Consumer Shoppable File

for

Tampa General Hospital Brooksville

Prices Posted & Effective On

10/1/2024

TAMPA GENERAL HOSPITAL BROOKSVILLE CONSUMER SHOPPABLE TOOL DISCLAIMER

Tampa General Hospital Brooksville has engaged a third party to assist in coordinating its adoption of 45 CFR Part 180, CMS-1717-F2, the Centers for Medicare and Medicaid Services hospital price transparency rule (the "*Rule*") requiring certain healthcare providers to disclose their pricing to patients for a number of standard provider service offerings.

This Tampa General Hospital Brooksville consumer shoppable file (the "*File*") provides cost estimates for services that can be scheduled in advance that may be of more common interest for consumers. The database used to construct the File uses actual prior service charges billed by Tampa General Hospital Brooksville to provide an estimate for the same to future patients.

Please note, the estimate for any service provided is limited to disclosure of Tampa General Hospital Brooksville standard charges for that particular service. As a result, any seen or unforeseen support service expenses, or expense change based on location or other reason, for any service estimate sought, may not be accurately reflected in the results provided by in the File.

As such, Tampa General Hospital Brooksville makes no guaranty of any kind regarding File data. Actual service and care expenses vary pursuant to a number of factors that cannot be properly considered for every possible patient encounter.

To the maximum extent permitted by applicable law, in no event will Tampa General Hospital Brooksville or its vendors, suppliers or other third parties it is working with be liable for any direct, consequential, incidental, special, punitive or other damages whatsoever arising out of or in any way related to any claim regarding (i) the File, (ii) the data displayed in the File, or (iii) any other claim related to a service price estimate whether based on contract, tort, negligence, strict liability or otherwise.

If there are questions regarding the File's data, you agree to discuss it with Tampa General Hospital Brooksville prior to receiving any service.

CMS Required List

Code	Туре	Description	CMS Required	Included
19120	CPT®	Removal of breast lesion	~	✓
29826	CPT®	Shoulder arthroscopy/surgery	~	
29881	CPT®	Knee arthroscopy/surgery	~	
42820	CPT®	Remove tonsils and adenoids	✓	~
43235	CPT®	Egd diagnostic brush wash	~	
43239	CPT®	Egd biopsy single/multiple	✓	~
45378	CPT®	Diagnostic colonoscopy	✓	~
45380	CPT®	Colonoscopy and biopsy	✓	~
45385	CPT®	Colonoscopy w/lesion removal	~	
45391	CPT®	Colonoscopy w/endoscope us	~	
47562	CPT®	Laparoscopic cholecystectomy	~	~
49505	CPT®	Prp i/hern init reduc >5 yr	~	~
55700	CPT®	Biopsy of prostate	~	~
55866	CPT®	Laparo radical prostatectomy	~	
59400	CPT®	Obstetrical care	~	
59510	CPT®	Cesarean delivery	~	
59610	CPT®	Vbac delivery	~	
62322	CPT®	Njx interlaminar Imbr/sac	~	
62323	CPT®	Njx interlaminar Imbr/sac	V	
64483	CPT®	Inj foramen epidural l/s	V	
66821	CPT®	After cataract laser surgery	V	
66984	CPT®	Cataract surg w/iol 1 stage	~	
70450	CPT®	Ct head/brain w/o dye	~	
70553	CPT®	Mri brain stem w/o & w/dye	~	
72110	CPT®	X-ray exam I-2 spine 4/>vws	V	
72148	CPT®	Mri lumbar spine w/o dye	~	
72193	CPT®	Ct pelvis w/dye	~	
73721	CPT®	Mri jnt of lwr extre w/o dye	~	
74177	CPT®	Ct abd & pelv w/contrast	~	✓
76700	CPT®	Us exam abdom complete	~	~
76805	CPT®	Ob us >/= 14 wks sngl fetus	✓	~
76830	CPT®	Transvaginal us non-ob	~	
77065	CPT®	Dx mammo incl cad uni	✓	
77066	CPT®	Dx mammo incl cad bi	~	
77067	CPT®	Scr mammo bi incl cad	~	
80048	CPT®	Metabolic panel total ca	~	
80053	CPT®	Comprehen metabolic panel	~	
80055	CPT®	Obstetric panel	~	
80061	CPT®	Lipid panel	✓	
80069	CPT®	Renal function panel	~	
80076	CPT®	Hepatic function panel	~	
81000	CPT®	Urinalysis nonauto w/scope	~	
81001	CPT®	Urinalysis auto w/scope	~	~
81002	CPT®	Urinalysis nonauto w/o scope	•	

CMS Required List

Code	Type	Description	CMS Required	Included
81003	CPT®	Urinalysis auto w/o scope	~	
84153	CPT®	Assay of psa total	~	
84154	CPT®	Assay of psa free	~	
84443	CPT®	Assay thyroid stim hormone	~	
85025	CPT®	Complete cbc w/auto diff wbc	~	
85027	CPT®	Complete cbc automated	~	
85610	CPT®	Prothrombin time	~	
85730	CPT®	Thromboplastin time partial	~	
90832	CPT®	Psytx w pt 30 minutes	✓	
90834	CPT®	Psytx w pt 45 minutes	~	
90837	CPT®	Psytx w pt 60 minutes	\checkmark	
90846	CPT®	Family psytx w/o pt 50 min	~	
90847	CPT®	Family psytx w/pt 50 min	✓	
90853	CPT®	Group psychotherapy	~	
93000	CPT®	Electrocardiogram complete	~	
93452	CPT®	Left hrt cath w/ventrclgrphy	~	
95810	CPT®	Polysom 6/> yrs 4/> param	V	
97110	CPT®	Therapeutic exercises	~	~
99203	CPT®	Office/outpatient visit new	V	
99204	CPT®	Office/outpatient visit new	~	
99205	CPT®	Office/outpatient visit new	V	
99243	CPT®	Office consultation	~	
99244	CPT®	Office consultation	V	
99385	CPT®	Prev visit new age 18-39	V	
99386	CPT®	Prev visit new age 40-64	V	
216	MS-DRG	Cardiac Valve And Other Major Cardiothoracic Procedures With Cardiac Catheterization With Mcc	V	
460	MS-DRG	Spinal Fusion Except Cervical Without MCC	V	
470	MS-DRG	Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc	V	
473	MS-DRG	Cervical Spinal Fusion Without Cc/Mcc	V	
743	MS-DRG	Uterine And Adnexa Procedures For Non-Malignancy Without Cc/Mcc	V	

Additional codes are included in this report to meet CMS requirements.

The following pages present the payer specific negotiated charge minimum and maximum values for shoppable services. Per CMS requirements to provide meaningful information to patients, the values below were created using the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. The values below reflect these typical experiences for patients. Recognize, however, that your utilization of service will be tailored to your specific needs which could impact charges higher or lower than the range presented.

Code	Туре	Description	Avg. Per Visit Minimum	Avg. Per Visit Maximum
11042	CPT®	Deb subq tissue 20 sq cm/<	\$1,987	\$1,987
15733	CPT®	Musc myoq/fscq flp h&n pedcl	\$5,284	\$5,284
19120	CPT®	Removal of breast lesion	\$10,426	\$10,426
20610	CPT®	Drain/inj joint/bursa w/o us	\$3,302	\$3,302
20680	CPT®	Removal of support implant	\$2,448	\$2,448
25605	CPT®	Treat fracture radius/ulna	\$3,483	\$3,483
27130	CPT®	Total hip arthroplasty	\$641	\$7,525
27447	CPT®	Total knee arthroplasty	\$16,126	\$16,126
27792	CPT®	Treatment of ankle fracture	\$9,379	\$9,379
28118	CPT®	Removal of heel bone	\$5,676	\$5,676
28122	CPT®	Partial removal of foot bone	\$5,676	\$5,676
28285	CPT®	Repair of hammertoe	\$6,155	\$11,998
28297	CPT®	Correction hallux valgus	\$7,961	\$7,961
30140	CPT®	Resect inferior turbinate	\$6,277	\$6,277
32555	CPT®	Aspirate pleura w/ imaging	\$18	\$18
36415	CPT®	Routine venipuncture	\$102	\$354
36430	CPT®	Blood transfusion service	\$746	\$5,391
42415	CPT®	Excise parotid gland/lesion	\$7,763	\$7,763
42820	CPT®	Remove tonsils and adenoids	\$6,738	\$6,738
43239	CPT®	Egd biopsy single/multiple	\$3,245	\$3,245
44970	CPT®	Laparoscopy appendectomy	\$10,721	\$10,721
45378	CPT®	Diagnostic colonoscopy	\$3,052	\$3,052
45380	CPT®	Colonoscopy and biopsy	\$830	\$4,260
47000	CPT®	Needle biopsy of liver	\$3,483	\$3,483
47562	CPT®	Laparoscopic cholecystectomy	\$5,205	\$7,763
49083	CPT®	Abd paracentesis w/imaging	\$2,325	\$3,052
49505	CPT®	Prp i/hern init reduc >5 yr	\$2,979	\$2,979
49591	CPT®	Rpr aa hrn 1st < 3 cm rdc	\$8,317	\$8,317
49593	CPT®	Rpr aa hrn 1st 3-10 rdc	\$288	\$288
49650	CPT®	Lap ing hernia repair init	\$8,499	\$23,168
50200	CPT®	Renal biopsy perq	\$3,785	\$3,785
52318	CPT®	Remove bladder stone	\$90	\$90
52341	CPT®	Cysto W/Ureter Stricture Tx	\$3,145	\$3,145
52351	CPT®	Cystouretero & or pyeloscope	\$3,209	\$3,209
52356	CPT®	Cysto/uretero w/lithotripsy	\$4,673	\$7,763
54410	CPT®	Remove/replace penis prosth	\$18,201	\$18,201
55700	CPT®	Biopsy of prostate	\$273	\$8,975
58120	CPT®	Dilation and curettage	\$7,580	\$7,580

Code	Туре	Description	Avg. Per Visit Minimum	Avg. Per Visit Maximum
58561	CPT®	Hysteroscopy remove myoma	\$10,323	\$10,323
58563	CPT®	Hysteroscopy ablation	\$8,519	\$8,519
58571	CPT®	Tlh w/t/o 250 g or less	\$9,291	\$23,146
58661	CPT®	Laparoscopy remove adnexa	\$10,286	\$10,286
59812	CPT®	Treatment of miscarriage	\$68,555	\$68,555
59820	CPT®	Care of miscarriage	\$7,703	\$7,703
69610	CPT®	Repair of eardrum	\$3,955	\$3,955
70551	CPT®	Mri brain stem w/o dye	\$1,406	\$1,406
71045	CPT®	X-ray exam chest 1 view	\$270	\$3,302
71046	CPT®	X-ray exam chest 2 views	\$78	\$654
71250	CPT®	Ct thorax w/o dye	\$1,703	\$1,703
73200	CPT®	Ct upper extremity w/o dye	\$100	\$100
74176	CPT®	Ct abd & pelvis w/o contrast	\$221	\$221
74177	CPT®	Ct abd & pelv w/contrast	\$433	\$433
74178	CPT®	Ct abd & pelv 1/> regns	\$348	\$348
74183	CPT®	Mri abdomen w/o & w/dye	\$1,417	\$1,417
76700	CPT®	Us exam abdom complete	\$326	\$326
76705	CPT®	Echo exam of abdomen	\$151	\$151
76801	CPT®	Ob us < 14 wks single fetus	\$434	\$434
76805	CPT®	Ob us >/= 14 wks sngl fetus	\$223	\$326
76815	CPT®	Ob us limited fetus(s)	\$164	\$164
76819	CPT®	Fetal biophys profil w/o nst	\$434	\$434
76856	CPT®	Us exam pelvic complete	\$101	\$101
78227	CPT®	Hepatobil syst image w/drug	\$797	\$797
78802	CPT®	Tumor imaging whole body	\$2,391	\$2,391
81001	CPT®	Urinalysis auto w/scope	\$344	\$344
86900	CPT®	Blood typing serologic abo	\$110	\$361
86920	CPT®	Compatibility test spin	\$155	\$155
88172	CPT®	Cytp dx eval fna 1st ea site	\$637	\$637
88305	CPT®	Tissue exam by pathologist	\$354	\$354
92960	CPT®	Cardioversion electric ext	\$1,172	\$1,172
93005	CPT®	Electrocardiogram tracing	\$55	\$910
93306	CPT®	Tte w/doppler complete	\$2,702	\$2,702
93458	CPT®	L hrt artery/ventricle angio	\$2,801	\$25,847
96372	CPT®	Ther/proph/diag inj sc/im	\$697	\$697
96374	CPT®	Ther/proph/diag inj iv push	\$3,302	\$4,184
97018	CPT®	Paraffin bath therapy	\$712	\$712
97110	CPT®	Therapeutic exercises	\$86	\$264
97112	CPT®	Neuromuscular reeducation	\$702	\$702
99282	CPT®	Emergency dept visit	\$106	\$3,302
99283	CPT®	Emergency dept visit	\$131	\$3,302
99284	CPT®	Emergency dept visit	\$431	\$5,302

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Code	Туре	Description	Avg. Per Visit Minimum	Avg. Per Visit Maximum
99285	CPT®	Emergency dept visit	\$524	\$6,250
C9600	CPT®	Perc drug-el cor stent sing	\$9,457	\$9,457
G0277	CPT®	Hbot, full body chamber, 30m	\$503	\$1,588
G0463	CPT®	Hospital outpt clinic visit	\$120	\$2,922
P9040	CPT®	RBC leukoreduced irradiated	\$4,466	\$4,466
069	MS-DRG	Transient Ischemia Without Thrombolytic	\$6,917	\$6,917
178	MS-DRG	Respiratory Infections And Inflammations With Cc	\$8,055	\$8,055
190	MS-DRG	Chronic Obstructive Pulmonary Disease With Mcc	\$9,014	\$9,014
193	MS-DRG	Simple Pneumonia And Pleurisy With Mcc	\$10,388	\$10,388
195	MS-DRG	Simple Pneumonia And Pleurisy Without Cc/Mcc	\$5,721	\$5,721
206	MS-DRG	Other Respiratory System Diagnoses Without Mcc	\$7,557	\$7,557
280	MS-DRG	Acute Myocardial Infarction, Discharged Alive With Mcc	\$10,814	\$10,814
281	MS-DRG	Acute Myocardial Infarction, Discharged Alive With Cc	\$7,708	\$7,708
282	MS-DRG	Acute Myocardial Infarction, Discharged Alive Without Cc/Mcc	\$6,360	\$6,360
286	MS-DRG	Circulatory Disorders Except Ami, With Cardiac Catheterization With Mcc	\$11,336	\$11,336
287	MS-DRG	Circulatory Disorders Except Ami, With Cardiac Catheterization Without Mcc	\$13,194	\$13,194
292	MS-DRG	Heart Failure And Shock With Cc	\$7,317	\$7,317
301	MS-DRG	Peripheral Vascular Disorders Without Cc/Mcc	\$6,303	\$6,303
303	MS-DRG	Atherosclerosis Without Mcc	\$5,945	\$5,945
310	MS-DRG	Cardiac Arrhythmia And Conduction Disorders Without Cc/Mcc	\$7,023	\$7,023
313	MS-DRG	Chest Pain	\$21,213	\$21,213
323	MS-DRG	Coronary Intravascular Lithotripsy With Intraluminal Device With Mcc	\$29,418	\$29,418
379	MS-DRG	Gastrointestinal Hemorrhage Without Cc/Mcc	\$5,663	\$5,663
390	MS-DRG	Gastrointestinal Obstruction Without Cc/Mcc	\$5,260	\$5,260
391	MS-DRG	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders With Mcc	\$10,215	\$10,215
392	MS-DRG	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders Without Mcc	\$6,712	\$6,712
394	MS-DRG	Other Digestive System Diagnoses With Cc	\$7,873	\$7,873
418	MS-DRG	Laparoscopic Cholecystectomy Without C.D.E. With Cc	\$12,455	\$12,455
522	MS-DRG	Hip Replacement With Principal Diagnosis Of Hip Fracture Without Mcc	\$15,687	\$15,687
556	MS-DRG	Signs And Symptoms Of Musculoskeletal System And Connective Tissue Without Mcc	\$5,359	\$5,359
603	MS-DRG	Cellulitis Without Mcc	\$2,803	\$7,512
638	MS-DRG	Diabetes With Cc	\$4,139	\$4,139
641	MS-DRG	Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes Without Mcc	\$6,519	\$6,519
660	MS-DRG	Kidney And Ureter Procedures For Non-Neoplasm With Cc	\$21,081	\$21,081
661	MS-DRG	Kidney And Ureter Procedures For Non-Neoplasm Without Cc/Mcc	\$8,420	\$20,094
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Code	Туре	Description	Avg. Per Visit Minimum	Avg. Per Visit Maximum
663	MS-DRG	Minor Bladder Procedures With Cc	\$11,390	\$11,390
682	MS-DRG	Renal Failure With Mcc	\$8,470	\$8,470
726	MS-DRG	Benign Prostatic Hypertrophy Without Mcc	\$6,449	\$6,449
785	MS-DRG	Cesarean Section With Sterilization Without Cc/Mcc	\$5,989	\$5,989
795	MS-DRG	Normal Newborn	\$2,047	\$2,047
871	MS-DRG	Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc	\$11,500	\$12,146
872	MS-DRG	Septicemia Or Severe Sepsis Without Mv >96 Hours Without Mcc	\$24,370	\$24,370
916	MS-DRG	Allergic Reactions Without Mcc	\$2,716	\$2,716
918	MS-DRG	Poisoning And Toxic Effects Of Drugs Without Mcc	\$7,347	\$7,347

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The following pages present the discounted cash price values for shoppable services. Per CMS requirements to provide meaningful information to patients, the values below were created using the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. The values below reflect these typical experiences for patients. Recognize, however, that your utilization of service will be tailored to your specific needs which could impact charges higher or lower than the values presented.

Code	Туре	Description	Avg. Per Visit Discounted Cash Price
11042	CPT®	Deb subq tissue 20 sq cm/<	\$695
15733	CPT®	Musc myoq/fscq flp h&n pedcl	\$46,422
19120	CPT®	Removal of breast lesion	\$20,098
20610	CPT®	Drain/inj joint/bursa w/o us	\$3,265
20680	CPT®	Removal of support implant	\$21,660
25605	CPT®	Treat fracture radius/ulna	\$4,335
27130	CPT®	Total hip arthroplasty	\$54,846
27447	CPT®	Total knee arthroplasty	\$58,256
27792	CPT®	Treatment of ankle fracture	\$40,111
28118	CPT®	Removal of heel bone	\$30,276
28122	CPT®	Partial removal of foot bone	\$23,228
28285	CPT®	Repair of hammertoe	\$35,579
28297	CPT®	Correction hallux valgus	\$32,724
30140	CPT®	Resect inferior turbinate	\$26,189
32555	CPT®	Aspirate pleura w/ imaging	\$2,184
36415	CPT®	Routine venipuncture	\$119
36430	CPT®	Blood transfusion service	\$3,487
42415	CPT®	Excise parotid gland/lesion	\$43,758
42820	CPT®	Remove tonsils and adenoids	\$17,659
43239	CPT®	Egd biopsy single/multiple	\$19,538
44970	CPT®	Laparoscopy appendectomy	\$44,290
45378	CPT®	Diagnostic colonoscopy	\$11,283
45380	CPT®	Colonoscopy and biopsy	\$16,414
47000	CPT®	Needle biopsy of liver	\$19,058
47562	CPT®	Laparoscopic cholecystectomy	\$36,418
49083	CPT®	Abd paracentesis w/imaging	\$3,933
49505	CPT®	Prp i/hern init reduc >5 yr	\$33,138
49591	CPT®	Rpr aa hrn 1st < 3 cm rdc	\$24,747
49593	CPT®	Rpr aa hrn 1st 3-10 rdc	\$37,402
49650	CPT®	Lap ing hernia repair init	\$45,613
50200	CPT®	Renal biopsy perq	\$4,132
52318	CPT®	Remove bladder stone	\$23,730
52341	CPT®	Cysto W/Ureter Stricture Tx	\$25,962
52351	CPT®	Cystouretero & or pyeloscope	\$18,040
52356	CPT®	Cysto/uretero w/lithotripsy	\$29,885
54410	CPT®	Remove/replace penis prosth	\$63,396
55700	CPT®	Biopsy of prostate	\$12,310
58120	CPT®	Dilation and curettage	\$12,745

Code	Туре	Description	Avg. Per Visit Discounted Cash Price
58561	CPT®	Hysteroscopy remove myoma	\$27,550
58563	CPT®	Hysteroscopy ablation	\$26,177
58571	CPT®	Tlh w/t/o 250 g or less	\$41,288
58661	CPT®	Laparoscopy remove adnexa	\$32,703
59812	CPT®	Treatment of miscarriage	\$23,994
59820	CPT®	Care of miscarriage	\$17,536
69610	CPT®	Repair of eardrum	\$10,421
70551	CPT®	Mri brain stem w/o dye	\$2,603
71045	CPT®	X-ray exam chest 1 view	\$1,824
71046	CPT®	X-ray exam chest 2 views	\$696
71250	CPT®	Ct thorax w/o dye	\$2,165
73200	CPT®	Ct upper extremity w/o dye	\$1,945
74176	CPT®	Ct abd & pelvis w/o contrast	\$4,168
74177	CPT®	Ct abd & pelv w/contrast	\$7,218
74178	CPT®	Ct abd & pelv 1/> regns	\$5,062
74183	CPT®	Mri abdomen w/o & w/dye	\$5,033
76700	CPT®	Us exam abdom complete	\$767
76705	CPT®	Echo exam of abdomen	\$827
76801	CPT®	Ob us < 14 wks single fetus	\$1,017
76805	CPT®	Ob us >/= 14 wks sngl fetus	\$1,268
76815	CPT®	Ob us limited fetus(s)	\$442
76819	CPT®	Fetal biophys profil w/o nst	\$823
76856	CPT®	Us exam pelvic complete	\$1,109
78227	CPT®	Hepatobil syst image w/drug	\$1,551
78802	CPT®	Tumor imaging whole body	\$6,738
81001	CPT®	Urinalysis auto w/scope	\$128
86900	CPT®	Blood typing serologic abo	\$3,192
86920	CPT®	Compatibility test spin	\$1,952
88172	CPT®	Cytp dx eval fna 1st ea site	\$2,456
88305	CPT ®	Tissue exam by pathologist	\$568
92960	CPT®	Cardioversion electric ext	\$5,708
93005	CPT ®	Electrocardiogram tracing	\$326
93306	CPT®	Tte w/doppler complete	\$2,709
93458	CPT ®	L hrt artery/ventricle angio	\$15,809
96372	CPT®	Ther/proph/diag inj sc/im	\$510
96374	CPT ®	Ther/proph/diag inj iv push	\$2,715
97018	CPT ®	Paraffin bath therapy	\$3,095
97110	CPT®	Therapeutic exercises	\$1,282
97112	CPT®	Neuromuscular reeducation	\$4,184
99282	CPT®	Emergency dept visit	\$862
99283	CPT®	Emergency dept visit	\$1,861
99284	CPT®	Emergency dept visit	\$6,251

Code	Туре	Description	Avg. Per Visit Discounted Cash Price
99285	CPT®	Emergency dept visit	\$6,871
C9600	CPT®	Perc drug-el cor stent sing	\$35,684
G0277	CPT®	Hbot, full body chamber, 30m	\$17,628
G0463	CPT®	Hospital outpt clinic visit	\$357
P9040	CPT®	RBC leukoreduced irradiated	\$3,836
069	MS-DRG	Transient Ischemia Without Thrombolytic	\$17,277
178	MS-DRG	Respiratory Infections And Inflammations With Cc	\$19,883
190	MS-DRG	Chronic Obstructive Pulmonary Disease With Mcc	\$14,488
193	MS-DRG	Simple Pneumonia And Pleurisy With Mcc	\$12,976
195	MS-DRG	Simple Pneumonia And Pleurisy Without Cc/Mcc	\$15,610
206	MS-DRG	Other Respiratory System Diagnoses Without Mcc	\$32,460
280	MS-DRG	Acute Myocardial Infarction, Discharged Alive With Mcc	\$41,500
281	MS-DRG	Acute Myocardial Infarction, Discharged Alive With Cc	\$11,013
282	MS-DRG	Acute Myocardial Infarction, Discharged Alive Without Cc/Mcc	\$31,242
286	MS-DRG	Circulatory Disorders Except Ami, With Cardiac Catheterization With Mcc	\$32,614
287	MS-DRG	Circulatory Disorders Except Ami, With Cardiac Catheterization Without Mcc	\$35,734
292	MS-DRG	Heart Failure And Shock With Cc	\$26,346
301	MS-DRG	Peripheral Vascular Disorders Without Cc/Mcc	\$7,482
303	MS-DRG	Atherosclerosis Without Mcc	\$4,497
310	MS-DRG	Cardiac Arrhythmia And Conduction Disorders Without Cc/Mcc	\$24,177
313	MS-DRG	Chest Pain	\$14,719
323	MS-DRG	Coronary Intravascular Lithotripsy With Intraluminal Device With Mcc	\$149,348
379	MS-DRG	Gastrointestinal Hemorrhage Without Cc/Mcc	\$12,585
390	MS-DRG	Gastrointestinal Obstruction Without Cc/Mcc	\$10,122
391	MS-DRG	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders With Mcc	\$35,825
392	MS-DRG	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders Without Mcc	\$22,250
394	MS-DRG	Other Digestive System Diagnoses With Cc	\$14,351
418	MS-DRG	Laparoscopic Cholecystectomy Without C.D.E. With Cc	\$37,507
522	MS-DRG	Hip Replacement With Principal Diagnosis Of Hip Fracture Without Mcc	\$71,306
556	MS-DRG	Signs And Symptoms Of Musculoskeletal System And Connective Tissue Without Mcc	\$14,217
603	MS-DRG	Cellulitis Without Mcc	\$29,676
638	MS-DRG	Diabetes With Cc	\$21,449
641	MS-DRG	Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes Without Mcc	\$14,623
660	MS-DRG	Kidney And Ureter Procedures For Non-Neoplasm With Cc	\$18,601
661	MS-DRG	Kidney And Ureter Procedures For Non-Neoplasm Without Cc/Mcc	\$27,019
663	MS-DRG	Minor Bladder Procedures With Cc	\$29,149
682	MS-DRG	Renal Failure With Mcc	\$11,246
726	MS-DRG	Benign Prostatic Hypertrophy Without Mcc	\$10,234
785	MS-DRG	Cesarean Section With Sterilization Without Cc/Mcc	\$19,143

Code	Туре	Description	Avg. Per Visit Discounted Cash Price
795	MS-DRG	Normal Newborn	\$2,543
871	MS-DRG	Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc	\$35,039
872	MS-DRG	Septicemia Or Severe Sepsis Without Mv >96 Hours Without Mcc	\$20,115
916	MS-DRG	Allergic Reactions Without Mcc	\$21,587
918	MS-DRG	Poisoning And Toxic Effects Of Drugs Without Mcc	\$8,088

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Last Updated On 10/1/2024

Charge Display MS-DRG: 069: Transient Ischemia Without Thrombolytic

Payer VA OPTUM CCN - Commercial-Veterans

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross
Main Service Charges

Transient Ischemia Without Thrombolytic \$49,362

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$49,362

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 11042: Deb subq tissue 20 sq cm/<

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

Main Service

Deb subg tissue 20 sq cm/<

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$1.987

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$1,987

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or

hospital representatives is highly encouraged prior to care.

Last Updated On 10/1/2024

Charge Display CPT® 15733: Musc myoq/fscq flp h&n pedcl
Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Musc myoq/fscq flp h&n pedcl	\$73,202
Supporting Services	
General supporting services	\$53,754
Glucose blood test	\$23
Tissue exam by pathologist	\$1,361

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$132,635

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 178: Respiratory Infections And Inflammations With Cc

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service

Respiratory Infections And Inflammations With Cc

Avg. Gross

Charges \$56,808

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit

\$56,808

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 190: Chronic Obstructive Pulmonary Disease With Mcc

Payer VA OPTUM CCN - Commercial-Veterans

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service

Chronic Obstructive Pulmonary Disease With Mcc

Avg. Gross Charges

\$41.395

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit

\$41,395

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 19120: Removal of breast lesion

Payer AETNA - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Removal of breast lesion	\$28,333
Supporting Services	
General supporting services	\$26,409
Tissue exam by pathologist	\$233

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$57,423

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 19120: Removal of breast lesion

Payer AETNA - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Removal of breast lesion	\$28,333
Supporting Services	
General supporting services	\$26,409
Tissue exam by pathologist	\$233

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$57,423

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 193: Simple Pneumonia And Pleurisy With Mcc

Payer BCBS FEDERAL FL - Commercial PPS

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross
Main Service Charges
Simple Pneumonia And Pleurisy With Mcc \$37,074

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$37,074

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 195: Simple Pneumonia And Pleurisy Without Cc/Mcc

Payer VA OPTUM CCN - Commercial-Veterans

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service

Simple Pneumonia And Pleurisy Without Cc/Mcc

Avg. Gross Charges

\$44,601

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit

\$44.601

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 206: Other Respiratory System Diagnoses Without Mcc

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

> Avg. Gross Charges

> > \$92.743

Other Respiratory System Diagnoses Without Mcc

Main Service

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date

Average Gross Charge / Visit

\$92.743

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 20610: Drain/inj joint/bursa w/o us

Payer AETNA - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Drain/inj joint/bursa w/o us	\$3,539
Supporting Services	
General supporting services	\$602
X-ray exam of knee 3	\$1,393
Culture othr specimn aerobic	\$61
Smear gram stain	\$30
Body fluid cell count	\$40
Emergency dept visit	\$3,663

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$9,328

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 20680: Removal of support implant

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Removal of support implant	\$32,392
Supporting Services	
General supporting services	\$25,149
X-ray exam of foot	\$758
Culture othr specimn aerobic	\$61
Cultr bacteria except blood	\$67
Culture Aerobic Identify	\$56
Culture type immunologic	\$36
Microbe susceptible mic	\$61

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$61,887

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 25605: Treat fracture radius/ulna

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Treat fracture radius/ulna	\$1,910
Supporting Services	
General supporting services	\$1,415
X-ray exam of forearm	\$2,803
X-ray exam of wrist	\$1,490
Measure blood oxygen level	\$214
Ther/proph/diag inj iv push	\$727
Emergency dept visit	\$3,488

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$12,387

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 27130: Total hip arthroplasty

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Total hip arthroplasty	\$88,682
Supporting Services	
General supporting services	\$36,033
Tissue exam by pathologist	\$233
Decalcify tissue	\$321
Therapeutic exercises	\$1,872
Gait training therapy	\$948
Therapeutic activities	\$510
Pt eval low complex 20 min	\$470

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$156,703

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 27130: Total hip arthroplasty

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization
Total hip arthroplasty	\$84,912	100%
Supporting Services		
General supporting services	\$35,787	100%
Tissue exam by pathologist	\$233	100%
Decalcify tissue	\$321	100%
Therapeutic exercises	\$1,716	100%
Gait training therapy	\$1,106	100%
Therapeutic activities	\$510	100%
Pt eval mod complex 30 min	\$727	100%
Routine venipuncture	\$42	50%
Comprehen metabolic panel	\$74	50%
Assay of magnesium	\$47	50%
Complete cbc w/auto diff wbc	\$55	50%
Prothrombin time	\$30	50%
Thromboplastin time partial	\$42	50%

Average Gross Charge / Visit	\$158,236
Average Negotiated Charge (Payment) / Visit	\$7,525

Last Updated On 10/1/2024

Charge Display CPT® 27447: Total knee arthroplasty

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Total knee arthroplasty	\$89,376
Supporting Services	
General supporting services	\$41,163
Tissue exam by pathologist	\$221
Decalcify tissue	\$306
Measure blood oxygen level	\$214
Therapeutic exercises	\$1,189
Gait training therapy	\$902
Therapeutic activities	\$485
Pt eval mod complex 30 min	\$692

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$166,446

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 27792: Treatment of ankle fracture

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gros Charges
Treatment of ankle fracture	\$65,582
Supporting Services	
General supporting services	\$33,514
X-ray exam of ankle	\$1,871
Glucose blood test	\$46
Therapeutic exercises	\$1,248
Gait training therapy	\$632
Therapeutic activities	\$255
Pt eval mod complex 30 min	\$727

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$114,603

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 280: Acute Myocardial Infarction, Discharged Alive With Mcc

Payer BCBS MEDICARE ADV - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service

Acute Myocardial Infarction, Discharged Alive With Mcc

Avg. Gross Charges

\$118,571

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit

\$118,571

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 281: Acute Myocardial Infarction, Discharged Alive With Cc

\$31,467

Payer VA OPTUM CCN - Commercial-Veterans

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service Avg. Gross Charges

Acute Myocardial Infarction, Discharged Alive With Cc

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$31,467

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 28118: Removal of heel bone
Payer BCBS FL MBN - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service Removal of heel bone	Avg. Gross Charges \$38,516
Supporting Services	
General supporting services	\$25,630
Culture othr specimn aerobic	\$61
Tissue exam by pathologist	\$233
Decalcify tissue	\$321

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$67,563

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 28118: Removal of heel bone

Paver BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Removal of heel bone	\$55,436
Supporting Services	
General supporting services	\$44,420
Glucose blood test	\$46

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$105,444

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 28122: Partial removal of foot bone

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Partial removal of foot bone	\$33,863
Supporting Services	
General supporting services	\$28,046
Routine venipuncture	\$21
Urine pregnancy test	\$61
Complete cbc automated	\$46
Electrocardiogram tracing	\$804

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$66,366

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 282: Acute Myocardial Infarction, Discharged Alive Without Cc/Mcc

Payer VA OPTUM CCN - Commercial-Veterans

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service

Acute Myocardial Infarction, Discharged Alive Without Cc/Mcc

Avg. Gross Charges

\$89.263

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit

\$89,263

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 28285: Repair of hammertoe

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges
Repair of hammertoe	\$58,820
Supporting Services	
General supporting services	\$32,937
X-ray exam of foot	\$758

Average Gross Charge / Visit \$101,457

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 28285: Repair of hammertoe

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

General supporting services

X-ray exam of foot

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service Repair of hammertoe	Avg. Gross Charges \$47,822	Average Gross Charge / Visit Average Negotiated Charge (Payment) / Visit
Supporting Services		*As a result of payer terms and/or patient cla

\$33,287

\$758

Hospitals bill "gross charges" that are the same for a

UNDERSTANDING YOUR PAYMENT

patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

\$101.853

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 28297: Correction hallux valgus

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Correction hallux valgus	\$52,475
Supporting Services	
General supporting services	\$32,988
Routine venipuncture	\$21
X-ray exam of foot	\$758
Urine pregnancy test	\$61
Complete cbc w/auto diff wbc	\$55

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$93,497

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

MS-DRG: 286: Circulatory Disorders Except Ami, With Cardiac Catheterization With Mcc **Charge Display**

Payer BCBS FL MBN - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

Circulatory Disorders Except Ami, With Cardiac Catheterization With Mcc

Main Service

\$93.183

Average Gross Charge / Visit

\$93.183

Average Negotiated Charge (Payment) / Visit

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all

patients. The hospital will then work with payers and patients to discount these "gross charges" based on

for your visit. Your specific out of pocket responsibility

different types of coverage and eligibility. The information

below will help you understand the **estimated payment**

would be a portion of the "average payment" amount based on your specific plan coverage and year to date

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 287: Circulatory Disorders Except Ami, With Cardiac Catheterization Without Mcc

Payer BCBS FEDERAL FL - Commercial PPS

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$102,098

Circulatory Disorders Except Ami, With Cardiac Catheterization Without Mcc

Main Service

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit

\$102,098

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 292: Heart Failure And Shock With Cc

Payer VA OPTUM CCN - Commercial-Veterans

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$75,275

UNDERSTANDING YOUR PAYMENT

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Average Gross Charge / Visit \$75,275

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Heart Failure And Shock With Cc

Main Service

Last Updated On 10/1/2024

Charge Display MS-DRG: 301: Peripheral Vascular Disorders Without Cc/Mcc

Payer VA OPTUM CCN - Commercial-Veterans

UNDERSTANDING YOUR VISIT

Main Service

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

Peripheral Vascular Disorders Without Cc/Mcc \$21,378

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit

\$21.378

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 30140: Resect inferior turbinate

Payer BCBS FL HMO - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Charges	Α
Resect inferior turbinate	\$45,142	
Supporting Services		*/
General supporting services	\$24,596	a

Average Gross Charge / Visit \$74,826

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 303: Atherosclerosis Without Mcc
Payer VA OPTUM CCN - Commercial-Veterans

UNDERSTANDING YOUR VISIT

Main Service

Atherosclerosis Without Mcc

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$12,848

<u>UNDERSTANDING YOUR PAYMENT</u>

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$12,848

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 310: Cardiac Arrhythmia And Conduction Disorders Without Cc/Mcc

\$69.077

Payer BCBS FL MBN - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Main Service Charges

Cardiac Arrhythmia And Conduction Disorders Without Cc/Mcc

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$69,077

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 313: Chest Pain

Payer BCBS FL MBN - Commercial HMO

UNDERSTANDING YOUR VISIT

Main Service

Chest Pain

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges	
\$42,056	100%

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit	\$42,056
Average Negotiated Charge (Payment) / Visit	\$21,213

Last Updated On 10/1/2024

Charge Display MS-DRG: 323: Coronary Intravascular Lithotripsy With Intraluminal Device With Mcc

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service

Coronary Intravascular Lithotripsy With Intraluminal Device With Mcc

Avg. Gross Charges

\$426,709

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit

\$426,709

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 32555: Aspirate pleura w/ imaging

Payer UHC - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service Aspirate pleura w/ imaging	Avg. Gross Charges \$3,422
Supporting Services	
General supporting services	\$2,619
Glucose Other Fluid	\$28
Lactate (LD) (LDH) enzyme	\$42
Assay of protein other	\$28
Body fluid cell count	\$40

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures

Average Gross Charge / Visit	\$6,240
Average Negotiated Charge (Payment) / Visit	*

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 36415: Routine venipuncture

Payer AETNA - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Routine venipuncture	\$21
Supporting Services	
Metabolic panel total ca	\$60
Urinalysis auto w/scope	\$22
Complete cbc automated	\$46
Culture screen only	\$47
Urine culture/colony count	\$56
Microbe susceptible mic	\$61

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$313

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 36415: Routine venipuncture

Payer BCBS FL HMO - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges	Patient Utilization
Routine venipuncture	\$21	100%
Supporting Services		
Urine pregnancy test	\$61	50%
Complete cbc w/auto diff wbc	\$55	50%
Complete cbc automated	\$46	50%

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average G	Gross Charge / Visit	\$102
Average N	legotiated Charge (Payment) / Visit	\$102

Last Updated On 10/1/2024

Charge Display CPT® 36415: Routine venipuncture

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

	Avg. Gross	Patient
Main Service	Charges	Utilization
Routine venipuncture	\$21	100%
Supporting Services		
Comprehen metabolic panel	\$74	88%
Lipid panel	\$93	88%
Assay thyroid stim hormone	\$118	63%
Complete cbc w/auto diff wbc	\$55	38%
Complete cbc automated	\$46	38%
Glycosylated hemoglobin test	\$68	38%
Vitamin d 25 hydroxy	\$208	25%
Vitamin B-12	\$105	25%
Assay of folic acid serum	\$103	25%
Influenza assay w/optic	\$232	13%
Assay of ferritin	\$96	13%
Bilirubin direct	\$35	13%
Assay of iron	\$46	13%
Iron binding test	\$61	13%
Assay of vitamin b-1	\$148	13%

Average Gross Charge / Visit	\$408
Average Negotiated Charge (Payment) / Visit	\$354

Last Updated On 10/1/2024

Charge Display CPT® 36415: Routine venipuncture

Payer BCBS NETWORK BLUE - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges
Routine venipuncture	\$21
Supporting Services	
Metabolic panel total ca	\$60
Complete cbc automated	\$46

Average Gross Charge / Visit \$127

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 36430: Blood transfusion service

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization
Blood transfusion service	\$3,117	100%
Supporting Services		
Routine venipuncture	\$21	100%
RBC antibody screen	\$349	100%
Blood typing serologic abo	\$785	100%
Blood typing serologic rh(d)	\$237	100%
Compatibility test spin	\$2,092	100%
Rbc leukocytes reduced	\$2,644	100%
RBC leukoreduced irradiated	\$1,827	33%
Compatibility test incubate	\$2,092	33%
Compatibility test antiglob	\$2,092	33%

Average Gross Charge / Visit	\$9,602
Average Negotiated Charge (Payment) / Visit	\$746

Last Updated On 10/1/2024

Charge Display CPT® 36430: Blood transfusion service

Payer BCBS FEDERAL FL - Commercial PPS

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Blood transfusion service	\$3,117
Supporting Services	
General supporting services	\$4
Routine venipuncture	\$21
RBC antibody screen	\$349
Blood typing serologic abo	\$785
Blood typing serologic rh(d)	\$237
Compatibility test spin	\$2,092
Rbc leukocytes reduced	\$2,644

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit	\$9,606
Average Negotiated Charge (Payment) / Visit	*

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 36430: Blood transfusion service

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization
Blood transfusion service	\$3,117	100%
Supporting Services		
General supporting services	\$361	100%
Routine venipuncture	\$21	100%
RBC antibody screen	\$349	100%
Blood typing serologic abo	\$785	100%
Blood typing serologic rh(d)	\$237	100%
Compatibility test spin	\$2,092	100%
Rbc leukocytes reduced	\$2,644	100%

Average Gross Charge / Visit	\$10,535
Average Negotiated Charge (Payment) / Visit	\$5,391

Last Updated On 10/1/2024

Charge Display MS-DRG: 379: Gastrointestinal Hemorrhage Without Cc/Mcc

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

Main Service

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

Gastrointestinal Hemorrhage Without Cc/Mcc \$35,956

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit

\$35,956

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 390: Gastrointestinal Obstruction Without Cc/Mcc

Payer VA OPTUM CCN - Commercial-Veterans

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

Main ServiceChargesGastrointestinal Obstruction Without Cc/Mcc\$28,919

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$28,919

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 391: Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders With Mcc

Payer VA OPTUM CCN - Commercial-Veterans

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service

Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders With Mcc

Avg. Gross Charges

\$102,356

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit

\$102,356

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 392: Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders Without Mcc

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service

Esophagitis, Gastroenteritis And Miscellaneous Digestive Disorders Without Mcc

Avg. Gross Charges

\$63,571

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit

\$63.571

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 394: Other Digestive System Diagnoses With Cc

Payer VA OPTUM CCN - Commercial-Veterans

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service Avg. Gross
Charges
Other Digestive System Diagnoses With Cc \$41,003

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$41,003

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 418: Laparoscopic Cholecystectomy Without C.D.E. With Cc

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Main Service Charges

Laparoscopic Cholecystectomy Without C.D.E. \$107,163 With Cc

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$107,163

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 42415: Excise parotid gland/lesion

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service Excise parotid gland/lesion	Avg. Gross Charges \$70,241
Supporting Services	
General supporting services	\$48,193
Tissue exam by pathologist	\$1,361
Path consult intraop 1 bloc	\$698
Path consult intraop addl	\$524

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$125,023

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 42820: Remove tonsils and adenoids

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges
Remove tonsils and adenoids	\$25,012
Supporting Services	
General supporting services	\$22,348
Tissue exam by pathologist	\$233

Average Gross Charge / Visit \$50,455

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 42820: Remove tonsils and adenoids

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges
Remove tonsils and adenoids	\$25,012
Supporting Services	
General supporting services	\$22,348
Tissue exam by pathologist	\$233

Average Gross Charge / Visit \$50,455

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 43239: Egd biopsy single/multiple

Paver BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Egd biopsy single/multiple	\$29,886
Supporting Services	
General supporting services	\$22,428
Glucose blood test	\$46
Tissue exam by pathologist	\$1,398
Special stains group 1	\$466
Special stains group 2	\$158

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$55,822

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 43239: Egd biopsy single/multiple

Paver BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Egd biopsy single/multiple	\$29,886
Supporting Services	
General supporting services	\$22,428
Glucose blood test	\$46
Tissue exam by pathologist	\$1,398
Special stains group 1	\$466
Special stains group 2	\$158

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$55,822

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 44970: Laparoscopy appendectomy

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

<u>UNDERSTANDING YOUR PAYMENT</u>

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Laparoscopy appendectomy	Avg. Gross Charges \$40,543
Supporting Services	
General supporting services	\$30,472
Ct abd & pelvis w/o contrast	\$11,909
Metabolic panel total ca	\$180
Comprehen metabolic panel	\$148
Lipid panel	\$93
Glucose blood test	\$276
Glycosylated hemoglobin test	\$68
Assay of lipase	\$48
Assay of magnesium	\$188
Complete cbc w/auto diff wbc	\$220
Complete cbc automated	\$46
Prothrombin time	\$30
Measure blood oxygen level	\$224
Emergency dept visit	\$6,743
Hospital observation per hr	\$10,488

Average Gross Charge / Visit \$126,543

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 45378: Diagnostic colonoscopy

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service Diagnostic colonoscopy	Avg. Gross Charges \$12,563
Supporting Services	
General supporting services	\$19,210
Routine venipuncture	\$21
Metabolic panel total ca	\$60
Glucose blood test	\$23

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$32,237

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 45378: Diagnostic colonoscopy

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service Diagnostic colonoscopy	Avg. Gross Charges \$12,563
Supporting Services	
General supporting services	\$19,210
Routine venipuncture	\$21
Metabolic panel total ca	\$60
Glucose blood test	\$23

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$32,237

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 45380: Colonoscopy and biopsy

Payer BCBS FL HMO - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Colonoscopy and biopsy	\$13,036
Supporting Services	
General supporting services	\$12,138
Glucose blood test	\$23
Tissue exam by pathologist	\$233

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$26,150

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 45380: Colonoscopy and biopsy

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service Colonoscopy and biopsy	Avg. Gross Charges \$25,970
Supporting Services	
General supporting services	\$19,901
Routine venipuncture	\$21
Chorionic gonadotropin assay	\$53
Tissue exam by pathologist	\$233

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$46,898

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 45380: Colonoscopy and biopsy

Payer BCBS MEDICARE ADV - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Colonoscopy and biopsy	\$18,138
Supporting Services	
General supporting services	\$20,389
Routine venipuncture	\$21
Metabolic panel total ca	\$60
Complete cbc w/auto diff wbc	\$55
Tissue exam by pathologist	\$233
Electrocardiogram tracing	\$804

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$40,780

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 45380: Colonoscopy and biopsy

Payer BCBS NETWORK BLUE - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

		D 41 4
Main Service	Avg. Gross Charges	Patient Utilization
Colonoscopy and biopsy	\$26,847	100%
Supporting Services		
General supporting services	\$22,773	100%
Tissue exam by pathologist	\$932	100%
Routine venipuncture	\$21	50%
Comprehen metabolic panel	\$74	50%
Glucose blood test	\$23	50%
Complete cbc automated	\$46	50%

Average Gross Charge / Visit	\$52,252
Average Negotiated Charge (Payment) / Visit	\$4,185

Last Updated On 10/1/2024

Charge Display CPT® 45380: Colonoscopy and biopsy

Payer BCBS FL HMO - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Colonoscopy and biopsy	\$13,036
Supporting Services	
General supporting services	\$12,138
Glucose blood test	\$23
Tissue exam by pathologist	\$233

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$26,150

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 45380: Colonoscopy and biopsy

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service Colonoscopy and biopsy	Avg. Gross Charges \$25,970
Supporting Services	
General supporting services	\$19,901
Routine venipuncture	\$21
Chorionic gonadotropin assay	\$53
Tissue exam by pathologist	\$233

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$46,898

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 45380: Colonoscopy and biopsy

Payer BCBS MEDICARE ADV - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Colonoscopy and biopsy	\$18,138
Supporting Services	
General supporting services	\$20,389
Routine venipuncture	\$21
Metabolic panel total ca	\$60
Complete cbc w/auto diff wbc	\$55
Tissue exam by pathologist	\$233
Electrocardiogram tracing	\$804

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$40,780

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 45380: Colonoscopy and biopsy

Payer BCBS NETWORK BLUE - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

		D 41 4
Main Service	Avg. Gross Charges	Patient Utilization
Colonoscopy and biopsy	\$26,847	100%
Supporting Services		
General supporting services	\$22,773	100%
Tissue exam by pathologist	\$932	100%
Routine venipuncture	\$21	50%
Comprehen metabolic panel	\$74	50%
Glucose blood test	\$23	50%
Complete cbc automated	\$46	50%

Average Gross Charge / Visit	\$52,252
Average Negotiated Charge (Payment) / Visit	\$4,185

Last Updated On 10/1/2024

Charge Display CPT® 47000: Needle biopsy of liver

Payer BCBS FL MBN - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Needle biopsy of liver	\$9,482
Supporting Services	
General supporting services	\$42,901
Routine venipuncture	\$21
Complete cbc w/auto diff wbc	\$55
Tissue exam by pathologist	\$1,361
Special stains group 2	\$632

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$54,452

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 47562: Laparoscopic cholecystectomy

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gros Charges
Laparoscopic cholecystectomy	\$50,252
Supporting Services	
General supporting services	\$54,493
Tissue exam by pathologist	\$233

Average Gross Charge / Visit \$108,344

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 47562: Laparoscopic cholecystectomy

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges
Laparoscopic cholecystectomy	\$54,851
Supporting Services	
General supporting services	\$41,087
Tissue exam by pathologist	\$233

Average Gross Charge / Visit \$99,758

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 47562: Laparoscopic cholecystectomy

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service	Avg. Gros Charges
Laparoscopic cholecystectomy	\$50,252
Supporting Services	
General supporting services	\$54,493
Tissue exam by pathologist	\$233

Average Gross Charge / Visit \$108,344

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 47562: Laparoscopic cholecystectomy

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges
Laparoscopic cholecystectomy	\$54,851
Supporting Services	
General supporting services	\$41,087
Tissue exam by pathologist	\$233

Average Gross Charge / Visit \$99,758

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 49083: Abd paracentesis w/imaging

Payer BCBS FL MBN - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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\$5.972

Main Service	Avg. Gross Charges	Average Gross Charge / Visit Average Negotiated Charge (Payment) / Visit	
Abd paracentesis w/imaging	\$3,353	, wordgo wogoddiod ondrgo (r dyment) / wien	
Supporting Services		*As a result of payer terms and/or patient cla	
General supporting services	\$2,619	additional information could be needed in ord	

nt claim volumes. in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 49083: Abd paracentesis w/imaging

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization
Abd paracentesis w/imaging	\$3,353	100%
Supporting Services		
General supporting services	\$7,969	100%
Albumin (human), 25%, 50ml	\$740	100%
Routine venipuncture	\$21	33%
Complete cbc w/auto diff wbc	\$55	33%
Prothrombin time	\$30	33%
Thromboplastin time partial	\$42	33%

Average Gross Charge / Visit	\$12,062
Average Negotiated Charge (Payment) / Visit	\$3,052

Last Updated On 10/1/2024

CPT® 49505: Prp i/hern init reduc >5 yr **Charge Display Payer** AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date

\$94.679

	Avg. Gross	Average Gross Charge / Visit
Main Service	Charges	Average Negotiated Charge (Payment) / Visit
Prp i/hern init reduc >5 yr	\$52,052	
Supporting Services		*As a result of payer terms and/or patient cla
General supporting services	\$38,672	additional information could be needed in ord

nt claim volumes. in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

CPT® 49505: Prp i/hern init reduc >5 yr **Charge Display Payer** AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date

\$94.679

	Avg. Gross	Average Gross Charge / Visit
Main Service	Charges	Average Negotiated Charge (Payment) / Visit
Prp i/hern init reduc >5 yr	\$52,052	
Supporting Services		*As a result of payer terms and/or patient cla
General supporting services	\$38,672	additional information could be needed in ord

nt claim volumes. in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

CPT® 49591: Rpr aa hrn 1st < 3 cm rdc **Charge Display Payer** BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

	would be a portion of the "average payment" amount base on your specific plan coverage and year to date expenditures.	
Ava. Gross	Average Gross Charge / Visit	\$70,706

\$35,978

Average Negotiated Charge (Payment) / Visit

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all

patients. The hospital will then work with payers and patients to discount these "gross charges" based on

for your visit. Your specific out of pocket responsibility

different types of coverage and eligibility. The information

below will help you understand the **estimated payment**

\$29.781

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Avg. Gross **Main Service** Charges Rpr aa hrn 1st < 3 cm rdc **Supporting Services** General supporting services Glucose blood test \$46

Last Updated On 10/1/2024

Charge Display CPT® 49593: Rpr aa hrn 1st 3-10 rdc

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Rpr aa hrn 1st 3-10 rdc	\$62,627
Supporting Services	
General supporting services	\$39,250
Routine venipuncture	\$21
Comprehen metabolic panel	\$74
Glycosylated hemoglobin test	\$68
Assay of magnesium	\$47
Complete cbc w/auto diff wbc	\$55

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$106,863

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 49650: Lap ing hernia repair init

Payer AETNA - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date

Main Service Lap ing hernia repair init	Avg. Gross Charges \$73,247	Average Gross Charge / Visit Average Negotiated Charge (Payment) / Visit	\$136,945 *
Supporting Services General supporting services	\$54,695	*As a result of payer terms and/or patient claim volum additional information could be needed in order to pro a more accurate expected payment.	

Last Updated On 10/1/2024

CPT® 49650: Lap ing hernia repair init **Charge Display Payer** BCBS FEDERAL FL - Commercial PPS

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date

\$114.016

Main Service Lap ing hernia repair init	Avg. Gross Charges \$64,560	Average Gross Charge / Visit Average Negotiated Charge (Payment) / Visit
Supporting Services General supporting services	\$43,272	*As a result of payer terms and/or patient cla additional information could be needed in ord

or patient claim volumes, needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 49650: Lap ing hernia repair init

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

Glucose blood test

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Lap ing hernia repair init Supporting Services	\$69,159
General supporting services	\$53,177

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$130,323

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

\$23

Last Updated On 10/1/2024

Charge Display CPT® 50200: Renal biopsy perq
Payer BCBS FL HMO - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Renal biopsy perq	\$5,299
Supporting Services	
General supporting services	\$1,140
Routine venipuncture	\$21
Ct scan for needle biopsy	\$4,499
Urine pregnancy test	\$61
Prothrombin time	\$30
Thromboplastin time partial	\$42

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$11,807

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 522: Hip Replacement With Principal Diagnosis Of Hip Fracture Without Mcc

Payer AETNA - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$203,732

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$203,732

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Main Service

Hip Replacement With Principal Diagnosis Of Hip Fracture Without Mcc

Last Updated On 10/1/2024

Charge Display CPT® 52318: Remove bladder stone

Paver BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service Remove bladder stone	Avg. Gross Charges \$38,499
Supporting Services	
General supporting services	\$21,645
Contrst x-ray urinary tract	\$2,638
Calculus spectroscopy	\$90
Surgical path gross	\$116

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$67,799

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 52341: Cysto W/Ureter Stricture Tx

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges
Cysto W/Ureter Stricture Tx	\$35,555
Supporting Services	
General supporting services	\$31,630
Contrst x-ray urinary tract	\$2,638

Average Gross Charge / Visit \$74,177

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 52351: Cystouretero & or pyeloscope

Paver VA OPTUM CCN - Commercial-Veterans

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Cystouretero & or pyeloscope	\$33,389
Cystodietero & or pyeloscope	φυυ,υυθ
Supporting Services	
General supporting services	\$11,604
Contrst x-ray urinary tract	\$2,638
Culture screen only	\$47

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$51,543

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 52356: Cysto/uretero w/lithotripsy
Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges
Cysto/uretero w/lithotripsy	\$41,565
Supporting Services	
General supporting services	\$26,312
Contrst x-ray urinary tract	\$2,638

Average Gross Charge / Visit \$78,463

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 52356: Cysto/uretero w/lithotripsy
Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Cysto/uretero w/lithotripsy	\$53,318
Supporting Services	
General supporting services	\$30,752
Contrst x-ray urinary tract	\$2,638
Urine pregnancy test	\$61

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$92,306

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 54410: Remove/replace penis prosth

Payer AETNA - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges
Remove/replace penis prosth	\$69,395
Supporting Services	
General supporting services	\$51,150
Glucose blood test	\$46

Average Gross Charge / Visit \$181,130

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 556: Signs And Symptoms Of Musculoskeletal System And Connective Tissue Without Mcc

Payer BCBS FL MBN - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service

Signs And Symptoms Of Musculoskeletal System And Connective Tissue Without Mcc Avg. Gross Charges

\$40.619

UNDERSTANDING YOUR PAYMENT

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Average Gross Charge / Visit

\$40.619

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 55700: Biopsy of prostate

Payer AETNA - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges
Biopsy of prostate	\$18,212
Supporting Services	
General supporting services	\$15,268
Tissue exam by pathologist	\$2,796

Average Gross Charge / Visit \$38,424

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 55700: Biopsy of prostate

Payer BCBS FL MBN - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Biopsy of prostate	\$19,481
Supporting Services	
General supporting services	\$13,668
Routine venipuncture	\$21
Metabolic panel total ca	\$60
Urinalysis auto w/scope	\$22
Complete cbc w/auto diff wbc	\$55
Tissue exam by pathologist	\$2,796
Electrocardiogram tracing	\$804

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$39,055

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 55700: Biopsy of prostate

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges	Patient Utilization
Biopsy of prostate	\$16,050	100%
Supporting Services		
General supporting services	\$13,761	100%
Tissue exam by pathologist	\$2,796	100%
Glucose blood test	\$23	50%

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit	\$34,230
Average Negotiated Charge (Payment) / Visit	\$6,463

Last Updated On 10/1/2024

Charge Display CPT® 55700: Biopsy of prostate

Payer BCBS MEDICARE ADV - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges
Biopsy of prostate	\$21,173
Supporting Services	
General supporting services	\$18,261
Tissue exam by pathologist	\$2,796

Average Gross Charge / Visit \$44,735

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 55700: Biopsy of prostate

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gros Charges
Biopsy of prostate	\$18,212
Supporting Services	
General supporting services	\$9,800
Tissue exam by pathologist	\$2,796

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$31,166

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 55700: Biopsy of prostate

Payer UHC - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gros Charges
Biopsy of prostate	\$16,943
Supporting Services	
General supporting services	\$13,104
Glucose blood test	\$46
Tissue exam by pathologist	\$2,796

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$34,325

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 55700: Biopsy of prostate

Payer AETNA - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges
Biopsy of prostate	\$18,212
Supporting Services	
General supporting services	\$15,268
Tissue exam by pathologist	\$2,796

Average Gross Charge / Visit \$38,424

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 55700: Biopsy of prostate

Payer BCBS FL MBN - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Biopsy of prostate	\$19,481
Supporting Services	
General supporting services	\$13,668
Routine venipuncture	\$21
Metabolic panel total ca	\$60
Urinalysis auto w/scope	\$22
Complete cbc w/auto diff wbc	\$55
Tissue exam by pathologist	\$2,796
Electrocardiogram tracing	\$804

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$39,055

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 55700: Biopsy of prostate

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges	Patient Utilization
Biopsy of prostate	\$16,050	100%
Supporting Services		
General supporting services	\$13,761	100%
Tissue exam by pathologist	\$2,796	100%
Glucose blood test	\$23	50%

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit	\$34,230
Average Negotiated Charge (Payment) / Visit	\$6,463

Last Updated On 10/1/2024

Charge Display CPT® 55700: Biopsy of prostate

Payer BCBS MEDICARE ADV - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges
Biopsy of prostate	\$21,173
Supporting Services	
General supporting services	\$18,261
Tissue exam by pathologist	\$2,796

Average Gross Charge / Visit \$44,735

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 55700: Biopsy of prostate

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gros Charges
Biopsy of prostate	\$18,212
Supporting Services	
General supporting services	\$9,800
Tissue exam by pathologist	\$2,796

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$31,166

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 55700: Biopsy of prostate

Payer UHC - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gros Charges
Biopsy of prostate	\$16,943
Supporting Services	
General supporting services	\$13,104
Glucose blood test	\$46
Tissue exam by pathologist	\$2,796

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$34,325

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 58120: Dilation and curettage
Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gros Charges
Dilation and curettage	\$21,691
Supporting Services	
General supporting services	\$11,252
Tissue exam by pathologist	\$466

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$36,414

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 58561: Hysteroscopy remove myoma

Payer AETNA - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Hysteroscopy remove myoma	\$42,587
Supporting Services	
General supporting services	\$33,687
Urine pregnancy test	\$61
Tissue exam by pathologist	\$233

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$78,713

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 58563: Hysteroscopy ablation

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Hysteroscopy ablation	\$45,653
Supporting Services	
General supporting services	\$23,619
Urine pregnancy test	\$61
Glucose blood test	\$23
Tissue exam by pathologist	\$116
Tissue exam by pathologist	\$233

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$74,790

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 58571: Tlh w/t/o 250 g or less

Payer AETNA - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Tlh w/t/o 250 g or less	\$74,269
Supporting Services	
General supporting services	\$60,202
Routine venipuncture	\$21
Urine pregnancy test	\$61
RBC antibody screen	\$349
Blood typing serologic abo	\$785
Blood typing serologic rh(d)	\$237
Tissue exam by pathologist	\$1,361

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$141,576

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 58571: Tlh w/t/o 250 g or less

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service Tlh w/t/o 250 g or less	Avg. Gross Charges \$52,296
Supporting Services	
General supporting services	\$37,758
Routine venipuncture	\$21
Metabolic panel total ca	\$60
Tissue exam by pathologist	\$1,361

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$94,354

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 58661: Laparoscopy remove adnexa

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Laparoscopy remove adnexa	\$53,829
Supporting Services	
General supporting services	\$35,142
Urine pregnancy test	\$61
Tissue exam by pathologist	\$116

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$93,438

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 59812: Treatment of miscarriage

Payer BCBS FL MBN - Commercial HMO

UNDERSTANDING YOUR VISIT

Emergency dept visit
Hospital observation per hr

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Treatment of miscarriage	\$19,108
Supporting Services	
General supporting services	\$5,249
Ct abd & pelv w/contrast	\$14,887
Metabolic panel total ca	\$60
Comprehen metabolic panel	\$74
Assay of lipase	\$48
Chorionic gonadotropin test	\$105
Hematocrit	\$32
Hemoglobin	\$32
Complete cbc w/auto diff wbc	\$55
Complete cbc automated	\$46
Prothrombin time	\$30
Blood typing serologic abo	\$785
Blood typing serologic rh(d)	\$237

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$68,555

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

\$6,743

\$2.888

Last Updated On 10/1/2024

Charge Display CPT® 59820: Care of miscarriage
Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges
Care of miscarriage	\$25,214
Supporting Services	
General supporting services	\$22,067
Tissue exam by pathologist	\$221

Average Gross Charge / Visit \$50,102

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 603: Cellulitis Without Mcc

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

Main Service

Cellulitis Without Mcc

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$45,517

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$45,517

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

MS-DRG: 603: Cellulitis Without Mcc **Charge Display Payer** BCBS FL MBN - Commercial HMO

UNDERSTANDING YOUR VISIT

Main Service

Cellulitis Without Mcc

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

> Avg. Gross Charges

\$84.789

Average Gross Charge / Visit

\$84.789

Average Negotiated Charge (Payment) / Visit

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all

patients. The hospital will then work with payers and patients to discount these "gross charges" based on

for your visit. Your specific out of pocket responsibility

different types of coverage and eligibility. The information

below will help you understand the **estimated payment**

would be a portion of the "average payment" amount based on your specific plan coverage and year to date

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or

hospital representatives is highly encouraged prior to care.

Last Updated On 10/1/2024

MS-DRG: 603: Cellulitis Without Mcc **Charge Display Payer** VA OPTUM CCN - Commercial-Veterans

UNDERSTANDING YOUR VISIT

Main Service

Cellulitis Without Mcc

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

> Avg. Gross Charges

\$165,649

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date

Average Gross Charge / Visit \$165.649

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 638: Diabetes With Cc
Payer BCBS FL MBN - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$61,282

Average Gross Charge / Visit

\$61.282

Average Negotiated Charge (Payment) / Visit

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all

patients. The hospital will then work with payers and patients to discount these "gross charges" based on

for your visit. Your specific out of pocket responsibility

different types of coverage and eligibility. The information

below will help you understand the **estimated payment**

would be a portion of the "average payment" amount based on your specific plan coverage and year to date

Main ServiceDiabetes With Cc

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 641: Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes Without Mcc

Payer BCBS MEDICARE ADV - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service

Miscellaneous Disorders Of Nutrition, Metabolism, Fluids And Electrolytes Without Mcc

Avg. Gross Charges

\$41,780

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit

\$41.780

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 660: Kidney And Ureter Procedures For Non-Neoplasm With Cc

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service

Kidney And Ureter Procedures For Non-Neoplasm With Cc

Avg. Gross Charges

\$53,146

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit

\$53,146

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 661: Kidney And Ureter Procedures For Non-Neoplasm Without Cc/Mcc

\$94.449

Payer BCBS FEDERAL FL - Commercial PPS

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Main Service Charges

Kidney And Ureter Procedures For Non-Neoplasm Without Cc/Mcc

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

\$94,449

Average Gross Charge / Visit

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 661: Kidney And Ureter Procedures For Non-Neoplasm Without Cc/Mcc

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service

Kidney And Ureter Procedures For Non-Neoplasm Without Cc/Mcc

Avg. Gross Charges

\$66,467

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit

\$66.467

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 661: Kidney And Ureter Procedures For Non-Neoplasm Without Cc/Mcc

\$18.721

Payer BCBS MEDICARE ADV - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Main Service Charges

Kidney And Ureter Procedures For Non-Neoplasm Without Cc/Mcc

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$18,721

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 661: Kidney And Ureter Procedures For Non-Neoplasm Without Cc/Mcc

Payer VA OPTUM CCN - Commercial-Veterans

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service

Kidney And Ureter Procedures For Non-Neoplasm Without Cc/Mcc

Avg. Gross Charges

\$87,928

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit

\$87.928

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 663: Minor Bladder Procedures With Cc

Payer BCBS FEDERAL FL - Commercial PPS

UNDERSTANDING YOUR VISIT

Minor Bladder Procedures With Cc

Main Service

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$83.283

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$83,283

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 682: Renal Failure With Mcc
Payer VA OPTUM CCN - Commercial-Veterans

UNDERSTANDING YOUR VISIT

Main Service

Renal Failure With Mcc

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$32,132

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$32,132

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 69610: Repair of eardrum

Payer BCBS FEDERAL FL - Commercial PPS

UNDERSTANDING YOUR VISIT

Urine pregnancy test

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gros Charges
Repair of eardrum	\$16,894
Supporting Services	
General supporting services	\$11,741
Urine pregnancy test	\$61

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date

Average Gross Charge / Visit \$29.773 Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 70551: Mri brain stem w/o dye
Payer BCBS FL MBN - Commercial HMO

UNDERSTANDING YOUR VISIT

Main Service

Mri brain stem w/o dye

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$7,437

UNDERSTANDING YOUR PAYMENT
Hospitals bill "gross charges" that are the

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$7,437

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or

hospital representatives is highly encouraged prior to care.

Last Updated On 10/1/2024

Charge Display CPT® 71045: X-ray exam chest 1 view

Payer AETNA - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service X-ray exam chest 1 view	Avg. Gross Charges \$788
Supporting Services	
General supporting services	\$17
Sarscov & inf vir a&b ag ia	\$446
Airway inhalation treatment	\$603
Emergency dept visit	\$6,743

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit	\$8,597
Average Negotiated Charge (Payment) / Visit	*

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 71045: X-ray exam chest 1 view

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
X-ray exam chest 1 view	\$788
Supporting Services	
Routine venipuncture	\$21
Comprehen metabolic panel	\$74
Urinalysis auto w/scope	\$22
Complete cbc automated	\$46
Prothrombin time	\$30
Thromboplastin time partial	\$42
Electrocardiogram tracing	\$804

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$1,827

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 71046: X-ray exam chest 2 views

Payer AETNA - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
X-ray exam chest 2 views	\$966
Supporting Services	
Routine venipuncture	\$21
Comprehen metabolic panel	\$74
Urinalysis auto w/scope	\$22
Complete cbc w/auto diff wbc	\$55
Prothrombin time	\$30
Thromboplastin time partial	\$42
Culture screen only	\$47
Electrocardiogram tracing	\$804

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit	\$2,061
Average Negotiated Charge (Payment) / Visit	*

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 71046: X-ray exam chest 2 views

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization
X-ray exam chest 2 views	\$966	100%
Supporting Services		
Routine venipuncture	\$21	100%
Comprehen metabolic panel	\$74	100%
Prothrombin time	\$30	100%
Electrocardiogram tracing	\$804	100%
Thromboplastin time partial	\$42	50%
Culture screen only	\$47	50%
Urinalysis auto w/scope	\$22	50%
Complete cbc w/auto diff wbc	\$55	50%
Complete cbc automated	\$46	50%

Average Gross Charge / Visit	\$2,001	
Average Negotiated Charge (Payment) / Visit	\$78	

Last Updated On 10/1/2024

Charge Display CPT® 71046: X-ray exam chest 2 views

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
X-ray exam chest 2 views	\$966
Supporting Services	
Routine venipuncture	\$21
Comprehen metabolic panel	\$74
Complete cbc automated	\$46
Prothrombin time	\$30
Thromboplastin time partial	\$42
Electrocardiogram tracing	\$804

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$1,983

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 71046: X-ray exam chest 2 views

Payer BCBS MEDICARE ADV - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

	Avg. Gross	Patient
Main Service	Charges	Utilization
X-ray exam chest 2 views	\$966	100%
Supporting Services		
Routine venipuncture	\$21	50%
Comprehen metabolic panel	\$74	50%
Complete cbc w/auto diff wbc	\$55	50%
Prothrombin time	\$30	50%
Thromboplastin time partial	\$42	50%
Electrocardiogram tracing	\$804	50%

Average Gross Charge / Visit	\$1,479	
Average Negotiated Charge (Payment) / Visit	\$78	

Last Updated On 10/1/2024

Charge Display CPT® 71046: X-ray exam chest 2 views

Payer BCBS NETWORK BLUE - Commercial PPO

UNDERSTANDING YOUR VISIT

Main Service

X-ray exam chest 2 views

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$966

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$966

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 71046: X-ray exam chest 2 views

Paver BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
X-ray exam chest 2 views	\$966
Supporting Services	
Routine venipuncture	\$21
Comprehen metabolic panel	\$74
Urinalysis auto w/o scope	\$16
Complete cbc w/auto diff wbc	\$55
Prothrombin time	\$30
Thromboplastin time partial	\$42
Culture screen only	\$47
Electrocardiogram tracing	\$804

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$2,055

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 71250: Ct thorax w/o dye

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

Main Service

Ct thorax w/o dye

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$6.186

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$6,186

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

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hospital representatives is highly encouraged prior to care.

Last Updated On 10/1/2024

Charge Display MS-DRG: 726: Benign Prostatic Hypertrophy Without Mcc

Payer VA OPTUM CCN - Commercial-Veterans

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

> Avg. Gross Charges

\$29.241

Average Gross Charge / Visit

\$29.241

Average Negotiated Charge (Payment) / Visit

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all

patients. The hospital will then work with payers and patients to discount these "gross charges" based on

for your visit. Your specific out of pocket responsibility

different types of coverage and eligibility. The information

below will help you understand the **estimated payment**

would be a portion of the "average payment" amount based on your specific plan coverage and year to date

Main Service

Benign Prostatic Hypertrophy Without Mcc

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 73200: Ct upper extremity w/o dye

Payer BCBS MEDICARE ADV - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$5,556

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$5,556

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Ct upper extremity w/o dye

Main Service

Last Updated On 10/1/2024

Charge Display CPT® 74176: Ct abd & pelvis w/o contrast

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

Main Service

Ct abd & pelvis w/o contrast

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$11,909

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$11,909

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 74177: Ct abd & pelv w/contrast

Payer SIMPLY HEALTHCARE - Medicare & Medicaid

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service Ct abd & pelv w/contrast	Avg. Gross Charges \$14,887
Supporting Services	
General supporting services	\$5
Routine venipuncture	\$21
X-ray exam chest 1 view	\$788
Comprehen metabolic panel	\$74
Urinalysis auto w/scope	\$22
Complete cbc w/auto diff wbc	\$55
Heterophile antibody screen	\$36
Culture screen only	\$47
Strep a ag ia	\$118
Emergency dept visit	\$3,663
Sarscov & inf vir a&b ag ia	\$446

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$20,624

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 74177: Ct abd & pelv w/contrast

Payer SIMPLY HEALTHCARE - Medicare & Medicaid

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service Ct abd & pelv w/contrast	Avg. Gross Charges \$14,887
Supporting Services	
General supporting services	\$5
Routine venipuncture	\$21
X-ray exam chest 1 view	\$788
Comprehen metabolic panel	\$74
Urinalysis auto w/scope	\$22
Complete cbc w/auto diff wbc	\$55
Heterophile antibody screen	\$36
Culture screen only	\$47
Strep a ag ia	\$118
Emergency dept visit	\$3,663
Sarscov & inf vir a&b ag ia	\$446

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$20,624

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 74178: Ct abd & pelv 1/> regns

Payer BCBS MEDICARE ADV - Medicare Advantage

UNDERSTANDING YOUR VISIT

General supporting services

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

	Avg. Gross	Average Gross Charge / Visit	\$14,463
Main Service	Charges	Average Negotiated Charge (Payment) / Visit	*
Ct abd & pelv 1/> regns	\$13,979		
Supporting Services		*As a result of payer terms and/or patient clair	m volumes,

\$384

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 74183: Mri abdomen w/o & w/dye

Paver BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$11,142

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$14,380

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Main Service Mri abdomen w/o & w/dye

Last Updated On 10/1/2024

Charge Display CPT® 76700: Us exam abdom complete

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$2,192

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$2,192

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Main Service

Us exam abdom complete

Last Updated On 10/1/2024

Charge Display CPT® 76700: Us exam abdom complete

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$2,192

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$2,192

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Main Service

Us exam abdom complete

Last Updated On 10/1/2024

Charge Display CPT® 76705: Echo exam of abdomen

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

Main Service

Echo exam of abdomen

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$2,364

UNDERSTANDING YOUR PAYMENT

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Average Gross Charge / Visit

\$2,364

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 76801: Ob us < 14 wks single fetus

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges
Ob us < 14 wks single fetus	\$1,259
Supporting Services	
Transvaginal us obstetric	\$1,648

Average Gross Charge / Visit \$2,907

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 76805: Ob us >/= 14 wks sngl fetus

Payer AETNA - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

Main Service Charges

Ob us >/= 14 wks sngl fetus \$3,623

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$3,623

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 76805: Ob us >/= 14 wks sngl fetus

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

Main Service

Ob us >/= 14 wks sngl fetus

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$3.623

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures

Average Gross Charge / Visit \$3,623

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 76805: Ob us >/= 14 wks sngl fetus

Payer AETNA - Commercial

UNDERSTANDING YOUR VISIT

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Avg. Gross Charges

Main ServiceChargesOb us >/= 14 wks sngl fetus\$3,623

UNDERSTANDING YOUR PAYMENT

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Average Gross Charge / Visit \$3,623

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 76805: Ob us >/= 14 wks sngl fetus

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

Main Service

Ob us >/= 14 wks sngl fetus

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$3.623

UNDERSTANDING YOUR PAYMENT

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Average Gross Charge / Visit \$3,623

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 76815: Ob us limited fetus(s)

Payer AETNA - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Ob us limited fetus(s)	\$1,186
Supporting Services	
Urinalysis auto w/scope	\$22
Urine culture/colony count	\$56

UNDERSTANDING YOUR PAYMENT

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Average Gross Charge / Visit \$1,264

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 76819: Fetal biophys profil w/o nst

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

\$2,350 \$434

Main Service Fetal biophys profil w/o nst	Avg. Gross Charges \$2,350	Patient Utilization 100%	Average Gross Charge / Visit Average Negotiated Charge (Payment) / Visit
Supporting Services			
Ob us follow-up per fetus	\$1,572	33%	
Umbilical artery echo	\$1,649	33%	

Last Updated On 10/1/2024

Charge Display CPT® 76856: Us exam pelvic complete

Payer VA OPTUM CCN - Commercial-Veterans

UNDERSTANDING YOUR VISIT

Main Service

Us exam pelvic complete

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$3.169

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$3,169

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

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hospital representatives is highly encouraged prior to care.

Last Updated On 10/1/2024

Charge Display CPT® 78227: Hepatobil syst image w/drug

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

Main Service

Hepatobil syst image w/drug

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$3.480

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$4,431

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 785: Cesarean Section With Sterilization Without Cc/Mcc

Payer CIGNA HMO - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service

Cesarean Section With Sterilization Without Cc/Mcc

Avg. Gross Charges

\$54,693

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit

\$54.693

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 78802: Tumor imaging whole body

Payer BCBS FL HMO - Commercial HMO

UNDERSTANDING YOUR VISIT

Main Service

Tumor imaging whole body

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$5,590

UNDERSTANDING YOUR PAYMENT

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Average Gross Charge / Visit \$19,252

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

MS-DRG: 795: Normal Newborn **Charge Display**

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

Main Service

Normal Newborn

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

> Avg. Gross Charges

> > \$7,266

UNDERSTANDING YOUR PAYMENT

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Average Gross Charge / Visit \$7.266 Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes,

additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 81001: Urinalysis auto w/scope

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

General supporting services

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Urinalysis auto w/scope	\$21
Supporting Services	

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$365

Average Negotiated Charge (Payment) / Visit *

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\$4

Last Updated On 10/1/2024

Charge Display CPT® 81001: Urinalysis auto w/scope

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

General supporting services

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Urinalysis auto w/scope	\$21
Supporting Services	

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$365

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

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\$4

Last Updated On 10/1/2024

Charge Display CPT® 86900: Blood typing serologic abo
Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service Blood typing serologic abo	Avg. Gross Charges \$785
Supporting Services	
General supporting services	\$12,657
Routine venipuncture	\$21
RBC antibody screen	\$349
Blood typing serologic rh(d)	\$237

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$16,740

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 86900: Blood typing serologic abo

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Blood typing serologic abo	\$785
Supporting Services	
Routine venipuncture	\$21
Metabolic panel total ca	\$60
Complete cbc automated	\$46
RBC antibody screen	\$349
Blood typing serologic rh(d)	\$237

UNDERSTANDING YOUR PAYMENT

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Average Gross Charge / Visit	\$1,498
Average Negotiated Charge (Payment) / Visit	*

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 86920: Compatibility test spin

Payer BCBS MEDICARE ADV - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Compatibility test spin	\$2,092
Supporting Services	
Routine venipuncture	\$21
RBC antibody screen	\$349
Blood typing serologic abo	\$785
Blood typing serologic rh(d)	\$237
Compatibility test antiglob	\$2,092

UNDERSTANDING YOUR PAYMENT

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Average Gross Charge / Visit \$5,576

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 871: Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc

\$65.597

Payer BCBS MEDICARE ADV - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Main Service Charges

Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc

UNDERSTANDING YOUR PAYMENT

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Average Gross Charge / Visit \$65,597

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 871: Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc

\$134,623

Payer VA OPTUM CCN - Commercial-Veterans

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Main Service Charges

Septicemia Or Severe Sepsis Without Mv >96 Hours With Mcc

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$134,623

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 872: Septicemia Or Severe Sepsis Without Mv >96 Hours Without Mcc

Payer CIGNA HMO - Commercial HMO

UNDERSTANDING YOUR VISIT

Main Service

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

Septicemia Or Severe Sepsis Without Mv >96 \$57,471 Hours Without Mcc

UNDERSTANDING YOUR PAYMENT

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Average Gross Charge / Visit

\$57.471

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 88172: Cytp dx eval fna 1st ea site

Payer AARP - Medicare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Cytp dx eval fna 1st ea site	\$698
Supporting Services	
General supporting services	\$2,726
Cytopath eval fna report	\$233
Tissue exam by pathologist	\$233

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date

Average Gross Charge / Visit	\$7,017
Average Negotiated Charge (Payment) / Visit	*

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Last Updated On 10/1/2024

Charge Display CPT® 88305: Tissue exam by pathologist

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service Tissue exam by pathologist	Avg. Gross Charges \$233
Supporting Services	
General supporting services	\$570
Routine venipuncture	\$21
Complete cbc w/auto diff wbc	\$55
Prothrombin time	\$30

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$1,624

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 916: Allergic Reactions Without Mcc

Payer BCBS FL MBN - Commercial HMO

UNDERSTANDING YOUR VISIT

Main Service

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

> Avg. Gross Charges

> > \$61,678

Average Gross Charge / Visit

\$61.678

Average Negotiated Charge (Payment) / Visit

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all

patients. The hospital will then work with payers and patients to discount these "gross charges" based on

for your visit. Your specific out of pocket responsibility

different types of coverage and eligibility. The information

below will help you understand the **estimated payment**

would be a portion of the "average payment" amount based on your specific plan coverage and year to date

Allergic Reactions Without Mcc

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display MS-DRG: 918: Poisoning And Toxic Effects Of Drugs Without Mcc

\$23.109

Payer VA OPTUM CCN - Commercial-Veterans

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Main Service Charges

Poisoning And Toxic Effects Of Drugs Without Mcc

UNDERSTANDING YOUR PAYMENT

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Average Gross Charge / Visit \$23,109

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 92960: Cardioversion electric ext

Payer BCBS MEDICARE ADV - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service Cardioversion electric ext	Avg. Gross Charges \$6,684
Supporting Services	
General supporting services	\$741
X-ray exam chest 1 view	\$788
Electrocardiogram tracing	\$804
Echo transesophageal	\$6,571

UNDERSTANDING YOUR PAYMENT

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Average Gross Charge / Visit \$16,308
Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 93005: Electrocardiogram tracing

Payer AETNA - Commercial

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Electrocardiogram tracing	Avg. Gross Charges \$804	Patient Utilization 100%	Averag Averag
Supporting Services			
Routine venipuncture	\$21	50%	
Metabolic panel total ca	\$60	50%	
Complete cbc automated	\$46	50%	

Average Gross Charge / Visit	\$868
Average Negotiated Charge (Payment) / Visit	\$263

Last Updated On 10/1/2024

Charge Display CPT® 93005: Electrocardiogram tracing
Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

\$940 \$56

Main Service Electrocardiogram tracing	Avg. Gross Charges \$804	Patient Utilization 100%	Average Gross Charge / Visit Average Negotiated Charge (Payment) / Visit
Supporting Services			
Routine venipuncture	\$21	100%	
Metabolic panel total ca	\$60	71%	
Complete cbc automated	\$46	57%	
Complete cbc w/auto diff wbc	\$55	43%	
Prothrombin time	\$30	14%	
Thromboplastin time partial	\$42	14%	
Comprehen metabolic panel	\$74	14%	
Urinalysis auto w/scope	\$22	14%	
Urinalysis auto w/o scope	\$16	14%	
Chorionic gonadotropin assay	\$53	14%	

Last Updated On 10/1/2024

Charge Display CPT® 93005: Electrocardiogram tracing

Payer BCBS FEDERAL FL - Commercial PPS

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Electrocardiogram tracing	\$804
Supporting Services	
Routine venipuncture	\$21
Metabolic panel total ca	\$60
Complete cbc automated	\$46

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$931

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 93005: Electrocardiogram tracing

Payer BCBS FL MBN - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Electrocardiogram tracing	\$804
Supporting Services	
Routine venipuncture	\$21
Metabolic panel total ca	\$60
Complete cbc automated	\$46

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$931

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 93005: Electrocardiogram tracing

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Electrocardiogram tracing	Avg. Gross Charges \$804	Patient Utilization 100%
Supporting Services		
Routine venipuncture	\$21	100%
Complete cbc automated	\$46	100%
Metabolic panel total ca	\$60	67%
Prothrombin time	\$30	33%

Average Gross Charge / Visit	\$931
Average Negotiated Charge (Payment) / Visit	\$354

Last Updated On 10/1/2024

Charge Display CPT® 93005: Electrocardiogram tracing

Payer BCBS MEDICARE ADV - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Electrocardiogram tracing	\$804
Supporting Services	
Routine venipuncture	\$21
Metabolic panel total ca	\$60
Complete cbc automated	\$46

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$931

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 93005: Electrocardiogram tracing

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization	Av
Electrocardiogram tracing	\$804	100%	
Supporting Services			
Routine venipuncture	\$21	80%	
Complete cbc automated	\$46	80%	
Prothrombin time	\$30	40%	
Thromboplastin time partial	\$42	40%	
Metabolic panel total ca	\$60	40%	
Urinalysis auto w/scope	\$22	20%	
Urine pregnancy test	\$61	20%	

Average Gross Charge / Visit	\$943	
Average Negotiated Charge (Payment) / Visit	\$270	

Last Updated On 10/1/2024

Charge Display CPT® 93005: Electrocardiogram tracing

Payer CIGNA HMO - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Electrocardiogram tracing	\$804
Supporting Services	
Routine venipuncture	\$21
Metabolic panel total ca	\$60
Complete cbc automated	\$46

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$931 Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 93306: Tte w/doppler complete

Paver BCBS FL MBN - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges	Patient Utilization
Tte w/doppler complete	\$6,460	100%
Supporting Services		
Extracranial bilat study	\$2,559	50%

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit	\$7,740
Average Negotiated Charge (Payment) / Visit	\$2,702

Last Updated On 10/1/2024

Charge Display CPT® 93458: L hrt artery/ventricle angio

Payer AETNA - Commercial

UNDERSTANDING YOUR VISIT

Supporting Services

General supporting services

X-ray exam chest 1 view

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

	Avg. Gross	Average Gross Charge / Visit
Main Service	Charges	Average Negotiated Charge (Payment) / Visit
L hrt artery/ventricle angio	\$31,050	

\$11,253

\$788

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all

patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information

for your visit. Your specific out of pocket responsibility

below will help you understand the **estimated payment**

would be a portion of the "average payment" amount based on your specific plan coverage and year to date

\$45.947

Last Updated On 10/1/2024

Charge Display CPT® 93458: L hrt artery/ventricle angio

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges
L hrt artery/ventricle angio	\$31,050
Supporting Services	
General supporting services	\$9,801
X-ray exam chest 1 view	\$788

Average Gross Charge / Visit \$43,581

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 93458: L hrt artery/ventricle angio

Payer BCBS MEDICARE ADV - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service L hrt artery/ventricle angio	Avg. Gross Charges \$31,050	Patient Utilization 100%	Average (
Supporting Services General supporting services X-ray exam chest 1 view	\$11,008 \$788	100% 100%	

Average Gross Charge / Visit	\$45,169
Average Negotiated Charge (Payment) / Visit	\$2,952

Last Updated On 10/1/2024

Charge Display CPT® 96372: Ther/proph/diag inj sc/im

Payer BCBS FEDERAL FL - Commercial PPS

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Ther/proph/diag inj sc/im	\$666
Supporting Services	
General supporting services	\$357
Urinalysis auto w/scope	\$22
Urine culture/colony count	\$56

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$1,457

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 96374: Ther/proph/diag inj iv push

Payer AETNA - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gros Charges
Ther/proph/diag inj iv push	\$763
Supporting Services	
Tx/pro/dx inj new drug addon	\$754
Emergency dept visit	\$2,454

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$5,047

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 96374: Ther/proph/diag inj iv push

Payer BCBS NETWORK BLUE - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service Ther/proph/diag inj iv push	Avg. Gross Charges \$756
Supporting Services	
General supporting services	\$8,775
Routine venipuncture	\$21
Comprehen metabolic panel	\$74
Vitamin B-12	\$105
Assay of erythropoietin	\$132
Assay of haptoglobin quant	\$88
Lactate (LD) (LDH) enzyme	\$42
Complete cbc w/auto diff wbc	\$55
Automated reticulocyte count	\$28
Coombs test direct	\$390

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$10,466
Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 97018: Paraffin bath therapy

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Paraffin bath therapy	\$407
Supporting Services	
Therapeutic exercises	\$4,755
Neuromuscular reeducation	\$393
Manual therapy 1/> regions	\$3,288

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$8,843

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 97110: Therapeutic exercises

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization
Therapeutic exercises	\$1,248	100%
Supporting Services		
Pt eval low complex 20 min	\$470	100%
Therapeutic activities	\$638	100%
Manual therapy 1/> regions	\$247	50%

Average Gross Charge / Visit	\$2,479
Average Negotiated Charge (Payment) / Visit	\$264

Last Updated On 10/1/2024

Charge Display CPT® 97110: Therapeutic exercises

Payer BCBS FL HMO - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Therapeutic exercises	\$3,269
Supporting Services	
Neuromuscular reeducation	\$1,572
Manual therapy 1/> regions	\$1,174

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$6,015

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 97110: Therapeutic exercises

Payer BCBS MEDICARE ADV - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Therapeutic exercises	\$2,184
Supporting Services	
Manual therapy 1/> regions	\$741
Pt eval low complex 20 min	\$470
Therapeutic activities	\$255

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$3,650

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 97110: Therapeutic exercises

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization
Therapeutic exercises	\$1,248	100%
Supporting Services		
Pt eval low complex 20 min	\$470	100%
Therapeutic activities	\$638	100%
Manual therapy 1/> regions	\$247	50%

Average Gross Charge / Visit	\$2,479
Average Negotiated Charge (Payment) / Visit	\$264

Last Updated On 10/1/2024

Charge Display CPT® 97110: Therapeutic exercises

Payer BCBS FL HMO - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Therapeutic exercises	\$3,269
Supporting Services	
Neuromuscular reeducation	\$1,572
Manual therapy 1/> regions	\$1,174

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$6,015

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 97110: Therapeutic exercises

Payer BCBS MEDICARE ADV - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Therapeutic exercises	\$2,184
Supporting Services	
Manual therapy 1/> regions	\$741
Pt eval low complex 20 min	\$470
Therapeutic activities	\$255

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$3,650

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 97112: Neuromuscular reeducation

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Neuromuscular reeducation	\$3,536
Supporting Services	
Therapeutic exercises	\$5,349
Manual therapy 1/> regions	\$2,583
Therapeutic activities	\$485

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$11,954
Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 99282: Emergency dept visit

Payer AETNA - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization
Emergency dept visit	\$2,454	100%
Supporting Services		
General supporting services	\$4	60%
X-ray exam of finger(s)	\$1,101	20%
Immunization admin	\$383	20%

Average Gross Charge / Visit		\$2,458
Average Negotiated Charge (Payment)	/ Visit	\$2,458

Last Updated On 10/1/2024

Charge Display CPT® 99282: Emergency dept visit

Payer AETNA BETTER HEALTH - Medicaid HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

\$3,472

\$149

Main Service Emergency dept visit	Avg. Gross Charges \$2,454	Patient Utilization	Average Gross Charge / Visit Average Negotiated Charge (Payment) / Visit
Supporting Services General supporting services	\$18	50%	
X-ray exam knee 4 or more	\$2,018	50%	

Last Updated On 10/1/2024

Charge Display CPT® 99282: Emergency dept visit

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service	Avg. Gross Charges	Patient Utilization
Emergency dept visit	\$2,454	100%
Supporting Services		
General supporting services	\$240	67%
Rpr s/n/ax/gen/trnk 2.5cm/<	\$1,152	67%
Immunization admin	\$383	33%

Average Gross Charge / Visit	\$3,583
Average Negotiated Charge (Payment) / Visit	\$142

Last Updated On 10/1/2024

Charge Display CPT® 99282: Emergency dept visit

Payer AETNA PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING	YOUR PAYMENT
11	

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges
Emergency dept visit	\$2,454
Supporting Services	
Ther/proph/diag inj sc/im	\$672

Average Gross Charge / Visit \$4,448

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 99282: Emergency dept visit **Payer** BCBS FEDERAL FL - Commercial PPS

UNDERSTANDING YOUR VISIT

Main Service

Emergency dept visit

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

> Avg. Gross Charges

> > \$2.454

UNDERSTANDING YOUR PAYMENT

patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility

would be a portion of the "average payment" amount based on your specific plan coverage and year to date

Hospitals bill "gross charges" that are the same for all

Average Gross Charge / Visit \$2,454

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 99282: Emergency dept visit

Payer BCBS FL HMO - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization
Emergency dept visit	\$2,454	100%
Supporting Services		
General supporting services	\$519	57%
Rpr s/n/ax/gen/trnk 2.5cm/<	\$1,124	29%
Rpr s/n/ax/gen/trnk2.6-7.5cm	\$1,180	14%
X-ray exam of wrist	\$1,490	14%
X-ray exam of hand	\$1,717	14%

Average Gross Charge / Visit	\$2,475
Average Negotiated Charge (Payment) / Visit	\$955

Last Updated On 10/1/2024

Charge Display CPT® 99282: Emergency dept visit

Payer BCBS FL MBN - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges	Patient Utilization
Emergency dept visit	\$2,454	100%
Supporting Services		
General supporting services	\$82	33%
Ther/proph/diag inj sc/im	\$672	22%
X-ray exam of elbow	\$1,539	11%
Immunization admin	\$383	11%

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit	\$2,698
Average Negotiated Charge (Payment) / Visit	\$870

Last Updated On 10/1/2024

Charge Display CPT® 99282: Emergency dept visit

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization
Emergency dept visit	\$2,454	100%
Supporting Services		
Remove nasal foreign body	\$1,180	17%
Routine venipuncture	\$21	17%
Heterophile antibody screen	\$36	17%
Culture screen only	\$47	17%
Culture type immunologic	\$36	17%
Strep a ag ia	\$118	17%
Immunization admin	\$383	17%
Sarscov & inf vir a&b ag ia	\$446	17%

Average	Gross Charge / Visit	\$2,806
Average	Negotiated Charge (Payment) / Visit	\$1,044

Last Updated On 10/1/2024

Charge Display CPT® 99282: Emergency dept visit

Payer BCBS NETWORK BLUE - Commercial PPO

UNDERSTANDING YOUR VISIT

Main Service

Emergency dept visit

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$2.454

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$2,454

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 99282: Emergency dept visit

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges	Patient Utilization
Emergency dept visit Supporting Services	\$2,454	100%
X-ray exam of foot	\$1,631	20%
Immunization admin	\$383	20%
Ther/proph/diag inj sc/im	\$672	20%

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit	\$2,454	
Average Negotiated Charge (Payment) / Visit	\$864	

Last Updated On 10/1/2024

Charge Display CPT® 99282: Emergency dept visit

Payer CIGNA HMO - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Emergency dept visit	\$2,454
Supporting Services	
General supporting services	\$5
X-ray exam of hand	\$1,803

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$4,262

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 99282: Emergency dept visit

Payer SIMPLY HEALTHCARE - Medicare & Medicaid

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Emergency dept visit	Avg. Gross Charges \$2,454	Patient Utilization
Supporting Services General supporting services	\$15	40%
Apply forearm splint X-ray exam of wrist	\$2,005 \$1,565	20%

Average Gross Charge / Visit	\$2,466	
Average Negotiated Charge (Payment) / Visit	\$106	

Last Updated On 10/1/2024

Charge Display CPT® 99283: Emergency dept visit

Payer AETNA - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	
Emergency dept visit	\$3,663	100%
Supporting Services		
General supporting services	\$37	33%
Routine venipuncture	\$21	17%
Culture screen only	\$47	17%
Strep a ag ia	\$118	17%
Comprehen metabolic panel	\$74	17%
Urinalysis auto w/scope	\$22	17%
Complete cbc w/auto diff wbc	\$55	14%
Sars-cov-2 covid-19 amp prb	\$360	12%
Influenza assay w/optic	\$232	12%
Electrocardiogram tracing	\$804	12%
Ther/proph/diag inj sc/im	\$672	10%
Ther/proph/diag inj iv push	\$763	10%
X-ray exam chest 1 view	\$788	10%
X-ray exam of ankle	\$1,871	10%
Assay of troponin quant	\$88	10%

Average Gross Charge / Visit	\$5,477
Average Negotiated Charge (Payment) / Visit	\$3,302

Last Updated On 10/1/2024

Charge Display CPT® 99283: Emergency dept visit

Payer AETNA FIRST HEALTH - Commercial Plan

UNDERSTANDING YOUR VISIT

Main Service

Emergency dept visit

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$3.663

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$3,663

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 99283: Emergency dept visit

Payer AETNA HMO - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

<u>UNDERSTANDING YOUR PAYMENT</u>

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization
Emergency dept visit	\$3,663	100%
Supporting Services		
General supporting services	\$25	80%
Culture screen only	\$47	40%
Strep a ag ia	\$118	40%
Extremity study	\$1,810	20%
Airway inhalation treatment	\$603	20%
Ther/proph/diag inj sc/im	\$1,344	20%
Sarscov & inf vir a&b ag ia	\$446	20%
Ct lumbar spine w/o dye	\$8,545	20%

Average Gross Charge / Visit	\$4,282
Average Negotiated Charge (Payment) / Visit	\$3,302

Last Updated On 10/1/2024

Charge Display CPT® 99283: Emergency dept visit

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Emergency dept visit	Avg. Gross Charges \$3,663	Patient Utilization 100%
Supporting Services		
General supporting services	\$187	33%
Routine venipuncture	\$21	33%
Complete cbc w/auto diff wbc	\$55	33%
Comprehen metabolic panel	\$74	33%
Assay of natriuretic peptide	\$276	17%
C-reactive protein	\$36	17%
Electrocardiogram tracing	\$804	17%
Airway inhalation treatment	\$1,025	17%
Ther/proph/diag inj sc/im	\$1,344	17%
Ther/proph/diag inj iv push	\$763	17%
Tx/pro/dx inj new drug addon	\$1,508	17%
Ct soft tissue neck w/o dye	\$6,970	17%
Ct thorax w/o dye	\$6,186	17%
Ct lumbar spine w/o dye	\$8,545	17%
Ct pelvis w/o dye	\$6,092	17%

Average Gross Charge / Visit	\$9,920	
Average Negotiated Charge (Payment) / Visit	\$343	

Last Updated On 10/1/2024

Charge Display CPT® 99283: Emergency dept visit

Payer AETNA PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization
Emergency dept visit	\$3,663	100%
Supporting Services		
Ther/proph/diag inj sc/im	\$1,344	67%
Ther/proph/diag inj iv push	\$763	33%
General supporting services	\$27	33%
X-ray exam of finger(s)	\$1,101	33%
X-ray exam of ankle	\$1,231	33%
X-ray exam of foot	\$758	33%
Immunization admin	\$383	33%

Average Gross Charge / Visit	\$6,682
Average Negotiated Charge (Payment) / Visit	\$3,302

Last Updated On 10/1/2024

Charge Display CPT® 99283: Emergency dept visit

Payer CIGNA HEALTHCARE - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges	Patient Utilization
Emergency dept visit	\$3,663	100%
Supporting Services		
Ther/proph/diag inj sc/im	\$1,680	67%
General supporting services	\$244	33%
Ct lumbar spine w/o dye	\$8,545	33%

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit	\$6,752
Average Negotiated Charge (Payment) / Visit	\$1,073

Last Updated On 10/1/2024

Charge Display CPT® 99283: Emergency dept visit

Payer CIGNA HMO - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Emergency dept visit	Avg. Gross Charges \$3,663	Patient Utilization 100%
Supporting Services		
Strep a ag ia	\$118	40%
Culture screen only	\$47	35%
General supporting services	\$13	35%
Influenza assay w/optic	\$232	30%
Sars-cov-2 covid-19 amp prb	\$360	25%
Sarscov & inf vir a&b ag ia	\$446	15%
X-ray exam chest 2 views	\$966	15%
X-ray exam of ankle	\$1,871	15%
Comprehen metabolic panel	\$74	10%
Complete cbc w/auto diff wbc	\$55	10%
X-ray exam knee 4 or more	\$2,018	10%
Routine venipuncture	\$21	10%
C-reactive protein	\$36	5%
Airway inhalation treatment	\$603	5%
Culture type immunologic	\$36	5%

Average Gross Charge / Visit	\$4,556
Average Negotiated Charge (Payment) / Visit	\$1,408

Last Updated On 10/1/2024

Charge Display CPT® 99283: Emergency dept visit

Payer SIMPLY HEALTH PLANS - Medicare & Medicaid

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization
Emergency dept visit	\$3,576	100%
Supporting Services		
Apply long arm splint	\$1,910	25%
X-ray exam of elbow	\$1,466	25%
X-ray exam knee 4 or more	\$1,922	25%
X-ray exam of foot	\$1,631	25%
X-ray exam of heel	\$769	25%
Culture screen only	\$47	25%
Strep a ag ia	\$118	25%
Rsv assay w/optic	\$92	25%
Ther/proph/diag inj sc/im	\$640	25%
Sarscov & inf vir a&b ag ia	\$446	25%

Average Gross Charge / Visit	\$6,227
Average Negotiated Charge (Payment) / Visit	\$144

Last Updated On 10/1/2024

Charge Display CPT® 99283: Emergency dept visit

Payer SIMPLY HEALTHCARE - Medicare & Medicaid

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

	Avg. Gross	
Main Service	Charges	Utilization
Emergency dept visit	\$3,663	100%
Supporting Services		
General supporting services	\$6	45%
X-ray exam chest 1 view	\$788	27%
Strep a ag ia	\$118	27%
Influenza assay w/optic	\$232	27%
Rsv assay w/optic	\$92	27%
Sars-cov-2 covid-19 amp prb	\$360	27%
Sarscov & inf vir a&b ag ia	\$446	18%
Urinalysis auto w/scope	\$22	18%
Culture screen only	\$47	18%
Urine culture/colony count	\$56	9%
Microbe susceptible mic	\$61	9%
Complete cbc w/auto diff wbc	\$55	9%
Comprehen metabolic panel	\$74	9%
Routine venipuncture	\$21	9%
Ther/proph/diag inj sc/im	\$2,016	9%

Average Gross Charge / Visit	\$5,141	
Average Negotiated Charge (Payment) / Visit	\$131	

Last Updated On 10/1/2024

Charge Display CPT® 99283: Emergency dept visit

Payer UHC - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Emergency dept visit	Avg. Gross Charges \$3,663	Patient Utilization 100%
Supporting Services		
Strep a ag ia	\$118	67%
Culture screen only	\$47	67%
Culture type immunologic	\$36	33%
Influenza assay w/optic	\$232	33%
Upper extremity study	\$1,864	33%
Extremity study	\$1,810	33%
Ther/proph/diag inj iv push	\$763	33%
Sars-cov-2 covid-19 amp prb	\$360	33%
Sarscov & inf vir a&b ag ia	\$446	33%
General supporting services	\$10	33%
Routine venipuncture	\$21	33%
Comprehen metabolic panel	\$74	33%
Urinalysis auto w/scope	\$22	33%
Complete cbc w/auto diff wbc	\$55	33%
Heterophile antibody screen	\$36	33%

Average Gross Charge / Visit	\$7,075
Average Negotiated Charge (Payment) / Visit	\$1,173

Last Updated On 10/1/2024

Charge Display CPT® 99283: Emergency dept visit

Payer VA OPTUM CCN - Commercial-Veterans

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization
Emergency dept visit	\$3,663	100%
Supporting Services		
Routine venipuncture	\$21	25%
Ther/proph/diag inj sc/im	\$1,008	25%
Sars-cov-2 covid-19 amp prb	\$360	13%
Sarscov & inf vir a&b ag ia	\$446	13%
General supporting services	\$357	13%
Insert temp bladder cath	\$1,180	13%
Ct chest spine w/o dye	\$8,449	13%
Ct lumbar spine w/o dye	\$8,545	13%
Comprehen metabolic panel	\$74	13%
Assay of blood/uric acid	\$32	13%
Complete cbc w/auto diff wbc	\$55	13%
Rbc sed rate nonautomated	\$30	13%
C-reactive protein	\$36	13%
Heterophile antibody screen	\$36	13%
Influenza assay w/optic	\$232	13%

Average Gross Charge / Visit	\$5,698
Average Negotiated Charge (Payment) / Visit	\$288

Last Updated On 10/1/2024

Charge Display CPT® 99283: Emergency dept visit

Payer BCBS FEDERAL FL - Commercial PPS

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Camina	Avg. Gross	
Main Service	Charges	Utilization
Emergency dept visit	\$3,663	100%
Supporting Services		
X-ray exam chest 2 views	\$966	40%
General supporting services	\$189	40%
Drainage of skin abscess	\$1,910	20%
Routine venipuncture	\$21	20%
Ct angiography chest	\$10,015	20%
Comprehen metabolic panel	\$74	20%
Complete cbc w/auto diff wbc	\$55	20%
Prothrombin time	\$30	20%
Culture othr specimn aerobic	\$58	20%
Culture Aerobic Identify	\$53	20%
Culture screen only	\$47	20%
Culture type immunologic	\$35	20%
Microbe susceptible mic	\$58	20%
Influenza assay w/optic	\$232	20%
Airway inhalation treatment	\$603	20%

Average Gross Charge / Visit	\$5,962
Average Negotiated Charge (Payment) / Visit	\$884

Last Updated On 10/1/2024

Charge Display CPT® 99283: Emergency dept visit

Payer BCBS FL HMO - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

	Avg. Gross	
Main Service	Charges	Utilization
Emergency dept visit	\$3,663	100%
Supporting Services		
General supporting services	\$14	48%
Culture screen only	\$47	19%
Strep a ag ia	\$118	19%
X-ray exam of foot	\$1,631	19%
Ther/proph/diag inj sc/im	\$672	19%
Complete cbc w/auto diff wbc	\$55	14%
Comprehen metabolic panel	\$74	14%
Routine venipuncture	\$21	14%
X-ray exam chest 2 views	\$966	14%
X-ray exam of ankle	\$1,871	14%
Influenza assay w/optic	\$232	10%
Airway inhalation treatment	\$513	10%
Evaluate pt use of inhaler	\$533	10%
Measure blood oxygen level	\$224	10%
Assay of magnesium	\$47	10%

Average Gross Charge / Visit	\$6,709
Average Negotiated Charge (Payment) / Visit	\$955

Last Updated On 10/1/2024

Charge Display CPT® 99283: Emergency dept visit

Payer BCBS FL MBN - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Emergency dept visit	Avg. Gross Charges \$3,663	Patient Utilization
Supporting Services		
General supporting services	\$12	44%
Routine venipuncture	\$21	22%
X-ray exam chest 1 view	\$788	22%
Complete cbc w/auto diff wbc	\$55	22%
Comprehen metabolic panel	\$74	22%
Electrocardiogram tracing	\$804	17%
Urinalysis auto w/scope	\$22	11%
Assay of troponin quant	\$88	11%
Culture screen only	\$47	11%
Urine culture/colony count	\$56	11%
Strep a ag ia	\$118	11%
X-ray exam of forearm	\$1,471	11%
X-ray exam of hand	\$1,803	11%
X-ray exam knee 4 or more	\$2,018	11%
Airway inhalation treatment	\$422	6%

Average Gross Charge / Visit	\$5,317
Average Negotiated Charge (Payment) / Visit	\$870

Last Updated On 10/1/2024

Charge Display CPT® 99283: Emergency dept visit

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Emergency dept visit	Avg. Gross Charges \$3,663	Patient Utilization 100%
Supporting Services		
Ther/proph/diag inj sc/im	\$672	32%
General supporting services	\$17	27%
Sars-cov-2 covid-19 amp prb	\$360	18%
Culture screen only	\$47	18%
Strep a ag ia	\$118	18%
Influenza assay w/optic	\$232	18%
X-ray exam of shoulder	\$1,504	14%
Comprehen metabolic panel	\$74	9%
Urinalysis auto w/scope	\$22	9%
Assay of magnesium	\$47	9%
Complete cbc w/auto diff wbc	\$55	9%
Routine venipuncture	\$21	9%
Ct maxillofacial w/o dye	\$7,930	9%
X-ray exam chest 1 view	\$788	9%
Sarscov & inf vir a&b ag ia	\$446	9%

Average Gross Charge / Visit	\$4,987
Average Negotiated Charge (Payment) / Visit	\$1,134

Last Updated On 10/1/2024

Charge Display CPT® 99283: Emergency dept visit

Payer BCBS MEDICARE ADV - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization
Emergency dept visit	\$3,663	100%
Supporting Services		
General supporting services	\$384	25%
Insert temp bladder cath	\$1,180	25%
X-ray exam of foot	\$1,631	25%
Urinalysis auto w/scope	\$22	25%
Ther/proph/diag inj iv push	\$763	25%
Tx/pro/dx inj new drug addon	\$1,508	25%

Average Gross Charge / Visit	\$5,080
Average Negotiated Charge (Payment) / Visit	\$258

Last Updated On 10/1/2024

Charge Display CPT® 99283: Emergency dept visit

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Emergency dept visit	Avg. Gross Charges \$3,663	Patient Utilization 100%
Supporting Services		
General supporting services	\$11	41%
Ther/proph/diag inj sc/im	\$672	22%
Ther/proph/diag inj iv push	\$763	7%
Sars-cov-2 covid-19 amp prb	\$360	7%
Influenza assay w/optic	\$232	7%
Routine venipuncture	\$21	7%
X-ray exam chest 1 view	\$788	7%
Ct lumbar spine w/o dye	\$8,545	7%
X-ray exam of shoulder	\$1,504	7%
Comprehen metabolic panel	\$74	7%
Urinalysis auto w/scope	\$22	7%
Complete cbc w/auto diff wbc	\$55	7%
Blood culture for bacteria	\$144	4%
Chylmd trach dna amp probe	\$247	4%
Ct lower extremity w/o dye	\$5,134	4%

Average Gross Charge / Visit	\$4,447
Average Negotiated Charge (Payment) / Visit	\$864

Last Updated On 10/1/2024

Charge Display CPT® 99284: Emergency dept visit

Payer AARP MEDICARE COMPLETE - Medicare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Emergency dept visit	Avg. Gross Charges \$4,945
Supporting Services	
Ct head/brain w/o dye	\$7,640
Ct neck spine w/o dye	\$8,511
X-ray exam of ankle	\$1,782
X-ray exam of foot	\$1,554

Average Gross Charge / Visit \$24,431

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 99284: Emergency dept visit

Payer AETNA - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Emergency dept visit	Avg. Gross Charges \$5,192	
Supporting Services		
Routine venipuncture	\$21	70%
Complete cbc w/auto diff wbc	\$55	70%
Comprehen metabolic panel	\$74	65%
Urinalysis auto w/scope	\$22	43%
Assay of lipase	\$48	43%
Ther/proph/diag inj iv push	\$763	43%
General supporting services	\$18	30%
X-ray exam chest 1 view	\$788	30%
Prothrombin time	\$30	26%
Thromboplastin time partial	\$42	22%
Heterophile antibody screen	\$36	22%
Electrocardiogram tracing	\$804	22%
Ct abd & pelvis w/o contrast	\$11,909	22%
Ct abd & pelv w/contrast	\$14,887	22%
Assay of troponin quant	\$88	22%

Average Gross Charge / Visit	\$17,678
Average Negotiated Charge (Payment) / Visit	\$5,302

Last Updated On 10/1/2024

Charge Display CPT® 99284: Emergency dept visit

Payer AETNA FIRST HEALTH - Commercial Plan

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

expenditures.		
Average Gross Charge / Visit	\$22,555	
Average Negotiated Charge (Payment) / Visit	*	

Hospitals bill "gross charges" that are the same for all

patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information

below will help you understand the **estimated payment**

for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based

UNDERSTANDING YOUR PAYMENT

Main Service	Avg. Gross Charges
Emergency dept visit	\$5,192
Supporting Services	
Routine venipuncture	\$21
X-ray exam chest 1 view	\$788
Ct abd & pelvis w/o contrast	\$11,909
Comprehen metabolic panel	\$74
Assay of lipase	\$48
Assay of magnesium	\$47
Assay of troponin quant	\$88
Complete cbc w/auto diff wbc	\$55
Electrocardiogram tracing	\$804
Ther/proph/diag inj iv push	\$763
Tx/pro/dx inj new drug addon	\$754
Tx/pro/dx inj same drug adon	\$580

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 99284: Emergency dept visit

Payer AETNA HMO - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Emergency dept visit	Avg. Gross Charges \$5,192	Patient Utilization 100%
Supporting Services		
Comprehen metabolic panel	\$74	100%
Assay of lipase	\$48	100%
Routine venipuncture	\$21	100%
Complete cbc w/auto diff wbc	\$55	100%
Ther/proph/diag inj iv push	\$763	100%
Tx/pro/dx inj new drug addon	\$754	50%
Sarscov & inf vir a&b ag ia	\$446	50%
Electrocardiogram tracing	\$804	50%
Hydrate iv infusion add-on	\$678	50%
Ct abd & pelvis w/o contrast	\$11,909	50%
Echo exam of abdomen	\$2,364	50%
Assay of magnesium	\$47	50%
Assay of natriuretic peptide	\$276	50%
Assay of troponin quant	\$88	50%
Chorionic gonadotropin assay	\$53	50%

Average Gross Charge / Visit	\$16,250
Average Negotiated Charge (Payment) / Visit	\$4,302

Last Updated On 10/1/2024

Charge Display CPT® 99284: Emergency dept visit

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Emergency dept visit	Avg. Gross Charges \$5,192	
Supporting Services		
Routine venipuncture	\$21	45%
Comprehen metabolic panel	\$74	45%
Complete cbc w/auto diff wbc	\$55	45%
Electrocardiogram tracing	\$804	36%
Assay of troponin quant	\$88	36%
General supporting services	\$384	27%
Ther/proph/diag inj iv push	\$763	27%
Assay of lipase	\$48	27%
X-ray exam chest 1 view	\$788	27%
Ct neck spine w/o dye	\$8,937	18%
Ct lumbar spine w/o dye	\$8,545	18%
Ct abd & pelvis w/o contrast	\$11,909	18%
Ct abd & pelv w/contrast	\$14,887	18%
Assay of magnesium	\$47	18%
Ct head/brain w/o dye	\$8,022	18%

Average Gross Charge / Visit	\$15,125
Average Negotiated Charge (Payment) / Visit	\$587

Last Updated On 10/1/2024

Charge Display CPT® 99284: Emergency dept visit

Payer AETNA PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Emergency dept visit	Avg. Gross Charges \$5,192	
Supporting Services		
Comprehen metabolic panel	\$74	100%
Routine venipuncture	\$21	100%
Urinalysis auto w/scope	\$22	80%
Complete cbc w/auto diff wbc	\$55	80%
Electrocardiogram tracing	\$804	60%
Ther/proph/diag inj iv push	\$763	60%
Assay of troponin quant	\$88	60%
Chorionic gonadotropin test	\$105	40%
Ob us < 14 wks single fetus	\$1,259	40%
Assay of lipase	\$48	40%
Assay of magnesium	\$47	40%
General supporting services	\$391	40%
Prothrombin time	\$30	40%
Blood typing serologic abo	\$785	40%
Blood typing serologic rh(d)	\$237	40%

Average Gross Charge / Visit	\$11,067
Average Negotiated Charge (Payment) / Visit	\$3,302

Last Updated On 10/1/2024

Charge Display CPT® 99284: Emergency dept visit

Payer UHC - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Emergency dept visit	Avg. Gross Charges \$5,192	Patient Utilization 100%
Supporting Services		
Comprehen metabolic panel	\$74	100%
Complete cbc w/auto diff wbc	\$55	100%
Routine venipuncture	\$21	100%
Ct head/brain w/o dye	\$8,022	50%
Ct abd & pelvis w/o contrast	\$11,909	50%
General supporting services	\$9	50%
Fibrin degradation quant	\$71	50%
Prothrombin time	\$30	50%
Thromboplastin time partial	\$42	50%
Electrocardiogram tracing	\$804	50%
Ther/proph/diag inj iv push	\$763	50%
Drug test prsmv chem anlyzr	\$436	50%
Assay of magnesium	\$47	50%
Assay of natriuretic peptide	\$276	50%
Assay of troponin quant	\$88	50%

Average Gross Charge / Visit	\$18,456
Average Negotiated Charge (Payment) / Visit	\$1,684

Last Updated On 10/1/2024

Charge Display CPT® 99284: Emergency dept visit

Payer VA OPTUM CCN - Commercial-Veterans

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization
Emergency dept visit	\$5,192	100%
Supporting Services		
Routine venipuncture	\$21	83%
Comprehen metabolic panel	\$74	83%
Complete cbc w/auto diff wbc	\$55	83%
Assay of magnesium	\$47	58%
Assay of lipase	\$48	42%
Ther/proph/diag inj iv push	\$763	42%
Assay of troponin quant	\$88	33%
Prothrombin time	\$30	33%
Thromboplastin time partial	\$42	33%
Electrocardiogram tracing	\$804	33%
Assay of natriuretic peptide	\$276	25%
Ct head/brain w/o dye	\$8,022	25%
Ct lumbar spine w/o dye	\$8,545	25%
Ct abd & pelvis w/o contrast	\$11,909	25%
Ct abd & pelv w/contrast	\$14,887	25%

Average Gross Charge / Visit	\$21,401
Average Negotiated Charge (Payment) / Visit	\$831

Last Updated On 10/1/2024

Charge Display CPT® 99284: Emergency dept visit

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization
Emergency dept visit	\$5,192	100%
Supporting Services		
Routine venipuncture	\$21	81%
Comprehen metabolic panel	\$74	77%
Complete cbc w/auto diff wbc	\$55	77%
General supporting services	\$24	61%
Ther/proph/diag inj iv push	\$763	42%
Prothrombin time	\$30	39%
Thromboplastin time partial	\$42	35%
Electrocardiogram tracing	\$804	35%
Urinalysis auto w/scope	\$22	35%
X-ray exam chest 1 view	\$788	35%
Assay of magnesium	\$47	35%
Assay of troponin quant	\$88	32%
Assay of lipase	\$48	29%
Ct abd & pelvis w/o contrast	\$11,909	26%
Tx/pro/dx inj new drug addon	\$1,131	26%

Average Gross Charge / Visit	\$18,461
Average Negotiated Charge (Payment) / Visit	\$2,357

Last Updated On 10/1/2024

Charge Display CPT® 99284: Emergency dept visit

Payer CIGNA HEALTHCARE - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service Emergency dept visit	Avg. Gross Charges \$5,192
Supporting Services	
Culture screen only	\$47
Strep a ag ia	\$118
Sars-cov-2 covid-19 amp prb	\$360
Influenza assay w/optic	\$232

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit	\$5,949
Average Negotiated Charge (Payment) / Visit	*

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 99284: Emergency dept visit

Payer CIGNA HMO - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization
Emergency dept visit	\$5,192	100%
Supporting Services		
Comprehen metabolic panel	\$74	91%
Routine venipuncture	\$21	91%
Complete cbc w/auto diff wbc	\$55	82%
General supporting services	\$15	73%
Urinalysis auto w/scope	\$22	73%
Assay of lipase	\$48	55%
Assay of magnesium	\$47	55%
Prothrombin time	\$30	55%
Thromboplastin time partial	\$42	55%
Ther/proph/diag inj iv push	\$763	45%
Electrocardiogram tracing	\$804	36%
Assay of troponin quant	\$176	36%
X-ray exam chest 1 view	\$788	36%
Ct abd & pelvis w/o contrast	\$11,909	27%
Assay of natriuretic peptide	\$276	27%

Average Gross Charge / Visit	\$18,939
Average Negotiated Charge (Payment) / Visit	\$5,036

Last Updated On 10/1/2024

Charge Display CPT® 99284: Emergency dept visit

Paver CIGNA PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization
Emergency dept visit	\$5,192	100%
Supporting Services		
General supporting services	\$359	100%
Urinalysis auto w/o scope	\$16	100%
Assay of magnesium	\$47	50%
Complete cbc w/auto diff wbc	\$55	50%
Electrocardiogram tracing	\$804	50%
Ther/proph/diag inj sc/im	\$1,344	50%
Ther/proph/diag inj iv push	\$763	50%
Tx/pro/dx inj new drug addon	\$1,508	50%
Routine venipuncture	\$21	50%
Ct abd & pelvis w/o contrast	\$11,909	50%
Comprehen metabolic panel	\$74	50%

Average Gross Charge / Visit	\$14,724
Average Negotiated Charge (Payment) / Visit	\$3,060

Last Updated On 10/1/2024

Charge Display CPT® 99284: Emergency dept visit

Payer SIMPLY HEALTHCARE - Medicare & Medicaid

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization
Emergency dept visit	\$5,192	100%
Supporting Services		
Comprehen metabolic panel	\$74	88%
Routine venipuncture	\$21	88%
Complete cbc w/auto diff wbc	\$55	75%
Urinalysis auto w/scope	\$22	50%
Assay of lipase	\$48	50%
Ther/proph/diag inj iv push	\$763	50%
Ct abd & pelv w/contrast	\$14,887	38%
Prothrombin time	\$30	38%
Thromboplastin time partial	\$42	38%
Heterophile antibody screen	\$36	25%
Culture screen only	\$47	25%
Electrocardiogram tracing	\$804	25%
Assay of magnesium	\$47	25%
Assay of troponin quant	\$88	25%
Chorionic gonadotropin assay	\$53	25%

Average Gross Charge / Visit	\$20,609
Average Negotiated Charge (Payment) / Visit	\$431

Last Updated On 10/1/2024

Charge Display CPT® 99284: Emergency dept visit

Payer SUNSHINE STATE HEALTH - Medicaid Managed Care Plan

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Hospitals bill "gross charges" that are the same for all

UNDERSTANDING YOUR PAYMENT

Main Service	Avg. Gross Charges
Emergency dept visit	\$4,945
Supporting Services	
Ct chest spine w/o dye	\$8,047
Ct lumbar spine w/o dye	\$8,138
Ther/proph/diag inj sc/im	\$1,281

Average Gross Charge / Visit \$23,091

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 99284: Emergency dept visit

Payer BCBS FEDERAL FL - Commercial PPS

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Emergency dept visit	Avg. Gross Charges \$5,192	Patient Utilization 100%
Supporting Services		
Routine venipuncture	\$21	100%
Ct abd & pelv w/contrast	\$14,887	100%
Comprehen metabolic panel	\$74	100%
Complete cbc w/auto diff wbc	\$55	100%
Assay of lipase	\$48	100%
Assay of troponin quant	\$88	50%
Chorionic gonadotropin assay	\$53	50%
General supporting services	\$5	50%
Urine culture/colony count	\$56	50%
Electrocardiogram tracing	\$804	50%
Hydrate iv infusion add-on	\$339	50%
Ther/proph/diag inj iv push	\$763	50%
Urinalysis auto w/scope	\$22	50%
X-ray exam chest 1 view	\$788	50%

Average Gross Charge / Visit	\$22,552
Average Negotiated Charge (Payment) / Visit	\$2,502

Last Updated On 10/1/2024

Charge Display CPT® 99284: Emergency dept visit

Payer BCBS FL HMO - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Emergency dept visit	Avg. Gross Charges \$5,192	Patient Utilization
	ψ0,102	10070
Supporting Services		
Routine venipuncture	\$21	100%
Comprehen metabolic panel	\$74	100%
Complete cbc w/auto diff wbc	\$55	93%
Ther/proph/diag inj iv push	\$763	57%
Urinalysis auto w/scope	\$22	57%
General supporting services	\$93	57%
Assay of magnesium	\$47	43%
Assay of lipase	\$48	36%
Prothrombin time	\$30	36%
Thromboplastin time partial	\$42	36%
Ct abd & pelvis w/o contrast	\$11,909	29%
Chorionic gonadotropin assay	\$53	29%
Assay of natriuretic peptide	\$276	21%
Assay of troponin quant	\$88	21%
Fibrin degradation quant	\$71	21%

Average Gross Charge / Visit	\$15,926
Average Negotiated Charge (Payment) / Visit	\$2,584

Last Updated On 10/1/2024

Charge Display CPT® 99284: Emergency dept visit

Payer BCBS FL MBN - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization
Emergency dept visit	\$5,192	100%
Supporting Services		
Comprehen metabolic panel	\$74	94%
Routine venipuncture	\$21	94%
Complete cbc w/auto diff wbc	\$55	81%
Thromboplastin time partial	\$42	38%
General supporting services	\$200	38%
Ther/proph/diag inj iv push	\$763	38%
Assay of magnesium	\$47	38%
Assay of troponin quant	\$88	31%
Urinalysis auto w/scope	\$22	31%
Urinalysis auto w/o scope	\$16	31%
Assay of lipase	\$48	31%
Electrocardiogram tracing	\$804	31%
Prothrombin time	\$30	31%
Ct head/brain w/o dye	\$8,022	25%
X-ray exam chest 1 view	\$788	25%

Average Gross Charge / Visit	\$16,861
Average Negotiated Charge (Payment) / Visit	\$2,375

Last Updated On 10/1/2024

Charge Display CPT® 99284: Emergency dept visit

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Utilization
Emergency dept visit	\$5,192	100%
Supporting Services		
Comprehen metabolic panel	\$74	92%
Routine venipuncture	\$21	92%
Complete cbc w/auto diff wbc	\$55	88%
Urinalysis auto w/scope	\$22	50%
Ther/proph/diag inj iv push	\$763	46%
General supporting services	\$196	42%
Chorionic gonadotropin assay	\$53	25%
Ct head/brain w/o dye	\$8,022	25%
X-ray exam chest 1 view	\$788	25%
Assay of lipase	\$48	25%
Assay of magnesium	\$47	25%
Assay of troponin quant	\$88	21%
Tx/pro/dx inj new drug addon	\$1,508	21%
C-reactive protein	\$36	17%
Chorionic gonadotropin test	\$105	17%

Average Gross Charge / Visit	\$16,931
Average Negotiated Charge (Payment) / Visit	\$3,091

Last Updated On 10/1/2024

Charge Display CPT® 99284: Emergency dept visit

Payer BCBS MEDICARE ADV - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization
Emergency dept visit	\$5,192	100%
Supporting Services		
Routine venipuncture	\$21	60%
Comprehen metabolic panel	\$74	60%
Complete cbc w/auto diff wbc	\$55	60%
Ct head/brain w/o dye	\$8,022	40%
Electrocardiogram tracing	\$804	40%
Assay of magnesium	\$47	40%
Lower extremity study	\$2,611	20%
Extremity study	\$2,639	20%
Hydration iv infusion init	\$1,037	20%
Ct neck spine w/o dye	\$8,937	20%
Ct pelvis w/o dye	\$6,092	20%
Ct abd & pelvis w/o contrast	\$11,909	20%
C-reactive protein	\$36	20%
Culture Aerobic Identify	\$56	20%
Assay of lipase	\$48	20%

Average Gross Charge / Visit	\$16,762
Average Negotiated Charge (Payment) / Visit	\$817

Last Updated On 10/1/2024

Charge Display CPT® 99284: Emergency dept visit

Payer BCBS NETWORK BLUE - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Emergency dept visit	\$5,192
Supporting Services	
Routine venipuncture	\$21
X-ray exam chest 1 view	\$788
Comprehen metabolic panel	\$74
Assay of magnesium	\$47
Assay of natriuretic peptide	\$276
Assay of troponin quant	\$88
Complete cbc w/auto diff wbc	\$55
Electrocardiogram tracing	\$804
Hydration iv infusion init	\$1,037

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit	\$8,744
Average Negotiated Charge (Payment) / Visit	*

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 99285: Emergency dept visit

Payer AETNA - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Mata Canata	Avg. Gross	
Main Service	Charges	Utilization
Emergency dept visit	\$6,743	100%
Supporting Services		
Routine venipuncture	\$21	100%
Comprehen metabolic panel	\$74	100%
Complete cbc w/auto diff wbc	\$55	93%
Prothrombin time	\$30	71%
X-ray exam chest 1 view	\$788	71%
Thromboplastin time partial	\$42	64%
Electrocardiogram tracing	\$804	64%
Assay of magnesium	\$47	64%
Assay of troponin quant	\$88	64%
General supporting services	\$320	64%
Ther/proph/diag inj iv push	\$763	43%
Tx/pro/dx inj new drug addon	\$1,508	43%
Hospital observation per hr	\$6,080	36%
Drug test prsmv chem anlyzr	\$436	36%
Urinalysis auto w/scope	\$22	36%

Average Gross Charge / Visit	\$21,310
Average Negotiated Charge (Payment) / Visit	\$3,302

Last Updated On 10/1/2024

Charge Display CPT® 99285: Emergency dept visit

Payer AETNA HMO - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Emergency dept visit	Avg. Gross Charges \$6,743	
Supporting Services		
General supporting services	\$32	100%
Routine venipuncture	\$21	100%
Comprehen metabolic panel	\$74	100%
Complete cbc w/auto diff wbc	\$55	100%
Assay of magnesium	\$47	100%
Electrocardiogram tracing	\$804	100%
Assay of natriuretic peptide	\$276	67%
Assay of troponin quant	\$132	67%
Fibrin degradation quant	\$71	67%
Prothrombin time	\$30	67%
Thromboplastin time partial	\$42	67%
X-ray exam chest 1 view	\$788	67%
Assay spec xcp ur&breath ia	\$122	33%
Assay of lipase	\$48	33%
Airway inhalation treatment	\$603	33%

Average Gross Charge / Visit	\$13,340
Average Negotiated Charge (Payment) / Visit	\$3,302

Last Updated On 10/1/2024

Charge Display CPT® 99285: Emergency dept visit

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Emergency dept visit	Avg. Gross Charges \$6,743	
Supporting Services		
Routine venipuncture	\$21	100%
Comprehen metabolic panel	\$74	100%
X-ray exam chest 1 view	\$788	83%
Assay of troponin quant	\$176	83%
Complete cbc w/auto diff wbc	\$55	83%
Electrocardiogram tracing	\$804	67%
Ther/proph/diag inj iv push	\$763	67%
Assay of natriuretic peptide	\$276	67%
Hospital observation per hr	\$3,496	50%
Assay of magnesium	\$47	50%
Prothrombin time	\$30	33%
Thromboplastin time partial	\$42	33%
Sarscov & inf vir a&b ag ia	\$446	33%
Airway inhalation treatment	\$1,025	33%
Hydration iv infusion init	\$1,037	33%

Average Gross Charge / Visit	\$14,034
Average Negotiated Charge (Payment) / Visit	\$1,584

Last Updated On 10/1/2024

Charge Display CPT® 99285: Emergency dept visit

Payer AETNA PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Emergency dept visit	Avg. Gross Charges \$6,743	Patient Utilization 100%
Supporting Services		
General supporting services	\$6	100%
Routine venipuncture	\$21	100%
Urinalysis auto w/scope	\$22	100%
Complete cbc w/auto diff wbc	\$55	100%
Comprehen metabolic panel	\$74	100%
Assay dipropylacetic acd tot	\$95	50%
C-reactive protein	\$36	50%
Electrocardiogram tracing	\$804	50%
Drug test prsmv chem anlyzr	\$436	50%
Glucose blood test	\$23	50%
Assay of lactic acid	\$81	50%
Assay of troponin quant	\$88	50%
Ct head/brain w/o dye	\$8,022	50%
Ct neck spine w/o dye	\$8,937	50%
Ct abd & pelvis w/o contrast	\$11,909	50%

Average Gross Charge / Visit	\$23,564
Average Negotiated Charge (Payment) / Visit	\$5,302

Last Updated On 10/1/2024

Charge Display CPT® 99285: Emergency dept visit

Payer ALL SAVERS - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Emergency dept visit	\$6,743
Supporting Services	
General supporting services	\$398
Routine venipuncture	\$21
Ht muscle image spect mult	\$12,550
Comprehen metabolic panel	\$74
Drug test prsmv chem anlyzr	\$436
Assay of magnesium	\$47
Assay of natriuretic peptide	\$276
Assay of troponin quant	\$264
Complete cbc w/auto diff wbc	\$55
Prothrombin time	\$30
Thromboplastin time partial	\$42
Electrocardiogram tracing	\$804
Cardiovascular stress test	\$3,635
Ther/proph/diag inj iv push	\$756
Hospital observation per hr	\$11,856

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$51,832

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 99285: Emergency dept visit

Payer BCBS FEDERAL FL - Commercial PPS

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

	Avg. Gross	
Main Service	Charges	Utilization
Emergency dept visit	\$6,743	100%
Supporting Services		
Routine venipuncture	\$21	100%
Assay of magnesium	\$47	100%
Assay of troponin quant	\$88	100%
Complete cbc w/auto diff wbc	\$55	100%
Prothrombin time	\$30	100%
Electrocardiogram tracing	\$804	100%
Thromboplastin time partial	\$42	75%
Fibrin degradation quant	\$71	75%
X-ray exam chest 1 view	\$788	75%
Comprehen metabolic panel	\$74	75%
Chorionic gonadotropin assay	\$53	50%
Assay of lipase	\$46	25%
Assay of natriuretic peptide	\$276	25%
Assay of free thyroxine	\$63	25%
Assay thyroid stim hormone	\$118	25%

Average Gross Charge / Visit	\$9,280
Average Negotiated Charge (Payment) / Visit	\$2,347

Last Updated On 10/1/2024

Charge Display CPT® 99285: Emergency dept visit

Payer CIGNA HMO - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Emergency dept visit	Avg. Gross Charges \$6,743	
Supporting Services		
•	0.4	4000/
Routine venipuncture	\$21	100%
Comprehen metabolic panel	\$74	100%
Electrocardiogram tracing	\$804	100%
Complete cbc w/auto diff wbc	\$55	100%
Assay of troponin quant	\$88	83%
Ther/proph/diag inj iv push	\$763	83%
Assay of magnesium	\$47	83%
X-ray exam chest 1 view	\$788	83%
Drug test prsmv chem anlyzr	\$436	50%
Assay spec xcp ur&breath ia	\$122	50%
Prothrombin time	\$30	50%
General supporting services	\$446	33%
Ct head/brain w/o dye	\$8,022	33%
Assay thyroid stim hormone	\$118	33%
Assay of lipase	\$48	33%

Average Gross Charge / Visit	\$13,050
Average Negotiated Charge (Payment) / Visit	\$3,046

Last Updated On 10/1/2024

Charge Display CPT® 99285: Emergency dept visit

Payer SIMPLY HEALTH PLANS - Medicare & Medicaid

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

	Avg. Gros
Main Service	Charges
Emergency dept visit	\$6,743
Supporting Services	
General supporting services	\$17
Ct angiography chest	\$10,015
Ht muscle image spect mult	\$12,550
Metabolic panel total ca	\$180
Comprehen metabolic panel	\$74
Assay of lipase	\$48
Assay of magnesium	\$188
Assay of natriuretic peptide	\$276
Assay of troponin quant	\$440
Complete cbc w/auto diff wbc	\$220
Fibrin degradation quant	\$142
Electrocardiogram tracing	\$2,412
Cardiovascular stress test	\$3,635
Airway inhalation treatment	\$603
Hospital observation per hr	\$8,816

Average Gross Charge / Visit \$71,844

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® 99285: Emergency dept visit

Payer SIMPLY HEALTHCARE - Medicare & Medicaid

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Emergency dept visit	Avg. Gross Charges \$6,743	Patient Utilization 100%
Supporting Services		
Routine venipuncture	\$21	100%
Comprehen metabolic panel	\$74	100%
Drug assay acetaminophen	\$197	67%
Drug assay salicylate	\$131	67%
Drug test prsmv chem anlyzr	\$436	67%
Urinalysis auto w/scope	\$22	67%
Assay of lipase	\$48	67%
Chorionic gonadotropin assay	\$53	67%
Complete cbc w/auto diff wbc	\$55	67%
Electrocardiogram tracing	\$804	67%
Ther/proph/diag inj iv push	\$763	67%
Assay spec xcp ur&breath ia	\$122	67%
Complete cbc automated	\$46	33%
Assay of magnesium	\$47	33%
Assay of troponin quant	\$88	33%

Average Gross Charge / Visit	\$11,382
Average Negotiated Charge (Payment) / Visit	\$524

Last Updated On 10/1/2024

Charge Display CPT® 99285: Emergency dept visit

Payer VA OPTUM CCN - Commercial-Veterans

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Emergency dept visit	Avg. Gross Charges \$6,743	
Supporting Services		
Routine venipuncture	\$42	100%
Comprehen metabolic panel	\$74	100%
Assay of magnesium	\$47	100%
Complete cbc w/auto diff wbc	\$55	100%
Assay of troponin quant	\$88	89%
X-ray exam chest 1 view	\$788	89%
Electrocardiogram tracing	\$804	89%
Prothrombin time	\$30	67%
Thromboplastin time partial	\$42	67%
Metabolic panel total ca	\$60	56%
Hospital observation per hr	\$6,232	56%
Measure blood oxygen level	\$560	44%
Ther/proph/diag inj iv push	\$756	44%
Urinalysis auto w/scope	\$22	44%
Airway inhalation treatment	\$1,447	33%

Average Gross Charge / Visit	\$29,194
Average Negotiated Charge (Payment) / Visit	\$2,520

Last Updated On 10/1/2024

Charge Display CPT® 99285: Emergency dept visit

Payer BCBS FL HMO - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Patient Utilization
Emergency dept visit	\$6,743	100%
Supporting Services		
Routine venipuncture	\$21	100%
Complete cbc w/auto diff wbc	\$55	100%
Electrocardiogram tracing	\$804	86%
Prothrombin time	\$30	71%
Assay of troponin quant	\$176	71%
X-ray exam chest 1 view	\$788	71%
Comprehen metabolic panel	\$74	71%
Fibrin degradation quant	\$71	57%
General supporting services	\$384	43%
Drug test prsmv chem anlyzr	\$436	43%
Assay of lipase	\$48	43%
Assay of magnesium	\$47	43%
Thromboplastin time partial	\$42	43%
Culture screen only	\$47	29%
Assay thyroid stim hormone	\$118	29%

Average Gross Charge / Visit	\$19,352
Average Negotiated Charge (Payment) / Visit	\$2,562

Last Updated On 10/1/2024

Charge Display CPT® 99285: Emergency dept visit

Payer BCBS FL MBN - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

	Avg. Gross	
Main Service	Charges	Utilization
Emergency dept visit	\$6,743	100%
Supporting Services		
Routine venipuncture	\$21	86%
Complete cbc w/auto diff wbc	\$55	86%
Electrocardiogram tracing	\$804	86%
Comprehen metabolic panel	\$74	71%
Assay of lipase	\$48	57%
Assay of magnesium	\$47	43%
Assay of troponin quant	\$88	43%
Prothrombin time	\$30	29%
Thromboplastin time partial	\$42	29%
Drug test prsmv chem anlyzr	\$436	29%
Urinalysis auto w/scope	\$22	29%
Ct abd & pelv w/contrast	\$14,887	29%
Ther/proph/diag inj iv push	\$763	29%
Assay spec xcp ur&breath ia	\$122	29%
General supporting services	\$305	29%

Average Gross Charge / Visit	\$10,488
Average Negotiated Charge (Payment) / Visit	\$2,375

Last Updated On 10/1/2024

Charge Display CPT® 99285: Emergency dept visit

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Emergency dept visit	Avg. Gross Charges \$6,743	Patient Utilization
	ψ0,1 40	10070
Supporting Services		
Routine venipuncture	\$21	92%
Comprehen metabolic panel	\$74	92%
Complete cbc w/auto diff wbc	\$55	92%
Electrocardiogram tracing	\$804	92%
Assay of troponin quant	\$88	77%
X-ray exam chest 1 view	\$788	77%
Assay of magnesium	\$47	69%
General supporting services	\$379	69%
Prothrombin time	\$30	62%
Thromboplastin time partial	\$42	54%
Ther/proph/diag inj iv push	\$763	38%
Hospital observation per hr	\$8,664	38%
Sarscov & inf vir a&b ag ia	\$446	38%
Fibrin degradation quant	\$71	38%
Assay of natriuretic peptide	\$276	38%

Average Gross Charge / Visit	\$19,756
Average Negotiated Charge (Payment) / Visit	\$3,146

Last Updated On 10/1/2024

Charge Display CPT® 99285: Emergency dept visit

Payer BCBS MEDICARE ADV - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Utilization
Emergency dept visit	\$6,743	100%
Supporting Services		
Routine venipuncture	\$21	100%
Comprehen metabolic panel	\$74	100%
Assay of troponin quant	\$264	100%
Complete cbc w/auto diff wbc	\$110	100%
Prothrombin time	\$30	89%
Thromboplastin time partial	\$42	89%
Electrocardiogram tracing	\$804	89%
X-ray exam chest 1 view	\$788	89%
Assay of magnesium	\$94	89%
General supporting services	\$393	67%
Hospital observation per hr	\$5,852	67%
Ther/proph/diag inj iv push	\$763	56%
Metabolic panel total ca	\$90	44%
Lipid panel	\$93	44%
Assay of natriuretic peptide	\$276	44%

Average Gross Charge / Visit	\$30,453
Average Negotiated Charge (Payment) / Visit	\$2,493

Last Updated On 10/1/2024

Charge Display CPT® 99285: Emergency dept visit

Payer BCBS OF FL BSL - Commercial EPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

	Avg. Gross	
Main Service	Charges	Utilization
Emergency dept visit	\$6,743	100%
Supporting Services		
Routine venipuncture	\$21	100%
Complete cbc w/auto diff wbc	\$55	100%
X-ray exam chest 1 view	\$788	95%
Comprehen metabolic panel	\$74	95%
Assay of troponin quant	\$176	89%
Electrocardiogram tracing	\$804	89%
Prothrombin time	\$30	84%
Thromboplastin time partial	\$42	79%
Assay of magnesium	\$47	68%
Fibrin degradation quant	\$71	58%
Assay of natriuretic peptide	\$276	53%
General supporting services	\$384	53%
Ct head/brain w/o dye	\$8,022	32%
Hospital observation per hr	\$3,724	32%
Assay thyroid stim hormone	\$118	26%

Average Gross Charge / Visit	\$20,383
Average Negotiated Charge (Payment) / Visit	\$2,375

Last Updated On 10/1/2024

Charge Display CPT® 99285: Emergency dept visit

Payer CIGNA HEALTHCARE - Commercial

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges	Utilization
Emergency dept visit	\$6,743	100%
Supporting Services		
Routine venipuncture	\$31	67%
Ct head/brain w/o dye	\$7,831	67%
X-ray exam chest 1 view	\$769	67%
Comprehen metabolic panel	\$72	67%
Assay thyroid stim hormone	\$115	67%
Assay of troponin quant	\$130	67%
Complete cbc w/auto diff wbc	\$54	67%
Assay of magnesium	\$46	67%
Electrocardiogram tracing	\$785	67%
Drug test prsmv chem anlyzr	\$415	33%
Assay of natriuretic peptide	\$276	33%
Fibrin degradation quant	\$71	33%
Culture screen only	\$47	33%
Assay of lipase	\$48	33%
Ct maxillofacial w/o dye	\$7,930	33%

Average Gross Charge / Visit	\$19,340
Average Negotiated Charge (Payment) / Visit	\$6,250

Last Updated On 10/1/2024

Charge Display CPT® C9600: Perc drug-el cor stent sing

Payer AETNA MEDICARE - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges
Perc drug-el cor stent sing	\$59,052
Supporting Services	
General supporting services	\$1,917
Routine venipuncture	\$21
X-ray exam chest 1 view	\$788
Comprehen metabolic panel	\$74
Complete cbc w/auto diff wbc	\$55
Prothrombin time	\$30
Thromboplastin time partial	\$42
L hrt artery/ventricle angio	\$31,050

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$101,954

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® G0277: Hbot, full body chamber, 30m

Payer BCBS FL PPO - Commercial PPO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service	Avg. Gross Charges
Hbot, full body chamber, 30m	\$116,099
Supporting Services	
Glucose blood test	\$22
Wound(s) care non-selective	\$1,165

Average Gross Charge / Visit \$117,287

Average Negotiated Charge (Payment) / Visit *

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® G0277: Hbot, full body chamber, 30m

Payer BCBS MEDICARE ADV - Medicare Advantage

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Main Service	Avg. Gross Charges	Patient Utilization
Hbot, full body chamber, 30m	\$50,204	100%
Supporting Services		
Glucose blood test	\$161	50%

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit	\$50,285
Average Negotiated Charge (Payment) / Visit	\$503

Last Updated On 10/1/2024

Charge Display CPT® G0463: Hospital outpt clinic visit

Payer BCBS MEDICARE ADV - Medicare Advantage

UNDERSTANDING YOUR VISIT

Main Service

Hospital outpt clinic visit

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross	Patient
Charges	Utilization
\$877	100%

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$978 Average Negotiated Charge (Payment) / Visit \$120

Last Updated On 10/1/2024

Charge Display CPT® G0463: Hospital outpt clinic visit

Payer UHC MEDICARE - Medicare

UNDERSTANDING YOUR VISIT

Main Service

Hospital outpt clinic visit

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

Avg. Gross Charges

\$2.922

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Average Gross Charge / Visit \$2,922

Average Negotiated Charge (Payment) / Visit

*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.

Last Updated On 10/1/2024

Charge Display CPT® P9040: RBC leukoreduced irradiated

Payer BCBS FL HMO - Commercial HMO

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service	Avg. Gross Charges	Patient Utilization
RBC leukoreduced irradiated	\$3,654	100%
Supporting Services		
General supporting services	\$706	100%
Routine venipuncture	\$21	100%
Blood transfusion service	\$3,117	100%
RBC antibody screen	\$349	100%
Blood typing serologic abo	\$785	100%
Blood typing serologic rh(d)	\$237	100%
Compatibility test spin	\$2,092	100%

Average Gross Charge / Visit	\$10,961
Average Negotiated Charge (Payment) / Visit	\$4,466