

<b>Hospital Emergency Room Charges</b>				
EMERGENCY ROOM - LEVEL 1	99281	Per Visit	\$	125.00
EMERGENCY ROOM - LEVEL 2	99282	Per Visit	\$	220.00
EMERGENCY ROOM - LEVEL 3	99283	Per Visit	\$	440.00
EMERGENCY ROOM - LEVEL 4	99284	Per Visit	\$	890.00
EMERGENCY ROOM - LEVEL 5	99285	Per Visit	\$	990.00
EMERGENCY ROOM - CRITICAL CARE FIRST 74 MIN	99291	Per Visit	\$	1,570.00
EMERGENCY RM - CRITICAL CARE - EACH ADD'L 30 MIN.	99292	Per Visit	\$	700.00
<b>(Professional Charge)</b>				
PHYSICIAN - LEVEL 1	99281	Per Visit	\$	95.00
PHYSICIAN - LEVEL 2	99282	Per Visit	\$	120.00
PHYSICIAN - LEVEL 3	99283	Per Visit	\$	260.00
PHYSICIAN - LEVEL 4	99284	Per Visit	\$	440.00
PHYSICIAN - LEVEL 5	99285	Per Visit	\$	575.00
PHYSICIAN - CRITICAL CARE FIRST 74 MIN	99291	Per Visit	\$	950.00
PHYSICIAN - CRITICAL CARE - EACH ADD'L 30 MIN.	99292	Per Visit	\$	400.00
Most visits to the emergency room will have a hospital and professional charge.				
There may be additional charges such as: Lab, X-Ray, and/or other E/R procedures.				
Those charges are based on your medical condition, severity of illness and level of service required.				
If you are comparing prices it is important to consider the CPT code as well as the description.				
CPT Code - Current Procedural Terminology				

<b>Hospital Room &amp; Board and Observation Charges</b>			
<b>DESCRIPTION</b>	<b>UNIT</b>	<b>PRICE</b>	
Medical / Surgical Care	Per Day	\$ 1,200.00	
Intensive Care	Per Day	\$ 2,400.00	
Nursery	Per Day	\$ 1,200.00	
Observation	Per Hour	\$ 50.00	
Direct Referral to Observation	Per Visit	\$ 540.00	
Room and Board charges are recognized daily starting with the day of admission.			
There is no charge for room and board on the day of discharge unless it is the same day of admission.			
Observation is when you are in a bed in a patient room but are not recognized as being admitted.			
This is important because your insurance coverage is very different than if you were admitted.			
Direct referral is when your provider asks for a bed for you in a patient room for observation (not admitted).			
There may be additional charges for room and board or observation services as needed for your care.			

<b>Hospital Laboratory Charges</b>			
<b>DESCRIPTION</b>	<b>CPT CODE</b>	<b>UNIT</b>	<b>PRICE</b>
ANTIBODY SCREEN	86850	Per Test	\$ 137.00
AUTOMATED BLOOD COUNT	85027	Per Test	\$ 89.00
BMP (BASIC METABOLIC PANEL)	80048	Per Test	\$ 98.00
CBC	85025	Per Test	\$ 69.00
CMP(COMP.METABOLIC PANEL)	80053	Per Test	\$ 129.00
CREATININE	82565	Per Test	\$ 80.00
CULTURE BLOOD	87040	Per Test	\$ 154.00
ESR (SED RATE)	85651	Per Test	\$ 81.00
GLUCOSE	82947	Per Test	\$ 89.00
HEMOGLOBIN	85018	Per Test	\$ 66.00
INR	85610	Per Test	\$ 49.00
IRON	83540	Per Test	\$ 76.00
IRON BINDING CAPACITY,TOTAL	83550	Per Test	\$ 71.00
LACTATE	83605	Per Test	\$ 79.00
LIPASE	83690	Per Test	\$ 82.00
LIPID PANEL	80061	Per Test	\$ 142.00
MAGNESIUM	83735	Per Test	\$ 93.00
PHOSPHORUS	84100	Per Test	\$ 69.00
PLATELET COUNT	85049	Per Test	\$ 42.00
POTASSIUM (K+)	84132	Per Test	\$ 59.00
PSA ANNUAL SCREENING	84153	Per Test	\$ 95.00
PTT	85730	Per Test	\$ 86.00
RENAL FUNCTION PANEL	80069	Per Test	\$ 96.00
STREP SCREENING	87880	Per Test	\$ 89.00
TSH	84443	Per Test	\$ 98.00
URINE CREATININE	82570	Per Test	\$ 57.00
VENIPUNCTURE	36415	Per Test	\$ 15.00
VITAMIN B12	82607	Per Test	\$ 83.00
VITAMIN D	82306	Per Test	\$ 95.00

<b>Hospital Radiology Charges*</b>				
<b>DESCRIPTION</b>	<b>CPT CODE</b>	<b>UNIT</b>	<b>PRICE</b>	
X-RAY OF CHEST	71010	Per Test	\$	195.00
X-RAY OF ABDOMEN WITH KUB	74000	Per Test	\$	216.00
X-RAY OF SPINE	72100	Per Test	\$	303.00
X-RAY OF PELVIS	72170	Per Test	\$	216.00
X-RAY OF KNEE	73564	Per Test	\$	290.00
X-RAY OF SHOULDER	73030	Per Test	\$	290.00
X-RAY OF FOOT	73620	Per Test	\$	238.00
MRI LUMBAR WITHOUT CONTRAST	72148	Per Test	\$	1,490.00
MRI BRAIN WITHOUT CONTRAST	70551	Per Test	\$	1,490.00
CT OF THE HEAD WITHOUT CONTRAST	70450	Per Test	\$	1,170.00
CT OF THE ABD/PEL WITH CONTRAST	74177	Per Test	\$	2,400.00
CT OF THE ABD/PEL WITHOUT CONTRAST	74176	Per Test	\$	2,200.00
CT OF THE CHEST WITH CONTRAST	71260	Per Test	\$	1,280.00
CT OF THE CHEST WITHOUT CONTRAST	71250	Per Test	\$	1,170.00
MAMMOGRAM BILATERAL SCREENING	77057	Per Test	\$	210.00
MAMMOGRAM BILATERAL DIAGNOSTIC	77056	Per Test	\$	260.00
ULTRASOUND OF THE PELVIS	76830	Per Test	\$	475.00
ULTRASOUND OF THE ABDOMEN	76705	Per Test	\$	350.00
* Radiologist interpretation fees are not included in the above charges.				