5.82 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86920 COMPATIBILITY TEST SPIN No \$ 244.72 \$ 13.44 \$ 344.22 \$244.72 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87040 Blood culture for bacteria No \$ 133.90 \$ 9.29 \$ 180.25 \$133.90 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87070 Bacterial Culture - Swab No \$ 138.63 \$ 7.76 \$ 186.61 \$138.63 Per Unit Test for Disease-Causing (Pathogenic) Organisms, Not Unifine Test - Bacterial Culture,	Laboratory & Pathology Services	Hospital Outpatient	СРТ	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$20.32	Per Unit
aboratory & Pathology Services Hospital Outpatient CPT 86900 Blood typing serologic abo No \$ 198.99 \$ 3.78 \$ 267.88 \$198.99 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86902 BLOOD TYPE ANTIGEN DONOR EA No \$ 5.82 \$ 4.84 \$ 383.37 \$5.82 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86900 COMPATIBILITY TEST SPIN No \$ 244.72 \$ 13.44 \$ 344.22 \$244.72 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87040 Blood culture for bacteria No \$ 133.90 \$ 9.29 \$ 180.25 \$133.90 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87070 Bacterial Culture - Swab No \$ 138.63 \$ 7.76 \$ 186.61 \$138.63 Per Unit Test for Disease-Causing (Pathogenic) Organisms, Not Unine Test - Bacterial Culture, Bacterial Culture, Urine Test - Bacterial Culture,	Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 244.77	\$ 5.65	\$ 329.43	\$244.72	Per Unit
aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86902 BLOOD TYPE ANTIGEN DONOR EA No \$ 5.82 \$ 4.84 \$ 383.37 \$5.82 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86920 COMPATIBILITY TEST SPIN No \$ 244.72 \$ 13.44 \$ 344.22 \$244.72 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87040 Blood culture for bacteria No \$ 133.90 \$ 9.29 \$ 180.25 \$133.90 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87070 Bacterial Culture - Swab No \$ 138.63 \$ 7.76 \$ 186.61 \$138.63 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87077 Bacterial Culture - Aerobic Isolates No \$ 60.43 \$ 7.27 \$ 81.35 \$60.43 Per Unit Test for Disease-Causing (Pathogenic) Organisms, Not Unine Test - Bacterial Culture, Unine Test - Bacterial Culture,	Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$198.99	Per Unit
aboratory & Pathology Services Hospital Outpatient CPT 86901 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 \$60.24 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86902 BLOOD TYPE ANTIGEN DONOR EA No \$ 5.82 \$ 4.84 \$ 383.37 \$5.82 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86920 COMPATIBILITY TEST SPIN No \$ 244.72 \$ 13.44 \$ 344.22 \$244.72 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87040 Blood culture for bacteria No \$ 133.90 \$ 9.29 \$ 180.25 \$133.90 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87070 Bacterial Culture - Swab No \$ 138.63 \$ 7.76 \$ 186.61 \$138.63 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87077 Bacterial Culture - Aerobic Isolates No \$ 60.43 \$ 7.27 \$ 81.35 \$60.43 Per Unit Test for Disease-Causing (Pathogogy Services Hospital Outpatient CPT 87081 Limited to a Specific Condition No \$ 81.17 \$ 5.97 \$ 109.26 \$81.17 Per Unit Urine Test - Bacterial Culture,	Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$198.99	Per Unit
aboratory & Pathology Services Hospital Outpatient CPT 86902 BLOOD TYPE ANTIGEN DONOR EA No \$ 5.82 \$ 4.84 \$ 383.37 \$5.82 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 86920 COMPATIBILITY TEST SPIN No \$ 244.72 \$ 13.44 \$ 344.22 \$244.72 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87040 Blood culture for bacteria No \$ 133.90 \$ 9.29 \$ 180.25 \$133.90 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87070 Bacterial Culture - Swab No \$ 138.63 \$ 7.76 \$ 186.61 \$138.63 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87077 Bacterial Culture - Aerobic Isolates No \$ 60.43 \$ 7.27 \$ 81.35 \$60.43 Per Unit Test for Disease-Causing (Pathogenic) Organisms, Not Unine Test - Bacterial Culture,	Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$60.24	Per Unit
aboratory & Pathology Services Hospital Outpatient CPT 86920 COMPATIBILITY TEST SPIN No \$ 244.72 \$ 13.44 \$ 344.22 \$244.72 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87040 Blood culture for bacteria No \$ 133.90 \$ 9.29 \$ 180.25 \$133.90 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87070 Bacterial Culture - Swab No \$ 138.63 \$ 7.76 \$ 186.61 \$138.63 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87077 Bacterial Culture - Aerobic Isolates No \$ 60.43 \$ 7.27 \$ 81.35 \$60.43 Per Unit Test for Disease-Causing (Pathogenic) Organisms, Not aboratory & Pathology Services Hospital Outpatient CPT 87081 Limited to a Specific Condition No \$ 81.17 \$ 5.97 \$ 109.26 \$81.17 Per Unit Urine Test - Bacterial Culture,	Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$60.24	Per Unit
aboratory & Pathology Services Hospital Outpatient CPT 87040 Blood culture for bacteria No \$ 133.90 \$ 9.29 \$ 180.25 \$133.90 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87070 Bacterial Culture - Swab No \$ 138.63 \$ 7.76 \$ 186.61 \$138.63 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87077 Bacterial Culture - Aerobic Isolates No \$ 60.43 \$ 7.27 \$ 81.35 \$60.43 Per Unit Test for Disease-Causing (Pathogenic) Organisms, Not Limited to a Specific Condition No \$ 81.17 \$ 5.97 \$ 109.26 \$81.17 Per Unit Urine Test - Bacterial Culture,	Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$ 4.84	\$ 383.37	\$5.82	Per Unit
aboratory & Pathology Services Hospital Outpatient CPT 87070 Bacterial Culture - Swab No \$ 138.63 \$ 7.76 \$ 186.61 \$138.63 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 87077 Bacterial Culture - Aerobic Isolates No \$ 60.43 \$ 7.27 \$ 81.35 \$60.43 Per Unit Test for Disease-Causing (Pathogenic) Organisms, Not Limited to a Specific Condition No \$ 81.17 \$ 5.97 \$ 109.26 \$81.17 Per Unit Urine Test - Bacterial Culture,	Laboratory & Pathology Services	Hospital Outpatient	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$ 344.22	\$244.72	Per Unit
aboratory & Pathology Services Hospital Outpatient CPT 87077 Bacterial Culture - Aerobic Isolates No \$ 60.43 \$ 7.27 \$ 81.35 \$60.43 Per Unit Test for Disease-Causing (Pathogenic) Organisms, Not (Pathogenic) Organisms, Not Urine Test - Bacterial Culture,	Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$ 133.90	\$ 9.29	\$ 180.25	\$133.90	Per Unit
Test for Disease-Causing (Pathogenic) Organisms, Not Limited to a Specific Condition No \$ 81.17 \$ 5.97 \$ 109.26 \$81.17 Per Unit Urine Test - Bacterial Culture,	Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$ 138.63	\$ 7.76	\$ 186.61	\$138.63	Per Unit
(Pathogenic) Organisms, Not aboratory & Pathology Services Hospital Outpatient CPT 87081 Limited to a Specific Condition No \$ 81.17 \$ 5.97 \$ 109.26 \$81.17 Per Unit Urine Test - Bacterial Culture,	Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077		No	\$ 60.43	\$ 7.27	\$ 81.35	\$60.43	Per Unit
aboratory & Pathology Services Hospital Outpatient CPT 87081 Limited to a Specific Condition No \$ 81.17 \$ 5.97 \$ 109.26 \$81.17 Per Unit Urine Test - Bacterial Culture,											
Urine Test - Bacterial Culture,	Laboratory & Pathology Services	Hospital Outpatient	СРТ	87081	l .	No	\$ 81.17	\$ 5.97	\$ 109.26	\$81.17	Per Unit
aboratory & Pathology Services Hospital Outpatient CPT 87086 Quantitative Colony Count No \$ 82.16 \$ 7.26 \$ 110.60 \$82.16 Per Unit					-						
	Laboratory & Pathology Services	Hospital Outpatient	CPT	87086	Quantitative Colony Count	No	\$ 82.16	\$ 7.26	\$ 110.60	\$82.16	Per Unit
aboratory & Pathology Services Hospital Outpatient CPT 87088 Urine Test - Bacterial Culture No \$ 15.80 \$ 7.28 \$ 43.86 \$15.80 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	СРТ	87088	Urine Test - Bacterial Culture	No	\$ 15.80	\$ 7.28	\$ 43.86	\$15.80	Per Unit
aboratory & Pathology Services Hospital Outpatient CPT 87110 Chlamydia culture No \$ 130.74 \$ 17.64 \$ 175.99 \$130.74 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	СРТ	87110	Chlamydia culture	No	\$ 130.74	\$ 17.64	\$ 175.99	\$130.74	Per Unit

										Amount We	
										Estimate You	
										Will Owe *	
										Will Owe	
To Search for a service Click "CTRL"											
+ "F"											
										·	
					CMS		De-lo	dentified	De-Identified		
					Required		Mir	<u>nimum</u>	Maximum		
		Code			Shoppable	Discounted	Neg	otiated	Negotiated	Discounted	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Cl	narge	Charge	Cash Price	Estimate Type
				Evaluation of Antimicrobial Drug							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87186	(antibiotic, antifungal, antiviral)	No	\$ 69.10	5 \$	7.79	\$ 93.10	\$69.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87205	Lab Test - Smear for Microorganism	No	\$ 49.93	\$	3.84	\$ 67.21	\$49.93	Per Unit
				Lab Test - Detection test for							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87340		No	\$ 63.55	\$	9.30	\$ 85.55	\$63.55	Per Unit
				Lab Test - Detection test for HIV-1							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87389	and HIV-2	No	\$ 110.43	3 \$	21.67	\$ 148.66	\$110.43	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87425	Rotavirus ag ia	No	\$ 37.44	\$	10.78	\$ 108.00	\$37.44	Per Unit
										4	
Laboratory & Pathology Services	Hospital Outpatient	CPT	87491	Urine Test - Chlamydia	No	\$ 108.43	3 \$	31.58	\$ 171.03	\$108.43	Per Unit
			07504	Urine Test - Gonorrhoeae				24 50	474.00	400.40	
Laboratory & Pathology Services	Hospital Outpatient	CPT	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$ 90.13	3 \$	31.58	\$ 171.03	\$90.13	Per Unit
Laboratori & Dathalami Camilaa	Heavital Outrations	CDT	07625	87635 - SARS-COV-2 COVID-19	NI-	ć 52.24			ć 12C 40	ćE2 2C	Day Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	8/635	AMP PRB	No	\$ 53.36) >	-	\$ 136.48	\$53.36	Per Unit
Laboratori & Dathalami Camilaa	Heavital Outrations	CDT	07700	Detect executives due com	NI-	ć 00.13	, ,	24 50	\$ 171.03	ć00 13	Day Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87798	Detect agent nos dna amp Lab Test - Detection test for	No	\$ 90.13	\$	31.58	\$ 171.03	\$90.13	Per Unit
Laboratory & Dathalamy Convices	Hospital Outpations	CDT	07004	Influenza Virus	Ne	¢ 27.50	ی د	10.02	\$ 70.50	¢27 F0	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87804	Innuenza virus	No	\$ 37.58	3 \$	19.82	\$ 70.50	\$37.58	Per Offit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87880	Strep Test (Streptococcus, group A)	No	\$ 101.50	s s	19.87	\$ 143.48	\$101.56	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CFI	87880	Strep Test (Streptococcus, group A)	IVU	\$ 101.50	, ,	15.67	3 143.40	\$101.50	rei Oiiit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	88185	Flowcytometry/tc add-on	No	\$ 68.83	ιŚ	_	\$ 120.30	\$68.81	Per Unit
Laboratory & Fathology Services	Trospital Outputient	Ci i	00103	Immunization Administration First	110	y 00.0.	. ,		7 120.30	700.01	T CT OTHE
Vaccinations	Physician Office	СРТ	90460	Component	No	\$ 40.10	\$	11.68	\$ 75.93	\$40.10	Per Unit
	,	1	55400	Immunization Administration Each		,	T		, , , , , , ,	7 :3:20	
Vaccinations	Physician Office	СРТ	90461	Additional Component	No	\$ 25.13	\$ \$	10.49	\$ 38.51	\$25.13	Per Unit
Vaccinations	Hospital Outpatient	CPT	90471	Immunization Administration	No	\$ 44.49			\$ 81.80	\$44.49	Per Unit
		1		Immunization Administration Each			-			-	
Vaccinations	Hospital Outpatient	СРТ	90472	Additional Component	No	\$ 12.56	\$	_	\$ 38.51	\$12.56	Per Unit
Vaccinations	Hospital Outpatient	CPT	90651	9V HPV Vaccine 2/3 Dose	No	\$ 142.32	2 \$	9.56	\$ 227.93	\$142.32	Per Unit
				Vaccine - Pneumococcal Conjugate							
Vaccination	Hospital Outpatient	CPT	90670	for Injection into Muscle	No	\$ 285.59	\$	9.56	\$ 345.21	\$285.59	Per Unit

	T		I					I	Amazunt Ma	
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
+ F										
					CDAC		D. Idaakii d	D. H. William		
					CMS		De-Identified			
					Required		Minimum	<u>Maximum</u>	B1 1	
		Code		5	Shoppable	Discounted	Negotiated	Negotiated	Discounted	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	Cash Price	Estimate Type
				Vaccine - Tetanus, Diptheria						
				Toxoids, and Acellular Pertussis						
				(Whooping Cough) for Injection						
Vaccination	Hospital Outpatient	CPT	90715	into Muscle	No	\$ 57.74	\$ -	\$ 77.73	\$57.74	Per Unit
Evaluation & Management Services	Professional Services	CPT	90791	Psychiatric Diagnostic Evaluation	No	\$ 308.81	\$ 118.93	\$ 198.74	\$308.81	Per Unit
Evaluation & Management Services	Professional Services	CPT	90832	Psychotherapy - 30 Minutes	Yes	\$ 88.03	\$ 57.92	\$ 99.25	\$88.03	Per Unit
Evaluation & Management Services	Professional Services	CPT	90834	Psychotherapy - 45 Minutes	Yes	\$ 116.77	\$ 77.37	\$ 132.34	\$116.77	Per Unit
Evaluation & Management Services	Professional Services	CPT	90837	Psychotherapy - 60 Minutes	Yes	\$ 174.90	\$ 116.00	•	\$174.90	Per Unit
						N/A No		N/A No	N/A No	
						Service		Service	Service	
Evaluation & Management Services	Professional Services	CPT	90846	Family psytx w/o pt 50 min	Yes	Volume	\$ -	Volume	Volume	Per Unit
Evaluation & Management Services	Professional Services	CPT	90847	Psychotherapy - Family Session	Yes	\$ 146.15	\$ 97.13	\$ 166.18	\$146.15	Per Unit
						N/A No		N/A No	N/A No	
						Service		Service	Service	
Evaluation & Management Services	Professional Services	CPT	90853	Psychotherapy - Group Session	Yes	Volume	\$ -	Volume	Volume	Per Unit
Medicine Speech Therapy	Hospital Outpatient	CPT	92507	SPEECH/HEARING THERAPY	No	\$ 52.00	\$ 17.40	\$ 251.43	\$52.00	Per Unit
				Electrocardiogram, routine, with						
Medicine Cardiovascular	Professional Services	CPT	93000	interpretation and report	Yes	\$ 36.27	\$ 28.12	\$ 95.52	\$36.27	Per Unit
Medicine Other	Hospital Outpatient	CPT	93005	Electrocardiogram (ECG or EKG)	No	\$ 142.29	\$ -	\$ 295.26	\$142.29	Per Unit
Medicine Cardiac Stress Test	Hospital Outpatient	CPT	93017	CARDIOVASCULAR STRESS TEST	No	\$ 471.40	\$ 61.00	\$ 634.57	\$471.40	Per Unit
Medicine Other	Hospital Outpatient	CPT	93306	Tte w/doppler complete	No	\$ 1,404.83	\$ 322.26	\$ 1,593.05	\$1,404.83	Per Unit
				Insertion of catheter into left heart						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	93452	for diagnosis	Yes	\$ 8,847.45	\$ 579.93	\$ 12,920.92	\$8,847.45	Case Rate
Medicine Other	Hospital Outpatient	CPT	93971	Extremity study	No	\$ 240.64	\$ 92.64	\$ 400.67	\$240.64	Per Unit
Medicine Other	Hospital Outpatient	CPT	95044	Allergy patch tests	No	\$ 189.82	\$ -	\$ 1,229.53	\$189.82	Per Unit
						N/A No	N/A No	N/A No	N/A No	
NA - distance Name to account						Comitos	Service	Service	Service	
Medicine Neurology and						Service	Service	Service	Service	

				1						Amount We	
										Estimate You	
										Will Owe *	
To Search for a service Click "CTRL"											
+ "F"											
					CMS		De-	Identified	De-Identified		
					Required			inimum	Maximum		
		Code			Shoppable	Discounted	_	gotiated	Negotiated	Discounted	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price		Charge	Charge	Cash Price	Estimate Type
service eurogo.y	<u></u>	-1100	3000	<u> </u>	00.000	343111100	-	<u></u>	<u> </u>	<u> </u>	200
Injections	Hospital Outpatient	СРТ	96402	Chemo hormon antineopl sq/im	No	\$ 110.20	\$	66.86	\$ 196.20	\$110.26	Case Rate
-				Physical Therapy - Manual			Ť				
Medicine Physical Medicine and				Electrical Stimulation Therapy, 15							
Rehabilitation	Hospital Outpatient	СРТ	97032		No	\$ 31.26	\$	12.56	\$ 59.90	\$31.26	Per Unit
Medicine Physical Medicine and				Physical Therapy - Ultrasound		-					
Rehabilitation	Hospital Outpatient	СРТ	97035	Therapy	No	\$ 26.92	\$	11.95	\$ 40.29	\$26.92	Per Unit
						-					
Medicine Physical Medicine and				Physical Therapy - Therapeutic							
Rehabilitation	Hospital Outpatient	СРТ	97110	Exercises	Yes	\$ 88.74	\$	17.40	\$ 119.46	\$88.74	Per Unit
Medicine Physical Medicine and				Physical Therapy - Neuromuscular							
Rehabilitation	Hospital Outpatient	СРТ	97112	Reeducation	No	\$ 69.93	\$	26.14	\$ 104.78	\$69.93	Per Unit
Medicine Physical Medicine and											
Rehabilitation	Hospital Outpatient	CPT	97116	GAIT TRAINING THERAPY	No	\$ 77.63	L \$	22.90	\$ 104.48	\$77.61	Per Unit
Medicine Physical Medicine and											
Rehabilitation	Hospital Outpatient	CPT	97140	Physical Therapy - Manual Therapy	No	\$ 56.20	\$	23.73	\$ 93.92	\$56.20	Per Unit
Medicine Physical Medicine and				Physical Therapy - Low Complexity							
Rehabilitation	Hospital Outpatient	CPT	97161	Evaluation	No	\$ 168.00	\$	71.97	\$ 252.78	\$168.06	Per Unit
Medicine Physical Medicine and				Physical Therapy - Moderate							
Rehabilitation	Hospital Outpatient	СРТ	97162	Complexity Evaluation	No	\$ 62.40	\$	71.97	\$ 252.78	\$62.40	Per Unit
Medicine Physical Medicine and				Physical Therapy - High Complexity							
Rehabilitation	Hospital Outpatient	CPT	97163	Evaluation	No	\$ 168.00	\$	71.97	\$ 252.78	\$168.06	Per Unit
Medicine Physical Medicine and											
Rehabilitation	Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	\$ 113.34	\$	48.67	\$ 170.97	\$113.34	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	CPT	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$ 180.88	\$	77.05	\$ 245.32	\$180.88	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	CPT	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$ 62.40	\$	72.00	\$ 245.32	\$62.40	Per Unit
1											
Medicine Physical Medicine and				Physical Therapy - Therapeutic							
Rehabilitation	Hospital Outpatient	CPT	97530	Activities	No	\$ 92.45	5 \$	17.40	\$ 124.45	\$92.45	Per Unit

	I	1	1			I	T	T		
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
					CMS		De-Identifie	De-Identified		
					Required		Minimum	Maximum		
		Code			Shoppable	Discounted	Negotiated	Negotiated	Discounted	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Cash Price	Estimate Type
Service Category	<u>Service Setting</u>	туре	code	Description	Service:	Casii Fiice	Charge	Charge	Casii Fiice	Estimate Type
				DI : 171 C 16						
Medicine Physical Medicine and				Physical Therapy - Self-care or			1.			
Rehabilitation	Hospital Outpatient	CPT	97535	Home Management Training	No	\$ 68.89	\$ -	\$ 109.03	\$68.89	Per Unit
Evaluation & Management Services	Professional Services	CPT	99024	Postop follow-up visit	No	\$ -	\$ -	\$ 14.27	\$0.00	Per Unit
Evaluation & Management Services	Professional Services	CPT	99202	Office Visit - New Patient, Minor	No	\$ 167.93	\$ 90.34	\$ 200.08	\$167.93	Per Unit
				Office Visit - New Patient, Low						
Evaluation & Management Services	Professional Services	CPT	99203	Complexity	Yes	\$ 182.06	\$ 132.5	\$ 273.99	\$182.06	Per Unit
				Office Visit - New Patient,			-		-	
Evaluation & Management Services	Professional Services	СРТ	99204	Moderate Complexity	Yes	\$ 250.69	\$ 177.0	\$ 432.49	\$250.69	Per Unit
		C	33204		103	7 200.00	T	· · · · · · · · · · · · · · · · · · ·	7200.00	
				New patient office of other						
Fundament Commission	Purfersional Comitee	CDT	00205	· ·	W	ć 440.0	456.3		Ć440.04	Deville:
Evaluation & Management Services	Professional Services	CPT	99205	outpatient visit, typically 60 min	Yes	\$ 448.04	\$ 156.3	\$ 553.76	\$448.04	Per Unit
Evaluation & Management Services	Professional Services	CPT	99212	Office Visit - Basic	No	\$ 58.74	\$ 46.4	\$ 133.24	\$58.74	Per Unit
				Office Visit - Established Patient,						
Evaluation & Management Services	Professional Services	CPT	99213	Low Complexity	No	\$ 99.67	\$ 81.7	\$ 201.59	\$99.67	Per Unit
				Office Visit - Established Patient,						
Evaluation & Management Services	Professional Services	CPT	99214	Moderate Complexity	No	\$ 151.19	\$ 140.9	\$ 279.47	\$151.19	Per Unit
				Office Visit - Established Patient,						
Evaluation & Management Services	Professional Services	СРТ	99215	High Complexity	No	\$ 315.87	\$ 192.3	\$ 385.34	\$315.87	Per Unit
Professional Services Associated							1	1		
with Inpatient Stay	Professional Services	СРТ	99232	Subsequent hospital care	No	\$ 159.88	\$ 50.60	s 111.92	\$159.88	Per Unit
				Patient office consultation,			, 55.6	,	7-30.00	
Evaluation & Management Services	Professional Services	СРТ	99243	typically 40 min	Yes	\$ 212.43	\$ \$-	\$ 142.18	\$212.43	Per Unit
Evaluation & Management Services	. Totasional Scivices	CF I	33243	Patient office consultation,	163	y 212.43	, y-	7 172.10	9212.43	. Cr Onit
Evaluation & Management Services	Professional Services	CDT	00244	typically 60 min	Voc	\$ 338.80	\$-	\$ 226.38	\$338.80	Por Unit
Evaluation & Management Services	Professional Services	CPT	99244		Yes	β 358.80	γ -	ş 220.38	\$558.80	Per Unit
				Emergency Department Visit -					4	
Emergency Room Visit	Hospital Outpatient	CPT	99281	Minor (outpatient)	No	\$ 230.81	\$ 74.98	\$ 689.88	\$230.81	Case Rate
				Emergency Department Visit - Low						
Emergency Room Visit	Hospital Outpatient	CPT	99282	Complexity (outpatient)	No	\$ 430.38	\$ 93.5	\$ 1,114.22	\$430.38	Case Rate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ	99283	Moderate Complexity (outpatient)	No	\$ 932.99	\$ 182.6	\$ 2,714.83	\$932.99	Case Rate

						Г			1		ı	Amazona 147	1
												Amount We	
												Estimate You	
												Will Owe *	
To Search for a service Click "CTRL"													
+ "F"													
					CMS			De-	dentified	D	e-Identified		
					Required			M	inimum	ı	Maximum		
		Code			Shoppable	D	iscounted	Ne	gotiated	N	legotiated	Discounted	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	C	ash Price	(harge		Charge	Cash Price	Estimate Type
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	CPT	99284	Higher Complexity (outpatient)	No	\$	2,400.69	\$	270.43	\$	4,475.48	\$2,400.69	Case Rate
				Emergency Department Visit - High									
Emergency Room Visit	Hospital Outpatient	CPT	99285	Complexity (outpatient)	No	\$	3,149.91	\$	458.20	\$	5,806.95	\$3,149.91	Case Rate
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	CPT	99291	Critical Care (outpatient)	No	\$	17,860.61	\$	425.50	\$	6,308.07	\$17,860.61	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	\$156.75	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	\$163.82	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 5-		١.							
Evaluation & Management Services	Professional Services	CPT	99383	11 Years Old	No	\$	170.96	\$	-	\$	413.46	\$170.96	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 12-		١.				١,			
Evaluation & Management Services	Protessional Services	СРТ	99384	17 Years Old	No	\$	193.58	Ş	-	\$	280.75	\$193.58	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
Freeling C Man 10 1	Professional Co. :	on-	00000	and Management, New Patient, 18-			407.00	,	FC 22	,	247.00	6407.00	Day Hair
Evaluation & Management Services	Professional Services	СРТ	99385	39 Years Old	Yes	\$	187.80	\$	59.23	\$	347.60	\$187.80	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
Fralization & Management Comition	Duefossional Compiess	CDT	00205	and Management, New Patient, 40-	W	ي ا	247.22	,	01.73	ے ا	1 202 50	¢247.22	Don Huit
Evaluation & Management Services	Professional Services	CPT	99386	64 Years Old	Yes	\$	217.32	>	91.72	\$	1,293.56	\$217.32	Per Unit
				Office Visit Comprehensive									
				Office Visit - Comprehensive									
				Preventive Medicine Reevaluation									
Evaluation & Management Comittee	Drofossional Convises	CDT	00201	and Management, Younger than 1	No	ے	1/1 10	ė		ے	267.02	¢141 10	Dor Unit
Evaluation & Management Services	Professional Services	CPT	33331	Year Old	No	\$	141.19	Þ	-	\$	267.83	\$141.19	Per Unit

	T	1		T						
									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL"										
+ "F"										
, ,										
					CMS		De-Identified	De-Identified		
					Required		Minimum	Maximum		
		Codo			Shoppable	Discounted	Negotiated	Negotiated	Discounted	
Samisa Catagony	Somica Sotting	Code	Codo	Description		Cash Price				Estimata Tuna
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	<u>Cash Price</u>	<u>Charge</u>	<u>Charge</u>	Cash Price	Estimate Type
				Office Visit Community						
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation					4	
Evaluation & Management Services	Professional Services	CPT	99392	and Management, 1-4 Years Old	No	\$ 150.93	\$ -	\$ 305.91	\$150.93	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	CPT	99393	and Management, 5-11 Years Old	No	\$ 150.44	\$ -	\$ 305.91	\$150.44	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	CPT	99394	and Management, 12-17 Years Old	No	\$ 165.14	\$ -	\$ 398.57	\$165.14	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	CPT	99395	and Management, 18-39 Years Old	No	\$ 168.81	\$ 37.07	\$ 304.60	\$168.81	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	CPT	99396	and Management, 40-64 Years Old	No	\$ 180.12	\$ 64.57	\$ 429.79	\$180.12	Per Unit
Exablate	Hospital Outpatient	СРТ	0398T	Focused Ultrasound	No	\$ 32,139.56	\$ 11,272.90	\$ 11,272.90	\$32,139.56	Case Rate
Vaccinations	Hospital Outpatient	CPT	G0008	Admin influenza virus vaccine	No	\$ 70.15		\$ 126.95	\$70.15	Per Unit
Vaccinations	Hospital Outpatient	CPT	G0009	Admin pneumococcal vaccine	No	\$ 27.43	•	\$ -	\$27.43	Per Unit
Medicine Hyberbaric	Hospital Outpatient	CPT	G0277	Hbot, full body chamber, 30m	No	\$ 773.99	•	\$ 1,424.46	\$773.99	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	CPT	G0277	Hospital observation per hr	No	\$ 15,685.71	•	\$ 24,131.86	\$15,685.71	Per Unit
		- Ci i	30378		140	Ţ 15,005.71	÷ 303.00	÷ 2-9,131.00	\$15,565.71	. c. cc
Evaluation & Management Services	Hospital Outpatient	СРТ	60463	Hospital outpt clinic visit	No	\$ 130.00	\$ 74.02	\$ 200.00	\$130.00	Per Unit
Evaluation & Management Services	Tiospital Outpatiellt	CF I	G0403	nospital outpt chille visit	140	y 130.00	7 74.02	200.00	7130.00	i ei oiit
Laboratory & Pathology Consises	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 476.03	Ś -	\$ 732.35	\$476.03	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	HCPCS			No	\$ 476.03	\$ 0.03	\$ 732.35	\$0.22	Per Unit
Injections	nospital Outpatient	חנצנט	110/1	Inj testosterone cypionate	INO	0.22 ډ	0.03	0.34 ب	ŞU.ZZ	rei Unit

									Amount We	
									Estimate You	
									Will Owe *	
To Search for a service Click "CTRL" + "F"										
					<u>CMS</u>			De-Identified		
					Required		<u>Minimum</u>	<u>Maximum</u>		
		Code			Shoppable	Discounted	Negotiated	Negotiated	Discounted	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Cash Price	Estimate Type
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$ 2.13	\$ 0.78	\$ 3.27	\$2.13	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$ 26.95	\$ -	\$ 89.11	\$26.95	Per Unit
Injections	Hospital Outpatient	CPT	J9217	Eligard	No	\$ 2,818.54	\$ -	\$ 4,336.21	\$2,818.54	Per Unit