## Mt. Grant General Hospital

### Shoppable Services Report - Table II

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>INPATIENT, SWING BED and SNF ROOMS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(these are PER DAY rates)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Available Rooms and Rates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3050010  PEDIATRIC ROOM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3100015  ISOLATION ROOM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3150020  TELEMETRY ROOM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3200025  CARDIAC ROOM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3250035  SWING BED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3300030  SNF ROOM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>123</td>
<td>110</td>
<td>129</td>
<td>120</td>
</tr>
<tr>
<td></td>
<td></td>
<td>123</td>
<td>110</td>
<td></td>
<td>110</td>
</tr>
<tr>
<td></td>
<td></td>
<td>123</td>
<td>110</td>
<td></td>
<td>110</td>
</tr>
<tr>
<td></td>
<td></td>
<td>123</td>
<td>110</td>
<td></td>
<td>110</td>
</tr>
<tr>
<td></td>
<td></td>
<td>123</td>
<td>110</td>
<td></td>
<td>110</td>
</tr>
<tr>
<td></td>
<td>$1,703.00</td>
<td>$2,067.00</td>
<td>$2,067.00</td>
<td>$1,500.00</td>
<td>$350.00</td>
</tr>
<tr>
<td></td>
<td>Total of Standard Charges:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$9,754.00</td>
</tr>
<tr>
<td></td>
<td>Self-pay/Cash Price</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$4,877.00</td>
</tr>
<tr>
<td></td>
<td>Minimum negotiated charge amount</td>
<td></td>
<td></td>
<td></td>
<td>$9,071.22</td>
</tr>
<tr>
<td></td>
<td>Maximum negotiated charge amount</td>
<td></td>
<td></td>
<td></td>
<td>$9,266.30</td>
</tr>
<tr>
<td></td>
<td>Aetna - negotiated charge amount</td>
<td></td>
<td></td>
<td></td>
<td>$9,266.30</td>
</tr>
<tr>
<td></td>
<td>Anthem Blue Cross - negotiated charge</td>
<td></td>
<td></td>
<td></td>
<td>$9,266.30</td>
</tr>
<tr>
<td></td>
<td>amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hometown Health - negotiated charge</td>
<td></td>
<td></td>
<td></td>
<td>$9,266.30</td>
</tr>
<tr>
<td></td>
<td>amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prominence - negotiated charge</td>
<td></td>
<td></td>
<td></td>
<td>$9,266.30</td>
</tr>
<tr>
<td></td>
<td>amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>All other insurances - non-negotiated</td>
<td></td>
<td></td>
<td></td>
<td>$9,754.00</td>
</tr>
<tr>
<td></td>
<td>charge amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Room and Board**

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ******> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ******> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
## Mt. Grant General Hospital

**Shoppable Services Report - Table II**  
*(CMS-1717-F2)*

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4010203</strong> SCREENING MCARE HIGH RISK</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$3,357.00</td>
</tr>
<tr>
<td>4010203</td>
<td>SCREENING MCARE HIGH RISK</td>
<td>G0105</td>
<td>750</td>
<td></td>
<td>$3,357.00</td>
</tr>
<tr>
<td>4100110</td>
<td>RECOVERY ROOM</td>
<td></td>
<td>710</td>
<td></td>
<td>$260.00</td>
</tr>
<tr>
<td>4819123 ** ProFee **</td>
<td>SCREENING MCARE HIGH RISK</td>
<td></td>
<td>975</td>
<td></td>
<td>$1,737.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $5,354.00

**Note:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.

---

**Use CTRL-F to SEARCH**

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid, 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage, 50% patient discount if the self-pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK</td>
<td></td>
<td>G0121</td>
<td>750</td>
<td>710</td>
<td>$3,357.00</td>
</tr>
<tr>
<td>** ProFee **</td>
<td>SCREENING M CARE AVG RISK</td>
<td>G0121</td>
<td>975</td>
<td></td>
<td>$1,737.00</td>
</tr>
<tr>
<td>SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANESTHESIA - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is '401'</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PATHOLOGIST - not provided by facility (may be billed separately)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $5,354.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) -> $2,677.00
Minimum negotiated charge amount (93%) -> $4,979.22
Maximum negotiated charge amount (95%) -> $5,086.30
Aetna - negotiated charge amount (93%) -> $4,979.22
Anthem Blue Cross - negotiated charge amount (95%) -> $5,086.30
Hometown Health - negotiated charge amount (95%) -> $5,086.30
Prominence - negotiated charge amount (95%) -> $5,086.30
All other insurances - non-negotiated charge amount (100%) -> $5,354.00

Surgery

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4010209</td>
<td>COLONOSCOPY, FLEXIBLE, WITH REMOVAL OF TUMOR(S), SNARE TECHNIQUE (PRIMARY)</td>
<td>45385</td>
<td>750</td>
<td></td>
<td>$3,357.00</td>
</tr>
<tr>
<td>4100110</td>
<td>RECOVERY ROOM</td>
<td>45385</td>
<td>710</td>
<td>750</td>
<td>$260.00</td>
</tr>
<tr>
<td>4819129</td>
<td>COLON W/POLYP REMOV SNARE</td>
<td>45385</td>
<td>975</td>
<td></td>
<td>$1,911.00</td>
</tr>
</tbody>
</table>

**SURGEON** - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code

**ANESTHESIA** - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is '401'

**PATHOLOGIST** - not provided by facility (may be billed separately)

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $2,764.00

Minimum negotiated charge amount (93%) ------------------> $5,141.04

Maximum negotiated charge amount (95%) ------------------> $5,251.60

Aetna - negotiated charge amount (93%) ------------------> $5,141.04

Anthem Blue Cross - negotiated charge amount (95%) ------------------> $5,251.60

Hometown Health - negotiated charge amount (95%) ------------------> $5,251.60

Prominence - negotiated charge amount (95%) ------------------> $5,251.60

All other insurances - non-negotiated charge amount (100%) ------------------> $5,528.00

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4010212</td>
<td>COLONOSCOPY</td>
<td>4010212</td>
<td>4010212</td>
<td>45378</td>
<td>$2,778.00</td>
</tr>
<tr>
<td>4010110</td>
<td>RECOVERY ROOM</td>
<td></td>
<td></td>
<td>750</td>
<td>$260.00</td>
</tr>
<tr>
<td>4819120 ** ProFee **</td>
<td>COLONOSCOPY</td>
<td>4819120</td>
<td>4819120</td>
<td>710</td>
<td>$1,621.00</td>
</tr>
<tr>
<td></td>
<td>** ProFee **</td>
<td>45378</td>
<td>975</td>
<td></td>
<td>$4,659.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $4,659.00

**Surgeon** - the surgeon's professional fees are represented by '481' as the first three digits of the SHoppable SERVICE code.

**Anesthesia** - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is '401'.

**Pathologist** - not provided by facility (may be billed separately).

Self-pay/Cash Price (50% of charges, if balance is paid in full) --> $2,329.50

Minimum negotiated charge amount (93%) --> $4,332.87

Maximum negotiated charge amount (95%) --> $4,426.05

Aetna - negotiated charge amount (93%) --> $4,332.87

Anthem Blue Cross - negotiated charge amount (95%) --> $4,426.05

Hometown Health - negotiated charge amount (95%) --> $4,426.05

Prominence - negotiated charge amount (95%) --> $4,426.05

All other insurances - non-negotiated charge amount (100%) --> $4,659.00

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid --> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage --> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
# Shoppable Services Report - Table II

## Mt. Grant General Hospital

### CMS-Specified Shoppable Service

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4010215</td>
<td>COLONOSCOPY, FLEXIBLE, WITH BIOPSY, SINGLE OR MULTIPLE (PRIMARY)</td>
<td>45380</td>
<td>750</td>
<td>$3,357.00</td>
<td></td>
</tr>
<tr>
<td>4100110</td>
<td>RECOVERY ROOM</td>
<td>45380</td>
<td>975</td>
<td>$1,794.00</td>
<td></td>
</tr>
<tr>
<td>4819130 ** ProFee **</td>
<td>COLONOSCOPY WITH BIOPSY</td>
<td>45380</td>
<td>975</td>
<td>$1,794.00</td>
<td></td>
</tr>
</tbody>
</table>

**SURGEON** - the surgeon’s professional fees are represented by ‘481’ as the first three digits of the SHOPPABLE SERVICE code

**ANESTHESIA** - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is ‘401’

**PATHOLOGIST** - not provided by facility (may be billed separately)

### Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

<table>
<thead>
<tr>
<th>Self-pay/Cash Price (50% of charges, if balance is paid in full)</th>
<th>Minimum negotiated charge amount (93%)</th>
<th>Maximum negotiated charge amount (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,705.50</td>
<td>$5,032.23</td>
<td>$5,140.45</td>
</tr>
</tbody>
</table>

**Aetna** - negotiated charge amount (93%) | $5,032.23

**Anthem Blue Cross** - negotiated charge amount (95%) | $5,140.45

**Hometown Health** - negotiated charge amount (95%) | $5,140.45

**Prominence** - negotiated charge amount (95%) | $5,140.45

**All other insurances** - non-negotiated charge amount (100%) | $5,411.00

### Total of Standard Charges: $5,411.00

## CMS-Specified Shoppable Service

### Surgery

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4010218</td>
<td>EGD, FLEXIBLE, TRANSORAL, WITH GUIDE WIRE, W_PASSAGE OF DILATOR(S) THROUGH ESOPHAGUS (PRIMARY)</td>
<td>43248</td>
<td>750</td>
<td>710</td>
<td>$2,218.00</td>
</tr>
<tr>
<td>4100110</td>
<td>RECOVERY ROOM</td>
<td></td>
<td></td>
<td></td>
<td>$260.00</td>
</tr>
<tr>
<td>4819140</td>
<td>EGD DIL W/GUIDEWIRE</td>
<td>43248</td>
<td>975</td>
<td></td>
<td>$1,448.00</td>
</tr>
</tbody>
</table>

**SURGEON** - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code

**ANESTHESIA** - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is '401'

**PATHOLOGIST** - not provided by facility (may be billed separately)

Self-pay/Cash Price (50% of charges, if balance is paid in full) -> $1,963.00

Minimum negotiated charge amount (93%) -> $3,651.18

Maximum negotiated charge amount (95%) -> $3,729.70

Aetna - negotiated charge amount (93%) -> $3,651.18

Anthem Blue Cross - negotiated charge amount (95%) -> $3,729.70

Hometown Health - negotiated charge amount (95%) -> $3,729.70

Prominence - negotiated charge amount (95%) -> $3,729.70

All other insurances - non-negotiated charge amount (100%) -> $3,926.00

Surgery

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
# Shoppable Services Report - Table II

Shoppable Service | Primary Service and Ancillary Services | CPT Code | HCPCS Code | Revenue Code | Standard Charge
--- | --- | --- | --- | --- | ---
4010221 | EGD, FLEXIBLE, TRANSORAL, WITH BAND LIGATION OF ESOPHAGEAL/GASTRIC VARICES (PRIMARY) | 43244 | 750 | 2,547.00
4100110 | RECOVERY ROOM | - | 710 | 260.00
4819135 | ** ProFee ** EGD W/ BANDING VARICES | 43244 | 975 | 1,448.00

**Total of Standard Charges:** 4,255.00

**SURGEON** - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code

**ANESTHESIA** - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is '401'

**PATHOLOGIST** - not provided by facility (may be billed separately)

---

Self-pay/Cash Price (50% of charges, if balance is paid in full) -> $2,127.50
Minimum negotiated charge amount (93%) -> $3,957.15
Maximum negotiated charge amount (95%) -> $4,042.25
Aetna - negotiated charge amount (93%) -> $3,957.15
Anthem Blue Cross - negotiated charge amount (95%) -> $4,042.25
Hometown Health - negotiated charge amount (95%) -> $4,042.25
Prominence - negotiated charge amount (95%) -> $4,042.25
All other insurances - non-negotiated charge amount (100%) -> $4,255.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Mt. Grant General Hospital
### Shoppable Services Report - Table II
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4010224 EGD, FLEXIBLE, TRANSORAL, WITH BIOPSY, SINGLE OR MULTIPLE (PRIMARY)</td>
<td>EGD, FLEXIBLE, TRANSORAL, WITH BIOPSY, SINGLE OR MULTIPLE (PRIMARY)</td>
<td>43239</td>
<td>750</td>
<td>$2,431.00</td>
<td></td>
</tr>
<tr>
<td>4100110 RECOVERY ROOM</td>
<td>RECOVERY ROOM</td>
<td>43239</td>
<td>710</td>
<td>$260.00</td>
<td></td>
</tr>
<tr>
<td>4819138 ** ProFee ** EGD W/BIOPSY</td>
<td>EGD W/BIOPSY</td>
<td>43239</td>
<td>975</td>
<td>$1,158.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $3,849.00

---

**SURGEON** - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code

**ANESTHESIA** - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is '401'

**PATHOLOGIST** - not provided by facility (may be billed separately)

---

<table>
<thead>
<tr>
<th>CMS-Specified Shoppable Service</th>
<th>Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.</td>
<td></td>
</tr>
</tbody>
</table>

### Self-pay/Cash Price (50% of charges, if balance is paid in full)

- $1,924.50

### Minimum negotiated charge amount (93%)

- $3,579.57

### Maximum negotiated charge amount (95%)

- $3,656.55

### Aetna - negotiated charge amount (93%)

- $3,579.57

### Anthem Blue Cross - negotiated charge amount (95%)

- $3,656.55

### Hometown Health - negotiated charge amount (95%)

- $3,656.55

### Promience - negotiated charge amount (95%)

- $3,656.55

### All other insurances - non-negotiated charge amount (100%)

- $3,849.00

---

### Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit**
## Shoppable Services Report - Table II

### Mt. Grant General Hospital

#### (CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4010233</td>
<td>FLEXIBLE SIGMOIDOSCOPY</td>
<td>45330</td>
<td>750</td>
<td></td>
<td>$1,331.00</td>
</tr>
<tr>
<td>4100110</td>
<td>RECOVERY ROOM</td>
<td></td>
<td>710</td>
<td></td>
<td>$260.00</td>
</tr>
<tr>
<td>4819180</td>
<td><strong>ProFee</strong></td>
<td>45330</td>
<td>975</td>
<td></td>
<td>$926.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $2,517.00

---

**Surgery**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $1,258.50
- **Minimum negotiated charge amount (93%)**: $2,340.81
- **Maximum negotiated charge amount (95%)**: $2,391.15

- **Aetna - negotiated charge amount (93%)**: $2,340.81
- **Anthem Blue Cross - negotiated charge amount (95%)**: $2,391.15
- **Hometown Health - negotiated charge amount (95%)**: $2,391.15
- **Prominence - negotiated charge amount (95%)**: $2,391.15
- **All other insurances - non-negotiated charge amount (100%)**: $2,517.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid --> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage --> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Mt. Grant General Hospital

### Shoppable Services Report - Table II

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4010236</td>
<td>SIGMOIDOSCOPY, FLEXIBLE, WITH BIOPSY, SINGLE OR MULTIPLE</td>
<td>4010236</td>
<td>45331</td>
<td>750</td>
<td>$1,737.00</td>
</tr>
<tr>
<td>4100110</td>
<td>RECOVERY ROOM</td>
<td>4100110</td>
<td>741</td>
<td>710</td>
<td>$260.00</td>
</tr>
<tr>
<td>4819144</td>
<td>** ProFee ** FLEX SIG W/BIOPSY</td>
<td>4819144</td>
<td>45331</td>
<td>975</td>
<td>$1,158.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $3,155.00

---

**Surgery**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

- Self-pay/Cash Price (50% of charges, if balance is paid in full) -> $1,577.50
- Minimum negotiated charge amount (93%) -> $2,934.15
- Maximum negotiated charge amount (95%) -> $2,997.25
- Aetna - negotiated charge amount (93%) -> $2,934.15
- Anthem Blue Cross - negotiated charge amount (95%) -> $2,997.25
- Hometown Health - negotiated charge amount (95%) -> $2,997.25
- Prominence - negotiated charge amount (95%) -> $2,997.25
- All other insurances - non-negotiated charge amount (100%) -> $3,155.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
# Mt. Grant General Hospital
## Shoppable Services Report - Table II
### (CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td><strong>UPPER GASTRO ENDOSCOPY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4010240</td>
<td>UPPER GASTRO ENDOSCOPY</td>
<td>43235</td>
<td>750</td>
<td>$ 2,027.00</td>
<td></td>
</tr>
<tr>
<td>4100110</td>
<td>RECOVERY ROOM</td>
<td>43235</td>
<td>975</td>
<td>$ 985.00</td>
<td></td>
</tr>
<tr>
<td>4819150</td>
<td><strong>ProFee</strong></td>
<td>43235</td>
<td>975</td>
<td>$ 2,027.00</td>
<td></td>
</tr>
</tbody>
</table>

**SURGEON** - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code.
**ANESTHESIA** - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is '401'.
**PATHOLOGIST** - not provided by facility (may be billed separately).

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 1,636.00
Minimum negotiated charge amount (93%) ------------------> $ 3,042.96
Maximum negotiated charge amount (95%) ------------------> $ 3,108.40
Aetna - negotiated charge amount (93%) ------------------> $ 3,042.96
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 3,108.40
Hometown Health - negotiated charge amount (95%) ------------------> $ 3,108.40
Prominence - negotiated charge amount (95%) ------------------> $ 3,108.40
All other insurances - non-negotiated charge amount (100%) ------------------> $ 3,272.00

## CMS-Specified Shoppable Service

**Surgery**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

## Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4014360</td>
<td>SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INC ILEUM; DIAGNOSI</td>
<td>44360</td>
<td>750</td>
<td></td>
<td>$2,547.00</td>
</tr>
<tr>
<td>4100110</td>
<td>RECOVERY ROOM</td>
<td>44360</td>
<td>975</td>
<td></td>
<td>$1,448.00</td>
</tr>
</tbody>
</table>

**ProFee**

Total of Standard Charges: $4,255.00

**Surgery**

- Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

- Self-pay/Cash Price (50% of charges, if balance is paid in full) $127.50

- Minimum negotiated charge amount (93%) $3,957.15

- Maximum negotiated charge amount (95%) $4,042.25

- Aetna - negotiated charge amount (93%) $3,957.15

- Anthem Blue Cross - negotiated charge amount (95%) $4,042.25

- Hometown Health - negotiated charge amount (95%) $4,042.25

- Prominence - negotiated charge amount (95%) $4,042.25

- All other insurances - non-negotiated charge amount (100%) $4,255.00

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4014380</td>
<td>ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, INC COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERF</td>
<td>44380</td>
<td>750</td>
<td></td>
<td>$2,431.00</td>
</tr>
<tr>
<td>4100110</td>
<td>RECOVERY ROOM</td>
<td></td>
<td>710</td>
<td></td>
<td>$260.00</td>
</tr>
<tr>
<td>4814380 ** ProFee **</td>
<td>ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, INC COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERF</td>
<td>44380</td>
<td>975</td>
<td></td>
<td>$1,158.00</td>
</tr>
<tr>
<td>** ProFee **</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$3,849.00</td>
</tr>
</tbody>
</table>

** ProFee ** charges are included in the surgery facility fee, where the first three digits of the charge code is ‘401’.

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code.

ANESTHESIA - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is ‘401’.

PATHOLOGIST - not provided by facility (may be billed separately).

Self-pay/Cash Price (50% of charges, if balance is paid in full) $1,924.50
Minimum negotiated charge amount (93%) $3,579.57
Maximum negotiated charge amount (95%) $3,656.55
Aetna - negotiated charge amount (93%) $3,579.57
Anthem Blue Cross - negotiated charge amount (95%) $3,656.55
Hometown Health - negotiated charge amount (95%) $3,656.55
Prominence - negotiated charge amount (95%) $3,656.55
All other insurances - non-negotiated charge amount (100%) $3,849.00

Surgery

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

** NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit **
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>401533</td>
<td>SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS</td>
<td>45333</td>
<td>750</td>
<td></td>
<td>$1,654.00</td>
</tr>
<tr>
<td>4100110</td>
<td>RECOVERY ROOM</td>
<td>710</td>
<td></td>
<td></td>
<td>$260.00</td>
</tr>
<tr>
<td>4819170 ** ProFee **</td>
<td>FLEX SIGMOID-REMOVE POLYP</td>
<td>45333</td>
<td>975</td>
<td></td>
<td>$1,103.00</td>
</tr>
</tbody>
</table>

<p>| <strong>SURGEON</strong> - the surgeon's professional fees are represented by '481' as the first three digits of the SHoppable SERVICE code |
| <strong>ANESTHESIA</strong> - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is '401' |
| <strong>PATHOLOGIST</strong> - not provided by facility (may be billed separately) |</p>
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4015338</td>
<td>SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR BY SNARE TECHNIQUE</td>
<td>45338</td>
<td>750</td>
<td>$ 1,621.00</td>
<td></td>
</tr>
<tr>
<td>4100110</td>
<td>RECOVERY ROOM</td>
<td>710</td>
<td></td>
<td>$ 260.00</td>
<td></td>
</tr>
<tr>
<td>4815338 ** ProFee **</td>
<td>SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR BY SNARE TECHNIQUE</td>
<td>45338</td>
<td>975</td>
<td>$ 1,100.00</td>
<td></td>
</tr>
</tbody>
</table>

**SURGEON** - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code

**ANESTHESIA** - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is '401'

**PATHOLOGIST** - not provided by facility (may be billed separately)

| **Self-pay/Cash Price (50% of charges, if balance is paid in full)** | $ 1,490.50 |
| **Minimum negotiated charge amount (93%)** | $ 2,772.33 |
| **Maximum negotiated charge amount (95%)** | $ 2,831.95 |

Aetna - negotiated charge amount (93%) | $ 2,772.33
Anthem Blue Cross - negotiated charge amount (95%) | $ 2,831.95
Hometown Health - negotiated charge amount (95%) | $ 2,831.95
Prominence - negotiated charge amount (95%) | $ 2,831.95
All other insurances - non-negotiated charge amount (100%) | $ 2,981.00

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4015350</td>
<td>SIGMOIDOSCOPY, FLEXIBLE; WITH BAND LIGATION(S)</td>
<td>481</td>
<td>401</td>
<td>750</td>
<td>$ 1,679.00</td>
</tr>
<tr>
<td>4015350</td>
<td>** ProFee **</td>
<td>481</td>
<td>401</td>
<td>710</td>
<td>$ 260.00</td>
</tr>
<tr>
<td>4815350</td>
<td>SIGMOIDOSCOPY, FLEXIBLE; WITH BAND LIGATION(S)</td>
<td>481</td>
<td>401</td>
<td>975</td>
<td>$ 1,216.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 3,155.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHoppable SERVICE code

ANESTHESIA - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is '401'

PATHOLOGIST - not provided by facility (may be billed separately)

Self-pay/Cash Price (50% of charges, if balance is paid in full) $ 1,577.50
Minimum negotiated charge amount (93%) $ 2,934.15
Maximum negotiated charge amount (95%) $ 2,997.25
Aetna - negotiated charge amount (93%) $ 2,934.15
Anthem Blue Cross - negotiated charge amount (95%) $ 2,997.25
Hometown Health - negotiated charge amount (95%) $ 2,997.25
Prominence - negotiated charge amount (95%) $ 2,997.25
All other insurances - non-negotiated charge amount (100%) $ 3,155.00

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
## Shoppable Services Report - Table II

### Mt. Grant General Hospital

**Use CTRL-F to SEARCH**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4015381</td>
<td>COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE</td>
<td>4015381</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4010110</td>
<td>COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE</td>
<td>4015381</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4815381</td>
<td>COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE</td>
<td>45381</td>
<td>750</td>
<td></td>
<td>$3,056.00</td>
</tr>
<tr>
<td><strong>ProFee</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$5,099.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $5,099.00

**SURGEON** - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code

**ANESTHESIA** - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is '401'

**PATHOLOGIST** - not provided by facility (may be billed separately)

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full) $2,549.50

Minimum negotiated charge amount (93%) $4,742.07

Maximum negotiated charge amount (95%) $4,844.05

Aetna - negotiated charge amount (93%) $4,742.07

Anthem Blue Cross - negotiated charge amount (95%) $4,844.05

Hometown Health - negotiated charge amount (95%) $4,844.05

Prominence - negotiated charge amount (95%) $4,844.05

All other insurances - non-negotiated charge amount (100%) $5,099.00

---

### Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

---

Date Printed: 01/04/2022
Last Update: 01/04/2022
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4015384</td>
<td>COLONOSCOPY, FLEXIBLE, WITH REMOVAL OF TUMOR(S), POLYP(S), HOT BIOPSY (PRIMARY)</td>
<td>45384</td>
<td>750</td>
<td>710</td>
<td>$3,357.00</td>
</tr>
<tr>
<td>4010010</td>
<td>RECOVERY ROOM</td>
<td></td>
<td></td>
<td>710</td>
<td>$260.00</td>
</tr>
<tr>
<td>4819132 ** ProFee **</td>
<td>COLON W/POLYP REMOV FORCP</td>
<td>45384</td>
<td>975</td>
<td></td>
<td>$1,911.00</td>
</tr>
</tbody>
</table>

** ProFee **

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
ANESTHESIA - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is '401'
PATHOLOGIST - not provided by facility (may be billed separately)

Surgery

Self-pay/Cash Price (50% of charges, if balance is paid in full)--------------------------> $2,764.00
Minimum negotiated charge amount (93%)--------------------------> $5,141.04
Maximum negotiated charge amount (95%)--------------------------> $5,251.60

Aetna - negotiated charge amount (93%)--------------------------> $5,141.04
Anthem Blue Cross - negotiated charge amount (95%)--------------------------> $5,251.60
Hometown Health - negotiated charge amount (95%)--------------------------> $5,251.60
Prominence - negotiated charge amount (95%)--------------------------> $5,251.60
All other insurances - non-negotiated charge amount (100%)--------------------------> $5,528.00

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
## Shoppable Services Report - Table II

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4016946</td>
<td>EGD, FLEXIBLE, WITH TRANSENDOSCOPIC BALLOON DILATION OF ESOPHAGUS (PRIMARY)</td>
<td>43249</td>
<td>750</td>
<td>$2,547.00</td>
<td></td>
</tr>
<tr>
<td>4100110</td>
<td>RECOVERY ROOM</td>
<td></td>
<td></td>
<td>710</td>
<td>$260.00</td>
</tr>
<tr>
<td>4816946</td>
<td>EGD BALLN DIL</td>
<td>43249</td>
<td>975</td>
<td>$1,448.00</td>
<td></td>
</tr>
<tr>
<td><strong>ProFee</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$4,255.00</td>
</tr>
</tbody>
</table>

- **Total of Standard Charges:** $4,255.00

**Surgery**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

<table>
<thead>
<tr>
<th><strong>Surgery</strong></th>
<th><strong>CPT Code</strong></th>
<th><strong>Revenue Code</strong></th>
<th><strong>Standard Charge</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Self-pay/Cash Price (50% of charges, if balance is paid in full)**

- Aetna - negotiated charge amount (93%) $3,957.15
- Anthem Blue Cross - negotiated charge amount (95%) $4,042.25
- Hometown Health - negotiated charge amount (95%) $4,042.25
- Prominence - negotiated charge amount (95%) $4,042.25
- All other insurances - non-negotiated charge amount (100%) $4,255.00

**Minimum negotiated charge amount (93%)** $3,957.15

**Maximum negotiated charge amount (95%)** $4,042.25

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid

- **35% patient discount on patient balances if the entire patient account or family account is paid in full.**

For patients who do not have insurance coverage

- **50% patient discount if the self pay balance on the entire patient account or family account is paid in full.**

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
**Mt. Grant General Hospital**  
Shoppable Services Report - Table II  
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4016948</td>
<td>EGD, FLEXIBLE, TRANSORAL, WITH REMOVAL OF TUMOR(S), POLYP(S) OR OTHER LESION(S) BY SNARE</td>
<td>43251</td>
<td>750</td>
<td></td>
<td>$ 1,915.00</td>
</tr>
<tr>
<td>410110</td>
<td>RECOVERY ROOM</td>
<td>43251</td>
<td>710</td>
<td></td>
<td>$ 260.00</td>
</tr>
<tr>
<td>4816948 ** ProFee **</td>
<td>EGD, FLEXIBLE, TRANSORAL, WITH REMOVAL OF TUMOR(S), POLYP(S) OR OTHER LESION(S) BY SNARE (PRIMARY)</td>
<td>43251</td>
<td>975</td>
<td></td>
<td>$ 1,313.00</td>
</tr>
</tbody>
</table>

**SURGEON** - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code

**ANESTHESIA** - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is '401'

**PATHOLOGIST** - not provided by facility (may be billed separately)

---

<table>
<thead>
<tr>
<th></th>
<th>Self-pay/Cash Price (50% of charges, if balance is paid in full)</th>
<th>Minimum negotiated charge amount (93%)</th>
<th>Maximum negotiated charge amount (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ 1,744.00</td>
<td>$ 3,243.84</td>
<td>$ 3,313.60</td>
</tr>
</tbody>
</table>

Aetna - negotiated charge amount (93%) ──────────────────────────────────────────────────────── > $ 3,243.84
Anthem Blue Cross - negotiated charge amount (95%) ──────────────────────────────────────── > $ 3,313.60
Hometown Health - negotiated charge amount (95%) ──────────────────────────────────────── > $ 3,313.60
Prominence - negotiated charge amount (95%) ──────────────────────────────────────── > $ 3,313.60
All other insurances - non-negotiated charge amount (100%) ──────────────────────────────── > $ 3,488.00

---

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4019141</td>
<td>FLEX SIG CANC SCRN - MCARE</td>
<td>G0104</td>
<td>750</td>
<td>975</td>
<td>$1,331.00</td>
</tr>
<tr>
<td>4019141</td>
<td>FLEX SIG CANC SCRN - MCARE</td>
<td>G0104</td>
<td>710</td>
<td>975</td>
<td>$260.00</td>
</tr>
<tr>
<td>4100110</td>
<td>RECOVERY ROOM</td>
<td>G0104</td>
<td>975</td>
<td>975</td>
<td>$926.00</td>
</tr>
<tr>
<td>4819141</td>
<td>FLEX SIG CANC SCRN-MCARE</td>
<td>G0104</td>
<td>975</td>
<td>975</td>
<td>$2,517.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $2,517.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
ANESTHESIA - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is '401'
PATHOLOGIST - not provided by facility (may be billed separately)

Self-pay/Cash Price (50% of charges, if balance is paid in full) -> $1,258.50
Minimum negotiated charge amount (93%) -> $2,340.81
Maximum negotiated charge amount (95%) -> $2,391.15
Aetna - negotiated charge amount (93%) -> $2,340.81
Anthem Blue Cross - negotiated charge amount (95%) -> $2,391.15
Hometown Health - negotiated charge amount (95%) -> $2,391.15
Prominence - negotiated charge amount (95%) -> $2,391.15
All other insurances - non-negotiated charge amount (100%) -> $2,517.00

Surgery

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
### Shoppable Services Report - Table II

**Mt. Grant General Hospital**

**CMS-1717-F2**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4019209</td>
<td>COLONOSCOPY, FLEXIBLE, WITH REMOVAL OF TUMOR(S), SNARE TECHNIQUE (2NDARY)</td>
<td>45385</td>
<td>750</td>
<td></td>
<td>$637.00</td>
</tr>
<tr>
<td>4810129 ** ProFee **</td>
<td>COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE</td>
<td>45385</td>
<td>975</td>
<td></td>
<td>$290.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $927.00

**Use CTRL-F to SEARCH**

**OUTPATIENT**

**Note:** This is a secondary procedure that is performed in addition to a primary procedure, and it has a lesser charge price than a primary procedure.

**SURGEON** - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code.

**ANESTHESIA** - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is '401'.

**PATHOLOGIST** - not provided by facility (may be billed separately)

---

**Self-pay/Cash Price (50% of charges, if balance is paid in full)----->** $463.50

**Minimum negotiated charge amount (93%)----->** $862.11

**Maximum negotiated charge amount (95%)----->** $880.65

- Aetna - negotiated charge amount (93%)-----> $862.11
- Anthem Blue Cross - negotiated charge amount (95%)-----> $880.65
- Hometown Health - negotiated charge amount (95%)-----> $880.65
- Prominence - negotiated charge amount (95%)-----> $880.65
- All other insurances - non-negotiated charge amount (100%)-----> $927.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Mt. Grant General Hospital
### Shoppable Services Report - Table II
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTPATIENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4019215</td>
<td>COLONOSCOPY, FLEXIBLE, WITH BIOPSY, SINGLE OR MULTIPLE (2NDARY)</td>
<td>45380</td>
<td>750</td>
<td></td>
<td>$ 637.00</td>
</tr>
<tr>
<td></td>
<td>** ProFee **</td>
<td>45380</td>
<td>975</td>
<td></td>
<td>$ 174.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 811.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 405.50

Minimum negotiated charge amount (93%) ..................--> $ 754.23
Maximum negotiated charge amount (95%) ..................--> $ 770.45

Aetna - negotiated charge amount (93%) ..................--> $ 754.23
Anthem Blue Cross - negotiated charge amount (95%) ............--> $ 770.45
Hometown Health - negotiated charge amount (95%) ............--> $ 770.45
Prominence - negotiated charge amount (95%) ............--> $ 770.45
All other insurances - non-negotiated charge amount (100%) ...--> $ 811.00

**Surgery**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4019221</td>
<td>391</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4810135</td>
<td>** ProFee **</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OUTPATIENT

**4019221**  
**EGD, FLEXIBLE, TRANSORAL, WITH BAND LIGATION OF ESOPHAGEAL/GASTRIC VARICES (2NDARY)**

This is a secondary procedure that is performed in addition to a primary procedure, and it has a lesser charge price than a primary procedure.

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4019221</strong></td>
<td>EGD, FLEXIBLE, TRANSORAL, WITH BAND LIGATION OF ESOPHAGEAL/GASTRIC VARICES (2NDARY)</td>
<td>43244</td>
<td>750</td>
<td></td>
<td>$463.00</td>
</tr>
<tr>
<td><strong>4810135</strong></td>
<td>ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL, WITH BAND LIGATION OF ESOPHAGEAL/GASTRIC VARICES</td>
<td>43244</td>
<td>975</td>
<td></td>
<td>$463.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**  
$926.00

**SURGEON** - the surgeon's professional fees are represented by '481' as the first three digits of the SHoppable SERVICE code.

**ANESTHESIA** - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is '401'.

**PATHOLOGIST** - not provided by facility (may be billed separately)

Self-pay/Cash Price (50% of charges, if balance is paid in full)  
$463.00

Minimum negotiated charge amount (93%)  
$861.18

Maximum negotiated charge amount (95%)  
$879.70

Aetna - negotiated charge amount (93%)  
$861.18

Anthem Blue Cross - negotiated charge amount (95%)  
$879.70

Hometown Health - negotiated charge amount (95%)  
$879.70

Prominence - negotiated charge amount (95%)  
$879.70

All other insurances - non-negotiated charge amount (100%)  
$926.00

---

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid  
----- 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage  
----- 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTPATIENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4019224</td>
<td>EGD, FLEXIBLE, TRANSORAL, WITH BIOPSY, SINGLE OR MULTIPLE (2NDARY)</td>
<td>43239</td>
<td>750</td>
<td></td>
<td>$ 307.00</td>
</tr>
<tr>
<td>4810138 ** ProFee **</td>
<td>ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL, WITH BIOPSY, SINGLE OR MULTIPLE</td>
<td>43239</td>
<td>975</td>
<td></td>
<td>$ 174.00</td>
</tr>
</tbody>
</table>

This is a secondary procedure that is performed in addition to a primary procedure, and it has a lesser charge price than a primary procedure.

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code.

ANESTHESIA - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is '401'.

PATHOLOGIST - not provided by facility (may be billed separately)

<table>
<thead>
<tr>
<th></th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-pay/Cash Price</td>
<td></td>
<td></td>
<td></td>
<td>$ 240.50</td>
</tr>
<tr>
<td>Minimum negotiated charge amount (93%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 447.33</td>
</tr>
<tr>
<td>Maximum negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 456.95</td>
</tr>
<tr>
<td>Aetna - negotiated charge amount (93%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 447.33</td>
</tr>
<tr>
<td>Anthem Blue Cross - negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 456.95</td>
</tr>
<tr>
<td>Hometown Health - negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 456.95</td>
</tr>
<tr>
<td>Prominence - negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 456.95</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 481.00</td>
</tr>
</tbody>
</table>

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

### MT. GRANT GENERAL HOSPITAL

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4019381</td>
<td>45381</td>
<td>$278.00</td>
<td>750</td>
</tr>
<tr>
<td>4819381</td>
<td>45381</td>
<td>$162.00</td>
<td>975</td>
</tr>
</tbody>
</table>

**COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE (2NDARY)**

This is a secondary procedure that is performed in addition to a primary procedure, and it has a lesser charge price than a primary procedure.

### SURGEON
- the surgeon's professional fees are represented by ‘481’ as the first three digits of the SHOPPABLE SERVICE code

### ANESTHESIA
- anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is ‘401’

### PATHOLOGIST
- not provided by facility (may be billed separately)

### Self-pay/Cash Price (50% of charges, if balance is paid in full)

- $220.00

### Minimum negotiated charge amount (93%)

- $409.20

### Maximum negotiated charge amount (95%)

- $418.00

### Aetna - negotiated charge amount (93%)

- $409.20

### Anthem Blue Cross - negotiated charge amount (95%)

- $418.00

### Hometown Health - negotiated charge amount (95%)

- $418.00

### Prominence - negotiated charge amount (95%)

- $418.00

### All other insurances - non-negotiated charge amount (100%)

- $440.00

---

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Shoppable Service Report - Table II

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4019384</td>
<td>COLONOSCOPY, FLEXIBLE, WITH REMOVAL OF TUMOR(S), POLYP(S), HOT BIOPSY (2NDARY)</td>
<td>45384</td>
<td>750</td>
<td></td>
<td>$637.00</td>
</tr>
<tr>
<td>4810132</td>
<td><strong>ProFee</strong> COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS (2ND)</td>
<td>45384</td>
<td>975</td>
<td></td>
<td>$290.00</td>
</tr>
</tbody>
</table>

This is a secondary procedure that is performed in addition to a primary procedure, and it has a lesser charge price than a primary procedure.

**SURGEON** - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code.

**ANESTHESIA** - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is '401'.

**PATHOLOGIST** - not provided by facility (may be billed separately).

#### Self-pay/Cash Price (50% of charges, if balance is paid in full)

- **$463.50**

#### Minimum negotiated charge amount (93%)

- **$862.11**

#### Maximum negotiated charge amount (95%)

- **$880.65**

#### Negotiated charge amounts for specific insurance providers:

- **Aetna** - negotiated charge amount (93%)
  - **$862.11**

- **Anthem Blue Cross** - negotiated charge amount (95%)
  - **$880.65**

- **Prominence** - negotiated charge amount (95%)
  - **$880.65**

- **Hometown Health** - negotiated charge amount (95%)
  - **$880.65**

- **All other insurances** - non-negotiated charge amount (100%)
  - **$927.00**

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

- For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Mt. Grant General Hospital

**Shoppable Services Report - Table II**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
</tr>
<tr>
<td><strong>4019946</strong></td>
<td>EGD, FLEXIBLE, WITH TRANSENDOSCOPIC BALLOON DILATION OF ESOPHAGUS (2NDARY)</td>
</tr>
<tr>
<td><strong>4810946</strong></td>
<td>ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL, WITH TRANSENDOSCOPIC BALLOON DILATION OF ESOPHA</td>
</tr>
</tbody>
</table>

This is a secondary procedure that is performed in addition to a primary procedure, and it has a lesser charge price than a primary procedure.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>43249</td>
<td>750</td>
<td>975</td>
<td>522.00</td>
</tr>
<tr>
<td>43249</td>
<td>975</td>
<td>750</td>
<td>463.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $985.00

- **SURGEON** - The surgeon's professional fees are represented by '481' as the first three digits of the SHoppable SERVICE code.
- **ANESTHESIA** - Anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is '401'.
- **PATHOLOGIST** - Not provided by facility (may be billed separately).

Self-pay/Cash Price (50% of charges, if balance is paid in full) $492.50

Minimum negotiated charge amount (93%) $916.05

Maximum negotiated charge amount (95%) $935.75

- Aetna - negotiated charge amount (93%) $916.05
- Anthem Blue Cross - negotiated charge amount (95%) $935.75
- Hometown Health - negotiated charge amount (95%) $935.75
- Prominence - negotiated charge amount (95%) $935.75
- All other insurances - non-negotiated charge amount (100%) $985.00

---

**Surgery**

Surgery

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EKG WITH RHYTHM STRIP</td>
<td>EKG WITH RHYTHM STRIP</td>
<td>4140010</td>
<td>93005</td>
<td>$ 191.00</td>
<td>730</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 191.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 95.50

Minimum negotiated charge amount (93%) ------------------> $ 177.63
Maximum negotiated charge amount (95%) ------------------> $ 181.45

Aetna - negotiated charge amount (93%) ------------------> $ 177.63
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 181.45
Hometown Health - negotiated charge amount (95%) ------------------> $ 181.45
Prominence - negotiated charge amount (95%) ------------------> $ 181.45
All other insurances - non-negotiated charge amount (100%) ------------------> $ 191.00

**RespTherapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>EKG SERIAL</td>
<td>EKG SERIAL</td>
<td>93000</td>
<td>739</td>
<td></td>
<td>$162.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $162.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) $81.00
Minimum negotiated charge amount (93%) $150.66
Maximum negotiated charge amount (95%) $153.90

Aetna - negotiated charge amount (93%) $150.66
Anthem Blue Cross - negotiated charge amount (95%) $153.90
Hometown Health - negotiated charge amount (95%) $153.90
Prominence - negotiated charge amount (95%) $153.90
All other insurances - non-negotiated charge amount (100%) $162.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

### Mt. Grant General Hospital

**Shoppable Service**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4150010</td>
<td>HOLTER MONITOR</td>
<td>93225</td>
<td>731</td>
<td></td>
<td>$174.00</td>
</tr>
<tr>
<td>4150020</td>
<td>SCANNING ANALYSIS W/RPT</td>
<td>93226</td>
<td>731</td>
<td></td>
<td>$197.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $371.00

---

### Patient Discount Programs

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

---

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.
### Shoppable Service: AEROSOL TREATMENT INITIAL

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4160020</td>
<td>94640</td>
<td>$110.00</td>
<td>410</td>
</tr>
<tr>
<td>4480202</td>
<td>J7611</td>
<td>$3.50</td>
<td>636</td>
</tr>
<tr>
<td>4483254</td>
<td>J7644</td>
<td>$12.00</td>
<td>636</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $125.50

**Self-pay/Cash Price (50% of charges, if balance is paid in full):** $62.75

**Minimum negotiated charge amount (93%):** $116.72

**Maximum negotiated charge amount (95%):** $119.23

- Aetna - negotiated charge amount (93%): $116.72
- Anthem Blue Cross - negotiated charge amount (95%): $119.23
- Hometown Health - negotiated charge amount (95%): $119.23
- Prominence - negotiated charge amount (95%): $119.23
- All other insurances - non-negotiated charge amount (100%): $125.50

---

**RespTherapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid, 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage, 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4160050 ARTERIAL PUNCTURE</td>
<td>ARTERIAL PUNCTURE</td>
<td>36600</td>
<td>300</td>
<td></td>
<td>$ 92.00</td>
</tr>
</tbody>
</table>

**Use CTRL-F to SEARCH**

**Mt. Grant General Hospital**

**Shoppable Services Report - Table II**

(CMS-1717-F2)

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.

---

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4160180</td>
<td>INCENTIVE SPIROMETRY TX</td>
<td>4160180</td>
<td>94727</td>
<td>$ 35.00</td>
<td>460</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 35.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 17.50
- **Minimum negotiated charge amount (93%)**: $ 32.55
- **Maximum negotiated charge amount (95%)**: $ 33.25
- **Aetna - negotiated charge amount (93%)**: $ 32.55
- **Anthem Blue Cross - negotiated charge amount (95%)**: $ 33.25
- **Hometown Health - negotiated charge amount (95%)**: $ 33.25
- **Prominence - negotiated charge amount (95%)**: $ 33.25
- **All other insurances - non-negotiated charge amount (100%)**: $ 35.00

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid, 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage, 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4160190</td>
<td>MDI INHALER TX INITIAL</td>
<td>94640</td>
<td>410</td>
<td></td>
<td>$38.00</td>
</tr>
</tbody>
</table>

Aerosol treatments and inhalers will have PHARMACY charges added, and may have SUBSEQUENT TREATMENT charges added.

Self-pay/Cash Price (50% of charges, if balance is paid in full) $19.00
Minimum negotiated charge amount (93%) $35.34
Maximum negotiated charge amount (95%) $36.10
Aetna - negotiated charge amount (93%) $35.34
Anthem Blue Cross - negotiated charge amount (95%) $36.10
Hometown Health - negotiated charge amount (95%) $36.10
Prominence - negotiated charge amount (95%) $36.10
All other insurances - non-negotiated charge amount (100%) $38.00

RespTherapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>OXIMETRY</td>
<td>OXIMETRY</td>
<td>94760</td>
<td>460</td>
<td></td>
<td>$66.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $66.00

- Self-pay/Cash Price (50% of charges, if balance is paid in full) $33.00
- Minimum negotiated charge amount (93%) $61.38
- Maximum negotiated charge amount (95%) $62.70
- Aetna - negotiated charge amount (93%) $61.38
- Anthem Blue Cross - negotiated charge amount (95%) $62.70
- Hometown Health - negotiated charge amount (95%) $62.70
- Prominence - negotiated charge amount (95%) $62.70
- All other insurances - non-negotiated charge amount (100%) $66.00

RespTherapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ---> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ---> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
### Shoppable Services Report - Table II

**Mt. Grant General Hospital**

**Shoppable Services Report - Table II**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4160480 PFT COMPLETE</td>
<td>PFT COMPLETE</td>
<td>94060</td>
<td>460</td>
<td></td>
<td>$370.00</td>
</tr>
<tr>
<td>4487619 LEVALBUTEROL 1.25 MG/3 ML SOLUTION FOR NEBULIZATION</td>
<td></td>
<td>J7614</td>
<td>250</td>
<td></td>
<td>$19.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $389.00

---

**Use CTRL-F to SEARCH**

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit**

---

**RespTherapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.
## Mt. Grant General Hospital

**Shoppable Services Report - Table II**  
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4163015</strong> CARDIOVASC STRESS TEST</td>
<td><strong>CARDIOVASC STRESS TEST</strong></td>
<td>93015</td>
<td>482</td>
<td></td>
<td>$435.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-pay/Cash Price (50% of charges, if balance is paid in full)</td>
<td>$217.50</td>
</tr>
<tr>
<td>Minimum negotiated charge amount (93%)</td>
<td>$404.55</td>
</tr>
<tr>
<td>Maximum negotiated charge amount (95%)</td>
<td>$413.25</td>
</tr>
<tr>
<td>Aetna - negotiated charge amount (93%)</td>
<td>$404.55</td>
</tr>
<tr>
<td>Anthem Blue Cross - negotiated charge amount (95%)</td>
<td>$413.25</td>
</tr>
<tr>
<td>Hometown Health - negotiated charge amount (95%)</td>
<td>$413.25</td>
</tr>
<tr>
<td>Prominence - negotiated charge amount (95%)</td>
<td>$413.25</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$435.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $435.00

---

**RespTherapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ------> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ------> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMBUL BLOOD PRESS MONITOR</td>
<td>AMBUL BLOOD PRESS MONITOR</td>
<td>4163784</td>
<td>93788</td>
<td>920</td>
<td>$202.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $202.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $101.00
- **Minimum negotiated charge amount (93%):** $187.86
- **Maximum negotiated charge amount (95%):** $191.90
- **Aetna - negotiated charge amount (93%):** $187.86
- **Anthem Blue Cross - negotiated charge amount (95%):** $191.90
- **Hometown Health - negotiated charge amount (95%):** $191.90
- **Prominence - negotiated charge amount (95%):** $191.90
- **All other insurances - non-negotiated charge amount (100%):** $202.00

**RespTherapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>PULMONARY STRESS TESTING (EG, 6-MINUTE WALK TEST), INCLUDING MEASUREMENT OF HEART RATE, OXIMETRY, AND</td>
<td></td>
<td>94618</td>
<td>460</td>
<td></td>
<td>$ 68.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 68.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 34.00
Minimum negotiated charge amount (93%) ------------------> $ 63.24
Maximum negotiated charge amount (95%) ------------------> $ 64.60
Aetna - negotiated charge amount (93%) ------------------> $ 63.24
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 64.60
Hometown Health - negotiated charge amount (95%) ------------------> $ 64.60
Prominence - negotiated charge amount (95%) ------------------> $ 64.60
All other insurances - non-negotiated charge amount (100%) ------------------> $ 68.00

RespTherapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FLUTTER VALVE INITIAL</strong>&lt;br&gt;4164667</td>
<td>FLUTTER VALVE INITIAL</td>
<td>4164667</td>
<td>94667</td>
<td>410</td>
<td>$ 50.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 50.00

- Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 25.00
- Minimum negotiated charge amount (93%) ------------------> $ 46.50
- Maximum negotiated charge amount (95%) ------------------> $ 47.50
- Aetna - negotiated charge amount (93%) ------------------> $ 46.50
- Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 47.50
- Hometown Health - negotiated charge amount (95%) ------------------> $ 47.50
- Prominence - negotiated charge amount (95%) ------------------> $ 47.50
- All other insurances - non-negotiated charge amount (100%) ------------------> $ 50.00

**RespTherapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
### Shoppable Services Report - Table II

**Mt. Grant General Hospital**

Shoppable Services Report - Table II
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVERNIGHT OXIMETRY</td>
<td>OVERNIGHT OXIMETRY</td>
<td>94762</td>
<td>460</td>
<td></td>
<td>$ 416.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 416.00

- Self-pay/Cash Price (50% of charges, if balance is paid in full) $ 208.00
- Minimum negotiated charge amount (93%) $ 386.88
- Maximum negotiated charge amount (95%) $ 395.20
- Aetna - negotiated charge amount (93%) $ 386.88
- Anthem Blue Cross - negotiated charge amount (95%) $ 395.20
- Hometown Health - negotiated charge amount (95%) $ 395.20
- Prominence - negotiated charge amount (95%) $ 395.20
- All other insurances - non-negotiated charge amount (100%) $ 416.00

---

**RespTherapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ---> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ---> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
**Mt. Grant General Hospital**

**Shoppable Services Report - Table II**

*(CMS-1717-F2)*

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit**

---

**Use CTRL-F to SEARCH**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4200005</td>
<td>ABO BLOOD TYPING</td>
<td>86900</td>
<td>300</td>
<td></td>
<td>$ 60.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 30.00
- **Minimum negotiated charge amount (93%)**: $ 55.80
- **Maximum negotiated charge amount (95%)**: $ 57.00
- **Aetna - negotiated charge amount (93%)**: $ 55.80
- **Anthem Blue Cross - negotiated charge amount (95%)**: $ 57.00
- **Hometown Health - negotiated charge amount (95%)**: $ 57.00
- **Prominence - negotiated charge amount (95%)**: $ 57.00
- **All other insurances - non-negotiated charge amount (100%)**: $ 60.00

**Total of Standard Charges**: $ 60.00

---

**INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY**

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4200007 ACETAMINOPHEN</td>
<td>80329</td>
<td>301</td>
<td>$155.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $77.50
- **Minimum negotiated charge amount (93%)**: $144.15
- **Maximum negotiated charge amount (95%)**: $147.25
- **Aetna - negotiated charge amount (93%)**: $144.15
- **Anthem Blue Cross - negotiated charge amount (95%)**: $147.25
- **Hometown Health - negotiated charge amount (95%)**: $147.25
- **Prominence - negotiated charge amount (95%)**: $147.25
- **All other insurances - non-negotiated charge amount (100%)**: $155.00

**Laboratory**

- **VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary**

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid: **35% patient discount on patient balances if the entire patient account or family account is paid in full.**

For patients who do not have insurance coverage: **50% patient discount if the self pay balance on the entire patient account or family account is paid in full.**

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>KETONES</td>
<td></td>
<td>82009</td>
<td>301</td>
<td></td>
<td>$ 48.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALBUMIN</td>
<td>ALBUMIN</td>
<td>82040</td>
<td>301</td>
<td></td>
<td>$ 53.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-pay/Cash Price (50% of charges, if balance is paid in full)</td>
<td>$ 26.50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum negotiated charge amount (93%)</td>
<td>$ 49.29</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum negotiated charge amount (95%)</td>
<td>$ 50.35</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna - negotiated charge amount (93%)</td>
<td>$ 49.29</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthem Blue Cross - negotiated charge amount (95%)</td>
<td>$ 50.35</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hometown Health - negotiated charge amount (95%)</td>
<td>$ 50.35</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prominence - negotiated charge amount (95%)</td>
<td>$ 50.35</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$ 53.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ------ 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ------ 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4200061 PLATELET COUNT</td>
<td></td>
<td>85027</td>
<td>301</td>
<td></td>
<td>$ 67.00</td>
</tr>
</tbody>
</table>

Venipuncture - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 33.50
Minimum negotiated charge amount (93%) ------------------> $ 62.31
Maximum negotiated charge amount (95%) ------------------> $ 63.65

Aetna - negotiated charge amount (93%) ------------------> $ 62.31
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 63.65
Hometown Health - negotiated charge amount (95%) ------------------> $ 63.65
Prominence - negotiated charge amount (95%) ------------------> $ 63.65
All other insurances - non-negotiated charge amount (100%) ------------------> $ 67.00

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
### Inpatient, Outpatient, Swing Bed or Skilled Nursing Facility

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4200069 RENAL PANEL</td>
<td>80069</td>
<td>301</td>
<td>$ 203.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 203.00

#### Laboratory

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $ 101.50
- **Minimum negotiated charge amount (93%):** $ 188.79
- **Maximum negotiated charge amount (95%):** $ 192.85
- **Aetna - negotiated charge amount (93%):** $ 188.79
- **Anthem Blue Cross - negotiated charge amount (95%):** $ 192.85
- **Hometown Health - negotiated charge amount (95%):** $ 192.85
- **Prominence - negotiated charge amount (95%):** $ 192.85
- **All other insurances - non-negotiated charge amount (100%):** $ 203.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>VENIPUNCTURE</td>
<td></td>
<td>80320</td>
<td>301</td>
<td></td>
<td>$ 176.00</td>
</tr>
</tbody>
</table>

**Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.**

**Laboratory**

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4200170 AMYLASE</td>
<td></td>
<td>82150</td>
<td>301</td>
<td></td>
<td>$ 98.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Note:**

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $49.00
- **Minimum negotiated charge amount (93%)**: $91.14
- **Maximum negotiated charge amount (95%)**: $93.10
- **Aetna - negotiated charge amount (93%)**: $91.14
- **Anthem Blue Cross - negotiated charge amount (95%)**: $93.10
- **Hometown Health - negotiated charge amount (95%)**: $93.10
- **Prominence - negotiated charge amount (95%)**: $93.10
- **All other insurances - non-negotiated charge amount (100%)**: $98.00

**Total of Standard Charges:** $98.00

**Laboratory**

- **Venipuncture** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

- For patients with insurance who have a patient balance after insurance has paid: 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- For patients who do not have insurance coverage: 50% patient discount if the self-pay balance on the entire patient account or family account is paid in full.

**NOTE:**

For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANTIBODY SCREEN</td>
<td>ANTIBODY SCREEN</td>
<td>86850</td>
<td>300</td>
<td>$ 85.00</td>
<td></td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

### Laboratory Services

- **VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4200288 LIPID PANEL</td>
<td>LIPID PANEL</td>
<td>80061</td>
<td>301</td>
<td>391</td>
<td>$156.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $156.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $78.00

Minimum negotiated charge amount (93%) ------------------> $145.08

Maximum negotiated charge amount (95%) ------------------> $148.20

Aetna - negotiated charge amount (93%) ------------------> $145.08

Anthem Blue Cross - negotiated charge amount (95%) ------------------> $148.20

Hometown Health - negotiated charge amount (95%) ------------------> $148.20

Prominence - negotiated charge amount (95%) ------------------> $148.20

All other insurances - non-negotiated charge amount (100%) ------------------> $156.00

---

**Laboratory**

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

**CMS-Specified Shoppable Service**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4200289 BASIC METABOLIC PANEL (BMP)</td>
<td>80048</td>
<td>301</td>
<td>$128.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total of Standard Charges: $128.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) $64.00
Minimum negotiated charge amount (93%) $119.04
Maximum negotiated charge amount (95%) $121.60
Aetna - negotiated charge amount (93%) $119.04
Anthem Blue Cross - negotiated charge amount (95%) $121.60
Hometown Health - negotiated charge amount (95%) $121.60
Prominence - negotiated charge amount (95%) $121.60
All other insurances - non-negotiated charge amount (100%) $128.00

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4200320 TOTAL BILIRUBIN</td>
<td></td>
<td>82247</td>
<td>301</td>
<td></td>
<td>$53.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------>**
$26.50

**Minimum negotiated charge amount (93%) -------------->**
$49.29

**Maximum negotiated charge amount (95%) -------------->**
$50.35

**Aetna - negotiated charge amount (93%) -------------->**
$49.29

**Anthem Blue Cross - negotiated charge amount (95%) -------------->**
$50.35

**Hometown Health - negotiated charge amount (95%) -------------->**
$50.35

**Prominence - negotiated charge amount (95%) -------------->**
$50.35

**All other insurances - non-negotiated charge amount (100%) -------------->**
$53.00

**Total of Standard Charges:**
$53.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIRECT BILIRUBIN</td>
<td></td>
<td>4200325</td>
<td>82248</td>
<td>301</td>
<td>$35.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Venipuncture - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

**Use CTRL-F to SEARCH**

**Mt. Grant General Hospital**

**Shoppable Services Report - Table II**

(CMS-1717-F2)

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Mt. Grant General Hospital

**Shoppable Services Report - Table II**

*(CMS-1717-F2)*

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>4200370</td>
<td>CALCIUM TOTAL</td>
<td></td>
</tr>
<tr>
<td>4200370</td>
<td>CALCIUM TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>82310</td>
<td>301</td>
<td>$57.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

- Self-pay/Cash Price (50% of charges, if balance is paid in full) -> $28.50
- Minimum negotiated charge amount (93%) -> $53.01
- Maximum negotiated charge amount (95%) -> $54.15

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> **35% patient discount on patient balances if the entire patient account or family account is paid in full.**

For patients who do not have insurance coverage ----> **50% patient discount if the self pay balance on the entire patient account or family account is paid in full.**

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
**Mt. Grant General Hospital**

Shoppable Services Report - Table II  
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPLETE BLOOD COUNT (CBC)</td>
<td>4200452</td>
<td>85025</td>
<td>305</td>
<td></td>
<td>$ 90.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 90.00

- Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 45.00
- Minimum negotiated charge amount (93%) ------------------> $ 83.70
- Maximum negotiated charge amount (95%) ------------------> $ 85.50
- Aetna - negotiated charge amount (93%) ------------------> $ 83.70
- Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 85.50
- Hometown Health - negotiated charge amount (95%) ------------------> $ 85.50
- Prominence - negotiated charge amount (95%) ------------------> $ 85.50
- All other insurances - non-negotiated charge amount (100%) ------------------> $ 90.00

**Note:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.

**Laboratory**

**CMS-Specified Shoppable Service**

**Laboratory**

Venipuncture - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Shoppable Service Report - Table II

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARTERIAL BLOOD GASES (ISTAT) -- MGGH LAB</td>
<td>ARTERIAL BLOOD GASES (ISTAT) -- MGGH LAB</td>
<td>82803</td>
<td>301</td>
<td>$214.00</td>
</tr>
</tbody>
</table>

**Laboratory**

**Venipuncture** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>82803</td>
<td>301</td>
<td></td>
<td>$214.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $214.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $107.00
- **Minimum negotiated charge amount (93%)**: $199.02
- **Maximum negotiated charge amount (95%)**: $203.30
- **Aetna - negotiated charge amount (93%)**: $199.02
- **Anthem Blue Cross - negotiated charge amount (95%)**: $203.30
- **Hometown Health - negotiated charge amount (95%)**: $203.30
- **Prominence - negotiated charge amount (95%)**: $203.30
- **All other insurances - non-negotiated charge amount (100%)**: $214.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4200534</td>
<td>CK (CPK) TOTAL</td>
<td>82550</td>
<td>301</td>
<td></td>
<td>$ 66.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Venipuncture - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 33.00
Minimum negotiated charge amount (93%)------------------> $ 61.38
Maximum negotiated charge amount (95%)------------------> $ 62.70
Aetna - negotiated charge amount (93%)------------------> $ 61.38
Anthem Blue Cross - negotiated charge amount (95%)------------------> $ 62.70
Hometown Health - negotiated charge amount (95%)------------------> $ 62.70
Prominance - negotiated charge amount (95%)------------------> $ 62.70
All other insurances - non-negotiated charge amount (100%)------------------> $ 66.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Shoppable Services Report - Table II

**Mt. Grant General Hospital**  
**Shoppable Services Report - Table II**  
**(CMS-1717-F2)**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4200540 CK-MB</td>
<td>CK-MB</td>
<td>82553</td>
<td>301</td>
<td></td>
<td>$ 159.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**  
$ 159.00

---

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPLETE METABOLIC PANEL (CMP)</td>
<td>COMPLETE METABOLIC PANEL (CMP)</td>
<td>80053</td>
<td>301</td>
<td></td>
<td>$156.00</td>
</tr>
<tr>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full) $78.00
Minimum negotiated charge amount (93%) $145.08
Maximum negotiated charge amount (95%) $148.20
Aetna - negotiated charge amount (93%) $145.08
Anthem Blue Cross - negotiated charge amount (95%) $148.20
Hometown Health - negotiated charge amount (95%) $148.20
Prominence - negotiated charge amount (95%) $148.20
All other insurances - non-negotiated charge amount (100%) $156.00

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Mt. Grant General Hospital

**Shoppable Services Report - Table II**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4200559 LIVER PANEL</td>
<td>LIVER PANEL</td>
<td>80076</td>
<td>301</td>
<td>$ 133.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 133.00

---

**Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.**

- Self-pay/Cash Price (50% of charges, if balance is paid in full) --> $ 66.50
- Minimum negotiated charge amount (93%) --> $ 123.69
- Maximum negotiated charge amount (95%) --> $ 126.35
- Aetna - negotiated charge amount (93%) --> $ 123.69
- Anthem Blue Cross - negotiated charge amount (95%) --> $ 126.35
- Hometown Health - negotiated charge amount (95%) --> $ 126.35
- Prominence - negotiated charge amount (95%) --> $ 126.35
- All other insurances - non-negotiated charge amount (100%) --> $ 133.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4200595 CREATININE</td>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td>82565</td>
<td>301</td>
<td></td>
<td>$ 62.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 31.00
Minimum negotiated charge amount (93%) ------------------> $ 57.66
Maximum negotiated charge amount (95%) ------------------> $ 58.90
Aetna - negotiated charge amount (93%) ------------------> $ 57.66
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 58.90
Hometown Health - negotiated charge amount (95%) ------------------> $ 58.90
Prominence - negotiated charge amount (95%) ------------------> $ 58.90
All other insurances - non-negotiated charge amount (100%) ------------------> $ 62.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
# Shoppable Services Report - Table II

## Mt. Grant General Hospital

### Shoppable Service | Primary Service and Ancillary Services

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4200660</strong></td>
<td><strong>DIGOXIN</strong></td>
</tr>
</tbody>
</table>

**Laboratory**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>80162</td>
<td>301</td>
<td></td>
<td>$159.00</td>
</tr>
</tbody>
</table>

**Laboratory**

**4200660 DIGOXIN**

Venipuncture - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

**Self-pay/Cash Price (50% of charges, if balance is paid in full)-->** $79.50

**Minimum negotiated charge amount (93%) -->** $147.87

**Maximum negotiated charge amount (95%) -->** $151.05

- **Aetna - negotiated charge amount (93%) -->** $147.87
- **Anthem Blue Cross - negotiated charge amount (95%) -->** $151.05
- **Hometown Health - negotiated charge amount (95%) -->** $151.05
- **Prominence - negotiated charge amount (95%) -->** $151.05
- **All other insurances - non-negotiated charge amount (100%) -->** $159.00

**Total of Standard Charges:** $159.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid --> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage --> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Shoppable Service

**Shoppable Service:** DRUGS OF ABUSE SCREEN (DAU)

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>80305</td>
<td>301</td>
<td></td>
<td>$255.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)** $127.50
- **Minimum negotiated charge amount (93%)** $237.15
- **Maximum negotiated charge amount (95%)** $242.25
- **Aetna - negotiated charge amount (93%)** $237.15
- **Anthem Blue Cross - negotiated charge amount (95%)** $242.25
- **Hometown Health - negotiated charge amount (95%)** $242.25
- **Prominence - negotiated charge amount (95%)** $242.25
- **All other insurances - non-negotiated charge amount (100%)** $255.00

**Total of Standard Charges:** $255.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLUCOSE, FASTING</td>
<td></td>
<td>82947</td>
<td>301</td>
<td></td>
<td>$ 58.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 58.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 29.00

Minimum negotiated charge amount (93%) ------------------> $ 53.94

Maximum negotiated charge amount (95%) ------------------> $ 55.10

Aetna - negotiated charge amount (93%) ------------------> $ 53.94

Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 55.10

Hometown Health - negotiated charge amount (95%) ------------------> $ 55.10

Prominence - negotiated charge amount (95%) ------------------> $ 55.10

All other insurances - non-negotiated charge amount (100%) ------------------> $ 58.00

---

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4200850 GLYCOHEMOGLOBIN</td>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td>83036</td>
<td>301</td>
<td></td>
<td>$89.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

<table>
<thead>
<tr>
<th></th>
<th>Self-pay/Cash Price (50% of charges, if balance is paid in full)</th>
<th>Minimum negotiated charge amount (93%)</th>
<th>Maximum negotiated charge amount (95%)</th>
<th>Aetna - negotiated charge amount (93%)</th>
<th>Anthem Blue Cross - negotiated charge amount (95%)</th>
<th>Hometown Health - negotiated charge amount (95%)</th>
<th>Prominence - negotiated charge amount (95%)</th>
<th>All other insurances - non-negotiated charge amount (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$44.50</td>
<td>$82.77</td>
<td>$84.55</td>
<td>$82.77</td>
<td>$84.55</td>
<td>$84.55</td>
<td>$84.55</td>
<td>$89.00</td>
</tr>
</tbody>
</table>

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4200872 H. PYLORI</td>
<td></td>
<td>86677</td>
<td>300</td>
<td></td>
<td>$ 85.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)-----------------> $ 42.50
Minimum negotiated charge amount (93%) -----------------> $ 79.05
Maximum negotiated charge amount (95%) -----------------> $ 80.75
Aetna - negotiated charge amount (93%) -----------------> $ 79.05
Anthem Blue Cross - negotiated charge amount (95%) -----------------> $ 80.75
Hometown Health - negotiated charge amount (95%) -----------------> $ 80.75
Prominence - negotiated charge amount (95%) -----------------> $ 80.75
All other insurances - non-negotiated charge amount (100%) -----------------> $ 85.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4200875 HEMATOCRIT</td>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td>85014</td>
<td>305</td>
<td></td>
<td>$ 37.00</td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 18.50
Minimum negotiated charge amount (93%)  ------------------> $ 34.41
Maximum negotiated charge amount (95%)  ------------------> $ 35.15
Aetna - negotiated charge amount (93%)  ------------------> $ 34.15
Anthem Blue Cross - negotiated charge amount (95%)  ------------------> $ 35.15
Hometown Health - negotiated charge amount (95%)  ------------------> $ 35.15
Prominence - negotiated charge amount (95%)  ------------------> $ 35.15
All other insurances - non-negotiated charge amount (100%)  ------------------> $ 37.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4200880 HEMOGLOBIN</td>
<td></td>
<td>85018</td>
<td>305</td>
<td>$37.00</td>
<td></td>
</tr>
</tbody>
</table>

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $18.50
Minimum negotiated charge amount (93%) ------------------> $34.41
Maximum negotiated charge amount (95%) ------------------> $35.15
Aetna - negotiated charge amount (93%) ------------------> $34.41
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $35.15
Hometown Health - negotiated charge amount (95%) ------------------> $35.15
Prominence - negotiated charge amount (95%) ------------------> $35.15
All other insurances - non-negotiated charge amount (100%) ------------------> $37.00

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ---> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ---> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
**Mt. Grant General Hospital**

**Shoppable Services Report - Table II**

**CMS-1717-F2**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4201025</td>
<td>HCG QUAL SERUM</td>
<td>81025</td>
<td>307</td>
<td></td>
<td>$ 66.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Venipuncture - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

| Self-pay/Cash Price (50% of charges, if balance is paid in full) | $ 33.00 |
| Minimum negotiated charge amount (93%) | $ 61.38 |
| Maximum negotiated charge amount (95%) | $ 62.70 |
| Aetna - negotiated charge amount (93%) | $ 61.38 |
| Anthem Blue Cross - negotiated charge amount (95%) | $ 62.70 |
| Hometown Health - negotiated charge amount (95%) | $ 62.70 |
| Prominence - negotiated charge amount (95%) | $ 62.70 |
| All other insurances - non-negotiated charge amount (100%) | $ 66.00 |

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----- 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----- 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4201026</td>
<td>HCG QUAL URINE</td>
<td>81025</td>
<td>307</td>
<td></td>
<td>$ 43.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4201045 LIPASE</td>
<td>LIPASE</td>
<td>83690</td>
<td>301</td>
<td></td>
<td>$ 75.00</td>
</tr>
</tbody>
</table>

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-pay/Cash Price (50% of charges, if balance is paid in full)</td>
<td>$ 37.50</td>
</tr>
<tr>
<td>Minimum negotiated charge amount (93%)</td>
<td>$ 69.75</td>
</tr>
<tr>
<td>Maximum negotiated charge amount (95%)</td>
<td>$ 71.25</td>
</tr>
<tr>
<td>Aetna - negotiated charge amount (93%)</td>
<td>$ 69.75</td>
</tr>
<tr>
<td>Anthem Blue Cross - negotiated charge amount (95%)</td>
<td>$ 71.25</td>
</tr>
<tr>
<td>Hometown Health - negotiated charge amount (95%)</td>
<td>$ 71.25</td>
</tr>
<tr>
<td>Prominence - negotiated charge amount (95%)</td>
<td>$ 71.25</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$ 75.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
**Mt. Grant General Hospital**  
**Shoppable Services Report - Table II**  
(CMS-1717-F2)  

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4201055</strong> LITHIUM</td>
<td>LITHIUM</td>
<td>80178</td>
<td>301</td>
<td>$156.00</td>
<td></td>
</tr>
</tbody>
</table>

**Laboratory**

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Self-pay/Cash Price (50% of charges, if balance is paid in full) →</th>
<th>Minimum negotiated charge amount (93%) →</th>
<th>Maximum negotiated charge amount (95%) →</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
# Shoppable Services Report - Table II

**Mt. Grant General Hospital**

**Date Printed:** 01/04/2022  
**Last Update:** 01/04/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4201070</td>
<td>MAGNESIUM</td>
<td>83735</td>
<td>301</td>
<td></td>
<td>$89.00</td>
</tr>
</tbody>
</table>

**Laboratory**

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-pay/Cash Price (50% of charges, if balance is paid in full)</td>
<td>Minimum negotiated charge amount (93%)</td>
<td>Maximum negotiated charge amount (95%)</td>
<td>Aetna - negotiated charge amount (93%)</td>
<td>Anthem Blue Cross - negotiated charge amount (95%)</td>
<td>Hometown Health - negotiated charge amount (95%)</td>
</tr>
<tr>
<td>$44.50</td>
<td>$82.77</td>
<td>$84.55</td>
<td>$82.77</td>
<td>$84.55</td>
<td>$84.55</td>
</tr>
</tbody>
</table>

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Shoppable Service: MONO SPOT TEST

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>86308</td>
<td>302</td>
<td></td>
<td>$67.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $67.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $33.50
- **Minimum negotiated charge amount (93%):** $62.31
- **Maximum negotiated charge amount (95%):** $63.65
- **Aetna - negotiated charge amount (93%):** $62.31
- **Anthem Blue Cross - negotiated charge amount (95%):** $63.65
- **Hometown Health - negotiated charge amount (95%):** $63.65
- **Prominence - negotiated charge amount (95%):** $63.65
- **All other insurances - non-negotiated charge amount (100%):** $67.00

**Laboratory:**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid, 35% patient discount on patient balances if the entire patient account or family account is paid in full. For patients who do not have insurance coverage, 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4201150 OCCULT BLOOD</td>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td>82270</td>
<td>301</td>
<td></td>
<td>$ 116.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Self-pay/Cash Price (50% of charges, if balance is paid in full)</th>
<th>Minimum negotiated charge amount (93%)</th>
<th>Maximum negotiated charge amount (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$ 58.00</td>
<td>$ 107.88</td>
<td>$ 110.20</td>
</tr>
</tbody>
</table>

Aetna - negotiated charge amount (93%) | $ 107.88
Anthem Blue Cross - negotiated charge amount (95%) | $ 110.20
Hometown Health - negotiated charge amount (95%) | $ 110.20
Prominence - negotiated charge amount (95%) | $ 110.20
All other insurances - non-negotiated charge amount (100%) | $ 116.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ---> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ---> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
### Shoppable Services Report - Table II

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4201151 OCCULT BLOOD (ONCE)</td>
<td></td>
<td>82274</td>
<td>301</td>
<td></td>
<td>$43.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Venipuncture - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

- Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

- For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPSC Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4201195 PHOSPHORUS INORGANIC</td>
<td>PHOSPHORUS INORGANIC</td>
<td>84100</td>
<td>301</td>
<td></td>
<td>57.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Venipuncture - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

**Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.**

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $28.50

Minimum negotiated charge amount (93%) ------------------> $53.01

Maximum negotiated charge amount (95%) ------------------> $54.15

<table>
<thead>
<tr>
<th>Insurance Provider</th>
<th>Negotiated Charge Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>$53.01</td>
</tr>
<tr>
<td>Anthem Blue Cross</td>
<td>$54.15</td>
</tr>
<tr>
<td>Hometown Health</td>
<td>$54.15</td>
</tr>
<tr>
<td>Prominence</td>
<td>$54.15</td>
</tr>
<tr>
<td>All other insurances</td>
<td>$57.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $57.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
| Shoppable Service | Primary Service and Ancillary Services | CPT Code | HCPCS Code | Revenue Code | Standard Charge |
|-------------------|---------------------------------------|----------|------------|--------------|----------------|----------------|
| 4201203 D-DIMER   | D-DIMER                               | 85362    | 305        |              | $67.00         |

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $33.50
Minimum negotiated charge amount (93%) ------------------> $62.31
Maximum negotiated charge amount (95%) ------------------> $63.65
Aetna - negotiated charge amount (93%) ------------------> $62.31
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $63.65
Hometown Health - negotiated charge amount (95%) ------------------> $63.65
Prominence - negotiated charge amount (95%) ------------------> $63.65
All other insurances - non-negotiated charge amount (100%) ------------------> $67.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>POTASSIUM</td>
<td>84132</td>
<td>301</td>
<td></td>
<td>$51.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $51.00

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------$25.50

Minimum negotiated charge amount (93%) ------------------$47.43

Maximum negotiated charge amount (95%) ------------------$48.45

Aetna - negotiated charge amount (93%) ------------------$47.43

Anthem Blue Cross - negotiated charge amount (95%) ------------------$48.45

Hometown Health - negotiated charge amount (95%) ------------------$48.45

Prominence - negotiated charge amount (95%) ------------------$48.45

All other insurances - non-negotiated charge amount (100%) ------------------$51.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ---> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ---> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSA SCREEN</td>
<td>PSA SCREEN</td>
<td>G0103</td>
<td>301</td>
<td></td>
<td>$ 128.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 128.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 64.00
Minimum negotiated charge amount (93%) ------------------> $ 119.04
Maximum negotiated charge amount (95%) ------------------> $ 121.60
Aetna - negotiated charge amount (93%) ------------------> $ 119.04
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 121.60
Hometown Health - negotiated charge amount (95%) ------------------> $ 121.60
Prominence - negotiated charge amount (95%) ------------------> $ 121.60
All other insurances - non-negotiated charge amount (100%) ------------------> $ 128.00

---

Laboratory

Venipuncture - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSA DIAGNOSTIC</td>
<td>PSA DIAGNOSTIC</td>
<td>4201255</td>
<td>301</td>
<td>$125.00</td>
<td>84153</td>
<td>301</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $125.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full)------------>** $62.50

**Minimum negotiated charge amount (93%) --------------->** $116.25

**Maximum negotiated charge amount (95%) --------------->** $118.75

**Aetna - negotiated charge amount (93%) ----------------->** $116.25

**Anthem Blue Cross - negotiated charge amount (95%) ----------------->** $118.75

**Hometown Health - negotiated charge amount (95%) ----------------->** $118.75

**Prominence - negotiated charge amount (95%) ----------------->** $118.75

**All other insurances - non-negotiated charge amount (100%) ----------------->** $125.00

---

**Laboratory**

**CMS-Specified Shoppable Service**

Laboratory services include copays, deductibles, and coinsurance. Copays, deductibles, and coinsurance are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
# Shoppable Services Report - Table II

## Mt. Grant General Hospital

Date Printed: 01/04/2022  
Last Update: 01/04/2022

### Use CTRL-F to SEARCH

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4201295</strong> PROTIME W/INR</td>
<td></td>
<td>85610</td>
<td>305</td>
<td></td>
<td>$76.00</td>
</tr>
</tbody>
</table>

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

---

**CMS-Specified Shoppable Service**

**Laboratory**

<table>
<thead>
<tr>
<th>Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.</th>
</tr>
</thead>
</table>

**Total of Standard Charges:** $76.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid:  
----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage:  
----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

---

**Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $38.00

**Minimum negotiated charge amount (93%)**: $70.68

**Maximum negotiated charge amount (95%)**: $72.20

**Aetna - negotiated charge amount (93%)**: $70.68

**Anthem Blue Cross - negotiated charge amount (95%)**: $72.20

**Hometown Health - negotiated charge amount (95%)**: $72.20

**Prominence - negotiated charge amount (95%)**: $72.20

**All other insurances - non-negotiated charge amount (100%)**: $76.00
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4201305 PTT</td>
<td></td>
<td>85730</td>
<td>305</td>
<td></td>
<td>$ 105.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**  
$ 105.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full)--------------->**  
$ 52.50

**Minimum negotiated charge amount (93%) -------------->**  
$ 97.65

**Maximum negotiated charge amount (95%) -------------->**  
$ 99.75

**Aetna - negotiated charge amount (93%) -------------->**  
$ 97.65

**Anthem Blue Cross - negotiated charge amount (95%) ----------->**  
$ 99.75

**Hometown Health - negotiated charge amount (95%) -------------->**  
$ 99.75

**Prominence - negotiated charge amount (95%) -------------->**  
$ 99.75

**All other insurances - non-negotiated charge amount (100%) -------------->**  
$ 105.00

**CMS-Specified Shoppable Service**

Laboratory

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4201320 RSV</td>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td>4201320</td>
<td>RSV</td>
<td>86756</td>
<td>$ 158.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)-------------------> $ 79.00
Minimum negotiated charge amount (93%) -------------------> $ 146.94
Maximum negotiated charge amount (95%) -------------------> $ 150.10

Aetna - negotiated charge amount (93%) -------------------> $ 146.94
Anthem Blue Cross - negotiated charge amount (95%) -------------------> $ 150.10
Hometown Health - negotiated charge amount (95%) -------------------> $ 150.10
Prominence - negotiated charge amount (95%) -------------------> $ 150.10
All other insurances - non-negotiated charge amount (100%) -------------------> $ 158.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>RH BLOOD TYPING</td>
<td></td>
<td>86901</td>
<td>300</td>
<td></td>
<td>$ 61.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

- Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 30.50
- Minimum negotiated charge amount (93%) ------------------> $ 56.73
- Maximum negotiated charge amount (95%) ------------------> $ 57.95
- Aetna - negotiated charge amount (93%) ------------------> $ 56.73
- Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 57.95
- Hometown Health - negotiated charge amount (95%) ------------------> $ 57.95
- Prominence - negotiated charge amount (95%) ------------------> $ 57.95
- All other insurances - non-negotiated charge amount (100%) ------------------> $ 61.00

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
**Shoppable Services Report - Table II**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4201345 SALICYLATES</td>
<td></td>
<td>80329</td>
<td>301</td>
<td>$141.00</td>
<td></td>
</tr>
</tbody>
</table>

**Laboratory**

**INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY**

**VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary**

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $70.50
- **Minimum negotiated charge amount (93%)**: $131.13
- **Maximum negotiated charge amount (95%)**: $133.95
- **Aetna - negotiated charge amount (93%)**: $131.13
- **Anthem Blue Cross - negotiated charge amount (95%)**: $133.95
- **Hometown Health - negotiated charge amount (95%)**: $133.95
- **Prominence - negotiated charge amount (95%)**: $133.95
- **All other insurances - non-negotiated charge amount (100%)**: $141.00

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

- **For patients with insurance who have a patient balance after insurance has paid**: 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- **For patients who do not have insurance coverage**: 50% patient discount if the self-pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Shoppable Services Report - Table II

**Mt. Grant General Hospital**

**CMS-1717-F2**

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>&lt;OR&gt;</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4201355 SED RATE (ESR)</strong></td>
<td></td>
<td>85651</td>
<td>305</td>
<td>$ 67.00</td>
<td>$ 67.00</td>
<td></td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 33.50
- **Minimum negotiated charge amount (93%)**: $ 62.31
- **Maximum negotiated charge amount (95%)**: $ 63.65
- **Aetna - negotiated charge amount (93%)**: $ 62.31
- **Anthem Blue Cross - negotiated charge amount (95%)**: $ 63.65
- **Hometown Health - negotiated charge amount (95%)**: $ 63.65
- **Prominence - negotiated charge amount (95%)**: $ 63.65
- **All other insurances - non-negotiated charge amount (100%)**: $ 67.00

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4201470 TSH</td>
<td></td>
<td>84443</td>
<td>301</td>
<td></td>
<td>$128.00</td>
</tr>
</tbody>
</table>

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------>$64.00
Minimum negotiated charge amount (93%)------------------>$119.04
Maximum negotiated charge amount (95%)------------------>$121.60
Aetna - negotiated charge amount (93%)------------------>$119.04
Anthem Blue Cross - negotiated charge amount (95%)------------------>$121.60
Hometown Health - negotiated charge amount (95%)------------------>$121.60
Prominence - negotiated charge amount (95%)------------------>$121.60
All other insurances - non-negotiated charge amount (100%)------------------>$128.00

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4201475</td>
<td>FREE T4</td>
<td>84439</td>
<td>301</td>
<td></td>
<td>$128.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
# Shoppable Services Report - Table II

**Mt. Grant General Hospital**

**INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>84484</td>
<td>301</td>
<td></td>
<td>$ 109.00</td>
</tr>
</tbody>
</table>

**Laboratory**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>TROPONIN</td>
<td><img src="https://example.com/troponin" alt="TROPONIN" /></td>
</tr>
</tbody>
</table>

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

---

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Mt. Grant General Hospital

### Shoppable Services Report - Table II

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid, a 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage, a 50% patient discount if the self-pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services, additional charges are possible based on the circumstances of each hospital/clinic visit.

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4201515</strong> BUN</td>
<td></td>
<td>84520</td>
<td>301</td>
<td></td>
<td><strong>$ 60.00</strong></td>
</tr>
</tbody>
</table>

**Laboratory**

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

Copays, deductibles, and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full) $ 30.00

Minimum negotiated charge amount (93%) $ 55.80

Maximum negotiated charge amount (95%) $ 57.00

Aetna - negotiated charge amount (93%) $ 55.80

Anthem Blue Cross - negotiated charge amount (95%) $ 57.00

Hometown Health - negotiated charge amount (95%) $ 57.00

Prominence - negotiated charge amount (95%) $ 57.00

All other insurances - non-negotiated charge amount (100%) $ 60.00

Total of Standard Charges: **$ 60.00**

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid, a 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage, a 50% patient discount if the self-pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services, additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4201520</td>
<td>URIC ACID</td>
<td>84550</td>
<td>301</td>
<td></td>
<td>$ 67.00</td>
</tr>
</tbody>
</table>

**Laboratory**

**Note:** Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Total of Standard Charges:** $ 67.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $ 33.50
- **Minimum negotiated charge amount (93%):** $ 62.31
- **Maximum negotiated charge amount (95%):** $ 63.65
- **Aetna - negotiated charge amount (93%):** $ 62.31
- **Anthem Blue Cross - negotiated charge amount (95%):** $ 63.65
- **Hometown Health - negotiated charge amount (95%):** $ 63.65
- **Prominence - negotiated charge amount (95%):** $ 63.65
- **All other insurances - non-negotiated charge amount (100%):** $ 67.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

- **For patients with insurance who have a patient balance after insurance has paid:** 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- **For patients who do not have insurance coverage:** 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4201523</td>
<td>URINALYSIS W/O MICRO</td>
<td>81003</td>
<td>307</td>
<td></td>
<td>$ 91.00</td>
</tr>
</tbody>
</table>

Venipuncture - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 45.50
Minimum negotiated charge amount (93%) ------------------> $ 84.63
Maximum negotiated charge amount (95%) ------------------> $ 86.45
Aetna - negotiated charge amount (93%) ------------------> $ 84.63
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 86.45
Hometown Health - negotiated charge amount (95%) ------------------> $ 86.45
Prominence - negotiated charge amount (95%) ------------------> $ 86.45
All other insurances - non-negotiated charge amount (100%) ------------------> $ 91.00

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
## Shoppable Services Report - Table II

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>80202</td>
<td>301</td>
<td></td>
<td>$ 156.00</td>
</tr>
</tbody>
</table>

### Total of Standard Charges:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total of Standard Charges:</td>
<td>$ 156.00</td>
</tr>
</tbody>
</table>

### Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 78.00

### Minimum negotiated charge amount (93%) ------------------> $ 145.08

### Maximum negotiated charge amount (95%) ------------------> $ 148.20

### Aetna - negotiated charge amount (93%) ------------------> $ 145.08

### Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 148.20

### Hometown Health - negotiated charge amount (95%) ------------------> $ 148.20

### Prominence - negotiated charge amount (95%) ------------------> $ 148.20

### All other insurances - non-negotiated charge amount (100%) ------------------> $ 156.00

---

**Laboratory**

Venipuncture - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Mt. Grant General Hospital

**Shoppable Services Report - Table II**

**Mt. Grant General Hospital**

**Date Printed:** 01/04/2022  
**Last Update:** 01/04/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4201570 VANCOMYCIN TROUGH</td>
<td>VANCOMYCIN TROUGH</td>
<td>80202</td>
<td>301</td>
<td>$ 156.00</td>
<td></td>
</tr>
<tr>
<td><strong>Total of Standard Charges:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 156.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 78.00
- **Minimum negotiated charge amount (93%)**: $ 145.08
- **Maximum negotiated charge amount (95%)**: $ 148.20
- **Aetna - negotiated charge amount (93%)**: $ 145.08
- **Anthem Blue Cross - negotiated charge amount (95%)**: $ 148.20
- **Hometown Health - negotiated charge amount (95%)**: $ 148.20
- **Prominence - negotiated charge amount (95%)**: $ 148.20
- **All other insurances - non-negotiated charge amount (100%)**: $ 156.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid: 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage: 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.

**Use CTRL-F to SEARCH**
# Mt. Grant General Hospital

## Shoppable Services Report - Table II

(CMS-1717-F2)

### Shoppable Service

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4204123 PHENYTOIN (IN-HOUSE)</td>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td>80185</td>
<td>301</td>
<td></td>
<td>$156.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $156.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $78.00
- **Minimum negotiated charge amount (93%)**: $145.08
- **Maximum negotiated charge amount (95%)**: $148.20
- **Aetna - negotiated charge amount (93%)**: $145.08
- **Anthem Blue Cross - negotiated charge amount (95%)**: $148.20
- **Hometown Health - negotiated charge amount (95%)**: $148.20
- **Prominence - negotiated charge amount (95%)**: $148.20
- **All other insurances - non-negotiated charge amount (100%)**: $156.00

---

### Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid: 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage: 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>VENOUS BLOOD GAS (ISTAT) -- MGGH LAB</td>
<td>VENOUS BLOOD GAS (ISTAT) -- MGGH LAB</td>
<td>82805</td>
<td>301</td>
<td>$ 214.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 107.00
Minimum negotiated charge amount (93%) ------------------> $ 199.02
Maximum negotiated charge amount (95%) ------------------> $ 203.30
Aetna - negotiated charge amount (93%) ------------------> $ 199.02
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 203.30
Hometown Health - negotiated charge amount (95%) ------------------> $ 203.30
Prominence - negotiated charge amount (95%) ------------------> $ 203.30
All other insurances - non-negotiated charge amount (100%) ------------------> $ 214.00

**Laboratory**

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
# Mt. Grant General Hospital

## Shoppable Services Report - Table II

(Shoppable Services Report - Table II)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY</td>
<td>STREP</td>
<td>86063</td>
<td>302</td>
<td></td>
<td>$42.00</td>
</tr>
</tbody>
</table>

### 4206063 STREP

- **CPT Code**: 86063
- **HCPCS Code**: 302
- **Standard Charge**: $42.00

#### Laboratorary

**Laboratory**

- **VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid: 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage: 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE**: For all shoppable services, additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHEUMATOID FACTOR</td>
<td></td>
<td>4206431</td>
<td>86431</td>
<td>302</td>
<td>$ 28.00</td>
</tr>
</tbody>
</table>

**Laboratory**

- VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

---

Use CTRL-F to SEARCH

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage --> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4207449</td>
<td>FLU TEST</td>
<td>87804</td>
<td>300</td>
<td>$61.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Self-pay/Cash Price (50% of charges, if balance is paid in full)**

- $30.50

**Minimum negotiated charge amount (93%)**

- $56.73

**Maximum negotiated charge amount (95%)**

- $57.95

**Aetna - negotiated charge amount (93%)**

- $56.73

**Anthem Blue Cross - negotiated charge amount (95%)**

- $57.95

**Hometown Health - negotiated charge amount (95%)**

- $57.95

**Prominence - negotiated charge amount (95%)**

- $57.95

**All other insurances - non-negotiated charge amount (100%)**

- $61.00

---

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
## Mt. Grant General Hospital

**Shoppable Services Report - Table II**

(CMS-1717-F2)

### INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4207891 LACTIC ACID (IN-HOUSE)</td>
<td>4207891 LACTIC ACID (IN-HOUSE)</td>
<td>83605</td>
<td>301</td>
<td></td>
<td>$112.00</td>
</tr>
</tbody>
</table>

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

| | | | | | | |
| | | | | | | |

| | | | | | |

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $56.00
- **Minimum negotiated charge amount (93%)**: $104.16
- **Maximum negotiated charge amount (95%)**: $106.40
- **Aetna - negotiated charge amount (93%)**: $104.16
- **Anthem Blue Cross - negotiated charge amount (95%)**: $106.40
- **Hometown Health - negotiated charge amount (95%)**: $106.40
- **Prominence - negotiated charge amount (95%)**: $106.40
- **All other insurances - non-negotiated charge amount (100%)**: $112.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid: 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage: 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
### Shoppable Services Report - Table II

Mt. Grant General Hospital

**Shoppable Service** | **Primary Service and Ancillary Services** | **CPT Code** | **HCPCS Code** | **Revenue Code** | **Standard Charge**
--- | --- | --- | --- | --- | ---
4208101 URINE MICRO | 81015 | 307 | $84.00

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

<table>
<thead>
<tr>
<th><strong>Laboratory</strong></th>
</tr>
</thead>
</table>

**Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.**

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

### Mt. Grant General Hospital

**Inpatient, Outpatient, Swing Bed or Skilled Nursing Facility**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4210007 BLOOD CULTURE</strong></td>
<td></td>
<td>87040</td>
<td>306</td>
<td></td>
<td>$112.00</td>
</tr>
</tbody>
</table>

**Venipuncture** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

- Self-pay/Cash Price (50% of charges, if balance is paid in full)→ $56.00
- Minimum negotiated charge amount (93%) → $104.16
- Maximum negotiated charge amount (95%) → $106.40
- Aetna - negotiated charge amount (93%) → $104.16
- Anthem Blue Cross - negotiated charge amount (95%) → $106.40
- Hometown Health - negotiated charge amount (95%) → $106.40
- Prominence - negotiated charge amount (95%) → $106.40
- All other insurances - non-negotiated charge amount (100%) → $112.00

---

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

### Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid → 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage → 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**Note:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV 1/2 AG,AB W/RX,4GEN</td>
<td>HIV 1/2 AG,AB W/RX,4GEN</td>
<td>4210012</td>
<td>87389</td>
<td>302</td>
<td>$290.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Self-pay/Cash Price (50% of charges, if balance is paid in full)**

- $145.00

**Minimum negotiated charge amount (93%)**

- $269.70

**Maximum negotiated charge amount (95%)**

- $275.50

**Aetna - negotiated charge amount (93%)**

- $269.70

**Anthem Blue Cross - negotiated charge amount (95%)**

- $275.50

**Hometown Health - negotiated charge amount (95%)**

- $275.50

**Prominence - negotiated charge amount (95%)**

- $275.50

**All other insurances - non-negotiated charge amount (100%)**

- $290.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Mt. Grant General Hospital

**Shoppable Services Report - Table II**  
*(CMS-1717-F2)*

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210017</td>
<td>HEPATITIS C VIRAL RNA, GENOTYPE</td>
<td>87902</td>
<td>301</td>
<td></td>
<td>$ 868.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

**Total of Standard Charges:** $ 868.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $ 434.00
- **Minimum negotiated charge amount (93%):** $ 807.24
- **Maximum negotiated charge amount (95%):** $ 824.60
- **Aetna - negotiated charge amount (93%):** $ 807.24
- **Anthem Blue Cross - negotiated charge amount (95%):** $ 824.60
- **Hometown Health - negotiated charge amount (95%):** $ 824.60
- **Prominence - negotiated charge amount (95%):** $ 824.60
- **All other insurances - non-negotiated charge amount (100%):** $ 868.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210120 ACTH, PLASMA</td>
<td></td>
<td>82024</td>
<td>301</td>
<td></td>
<td>$382.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $191.00

Minimum negotiated charge amount (93%) ------------------> $355.26

Maximum negotiated charge amount (95%) ------------------> $362.90

Aetna - negotiated charge amount (93%) ------------------> $355.26

Anthem Blue Cross - negotiated charge amount (95%) ------------------> $362.90

Hometown Health - negotiated charge amount (95%) ------------------> $362.90

Prominence - negotiated charge amount (95%) ------------------> $362.90

All other insurances - non-negotiated charge amount (100%) ------------------> $382.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
### Shoppable Services Report - Table II

**Mt. Grant General Hospital**

**Shoppable Services Report - Table II**
**(CMS-1717-F2)**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRP-HS (HIGH SENSITIVITY)</td>
<td>CRP-HS (HIGH SENSITIVITY)</td>
<td>86141</td>
<td>301</td>
<td>$40.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $40.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $20.00
- **Minimum negotiated charge amount (93%)**: $37.20
- **Maximum negotiated charge amount (95%)**: $38.00
- **Aetna - negotiated charge amount (93%)**: $37.20
- **Anthem Blue Cross - negotiated charge amount (95%)**: $38.00
- **Hometown Health - negotiated charge amount (95%)**: $38.00
- **Prominence - negotiated charge amount (95%)**: $38.00
- **All other insurances - non-negotiated charge amount (100%)**: $40.00

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
## Shoppable Services Report - Table II

### Mt. Grant General Hospital

**CMC-1717-F2**

### INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210135</td>
<td>ALPHA-FETOPROTEIN, TUMOR MARKER</td>
<td>82105</td>
<td>301</td>
<td></td>
<td>$ 97.00</td>
</tr>
<tr>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-pay/Cash Price (50% of charges, if balance is paid in full)</td>
<td>$ 48.50</td>
</tr>
<tr>
<td>Minimum negotiated charge amount (93%)</td>
<td>$ 90.21</td>
</tr>
<tr>
<td>Maximum negotiated charge amount (95%)</td>
<td>$ 92.15</td>
</tr>
<tr>
<td>Aetna - negotiated charge amount (93%)</td>
<td>$ 90.21</td>
</tr>
<tr>
<td>Anthem Blue Cross - negotiated charge amount (95%)</td>
<td>$ 92.15</td>
</tr>
<tr>
<td>Hometown Health - negotiated charge amount (95%)</td>
<td>$ 92.15</td>
</tr>
<tr>
<td>Prominence - negotiated charge amount (95%)</td>
<td>$ 92.15</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$ 97.00</td>
</tr>
</tbody>
</table>

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid, -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage, ------> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

---
## Shoppable Service Report - Table II

### Mt. Grant General Hospital

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>82140</td>
<td>301</td>
<td></td>
<td>$ 81.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 81.00

---

### Laboratory

_Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique._

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 40.50
- **Minimum negotiated charge amount (93%)**: $ 75.33
- **Maximum negotiated charge amount (95%)**: $ 76.95
- **Aetna - negotiated charge amount (93%)**: $ 75.33
- **Anthem Blue Cross - negotiated charge amount (95%)**: $ 76.95
- **Hometown Health - negotiated charge amount (95%)**: $ 76.95
- **Prominence - negotiated charge amount (95%)**: $ 76.95
- **All other insurances - non-negotiated charge amount (100%)**: $ 81.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid: 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage: 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

---

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210255</td>
<td>ANA IFA SCREEN W/REFLEX TO TITER AND PATTERN, IFA</td>
<td>86038</td>
<td>300</td>
<td></td>
<td>$ 49.00</td>
</tr>
<tr>
<td>4210260</td>
<td>ANA IFA TITER; ANA PATTERN</td>
<td>86039</td>
<td>302</td>
<td></td>
<td>$ 60.00</td>
</tr>
</tbody>
</table>

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------ $ 54.50
Minimum negotiated charge amount (93%) ------------------ $ 101.37
Maximum negotiated charge amount (95%) ------------------ $ 103.55
Aetna - negotiated charge amount (93%) ------------------ $ 101.37
Anthem Blue Cross - negotiated charge amount (95%) ------------------ $ 103.55
Hometown Health - negotiated charge amount (95%) ------------------ $ 103.55
Prominence - negotiated charge amount (95%) ------------------ $ 103.55
All other insurances - non-negotiated charge amount (100%) ------------------ $ 109.00

Total of Standard Charges: $ 109.00

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Mt. Grant General Hospital

### Shoppable Services Report - Table II

(CMS-1717-F2)

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid  
----- 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage  
----- 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAGINAL CULTURE</td>
<td>VAGINAL CULTURE</td>
<td>87070</td>
<td>306</td>
<td></td>
<td>$ 116.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 116.00

- Self-pay/Cash Price (50% of charges, if balance is paid in full)--------> $ 58.00
- Minimum negotiated charge amount (93%) -----------------> $ 107.88
- Maximum negotiated charge amount (95%) -----------------> $ 110.20
- Aetna - negotiated charge amount (93%) ------------------> $ 107.88
- Anthem Blue Cross - negotiated charge amount (95%) --------------> $ 110.20
- Hometown Health - negotiated charge amount (95%) --------------> $ 110.20
- Prominence - negotiated charge amount (95%) ------------------> $ 110.20
- All other insurances - non-negotiated charge amount (100%) ---------> $ 116.00

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Use CTRL-F to SEARCH**

**INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY**

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETA-2-MICROGLOBULIN</td>
<td></td>
<td>82232</td>
<td>301</td>
<td></td>
<td>$320.00</td>
</tr>
</tbody>
</table>

**INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY**

**4210315**  BETA-2-MICROGLOBULIN

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>82232</td>
<td>301</td>
<td></td>
<td>$320.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $320.00

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $160.00

Minimum negotiated charge amount (93%) ------------------> $297.60

Maximum negotiated charge amount (95%) ------------------> $304.00

Aetna - negotiated charge amount (93%) ------------------> $297.60

Anthem Blue Cross - negotiated charge amount (95%) ------------------> $304.00

Hometown Health - negotiated charge amount (95%) ------------------> $304.00

Prominence - negotiated charge amount (95%) ------------------> $304.00

All other insurances - non-negotiated charge amount (100%) ------------------> $320.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

### Mt. Grant General Hospital

**Shoppable Service Report** (CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BK VIRUS DNA, QUANTITATIVE REAL-TIME PCR, URINE</strong></td>
<td></td>
<td>87799</td>
<td>301</td>
<td></td>
<td>$608.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles, and coinsurance are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self-pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210330</td>
<td>C. DIFFICILE TOXIN B, PCR</td>
<td>87493</td>
<td>301</td>
<td></td>
<td>$ 417.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 417.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) $ 208.50

Minimum negotiated charge amount (93%) $ 387.81
Maximum negotiated charge amount (95%) $ 396.15

Aetna - negotiated charge amount (93%) $ 387.81
Anthem Blue Cross - negotiated charge amount (95%) $ 396.15
Hometown Health - negotiated charge amount (95%) $ 396.15
Prominence - negotiated charge amount (95%) $ 396.15
All other insurances - non-negotiated charge amount (100%) $ 417.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Mt. Grant General Hospital
### Shoppable Services Report - Table II
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210335</td>
<td>CA 125</td>
<td>86304</td>
<td>301</td>
<td></td>
<td>$95.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $95.00

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Laboratory

<table>
<thead>
<tr>
<th>Model</th>
<th>Description</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full)--> $47.50
Minimum negotiated charge amount (93%) --> $88.35
Maximum negotiated charge amount (95%) --> $90.25

Aetna - negotiated charge amount (93%) --> $88.35
Anthem Blue Cross - negotiated charge amount (95%) --> $90.25
Hometown Health - negotiated charge amount (95%) --> $90.25
Prominence - negotiated charge amount (95%) --> $90.25
All other insurances - non-negotiated charge amount (100%) --> $95.00

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210340 CA 19-9</td>
<td>VENIPUNCTURE</td>
<td>86301</td>
<td>301</td>
<td></td>
<td>$ 75.00</td>
</tr>
</tbody>
</table>

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

Laboratory

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------>  $ 37.50
Minimum negotiated charge amount (93%) ------------------>  $ 69.75
Maximum negotiated charge amount (95%) ------------------>  $ 71.25
Aetna - negotiated charge amount (93%) ------------------>  $ 69.75
Anthem Blue Cross - negotiated charge amount (95%) ------------------>  $ 71.25
Hometown Health - negotiated charge amount (95%) ------------------>  $ 71.25
Prominence - negotiated charge amount (95%) ------------------>  $ 71.25
All other insurances - non-negotiated charge amount (100%) ------------------>  $ 75.00

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>VENIPUNCTURE</td>
<td></td>
<td>86300</td>
<td>301</td>
<td></td>
<td>$ 101.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 101.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) $ 50.50
Minimum negotiated charge amount (93%) $ 93.93
Maximum negotiated charge amount (95%) $ 95.95
Aetna - negotiated charge amount (93%) $ 93.93
Anthem Blue Cross - negotiated charge amount (95%) $ 95.95
Hometown Health - negotiated charge amount (95%) $ 95.95
Prominence - negotiated charge amount (95%) $ 95.95
All other insurances - non-negotiated charge amount (100%) $ 101.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210350</td>
<td>CALCIUM, IONIZED</td>
<td>82330</td>
<td>301</td>
<td></td>
<td>$174.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles, and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-pay/Cash Price (50% of charges, if balance is paid in full)</td>
<td>$87.00</td>
</tr>
<tr>
<td>Minimum negotiated charge amount (93%)</td>
<td>$161.82</td>
</tr>
<tr>
<td>Maximum negotiated charge amount (95%)</td>
<td>$165.30</td>
</tr>
<tr>
<td>Aetna - negotiated charge amount (93%)</td>
<td>$161.82</td>
</tr>
<tr>
<td>Anthem Blue Cross - negotiated charge amount (95%)</td>
<td>$165.30</td>
</tr>
<tr>
<td>Hometown Health - negotiated charge amount (95%)</td>
<td>$165.30</td>
</tr>
<tr>
<td>Prominence - negotiated charge amount (95%)</td>
<td>$165.30</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$174.00</td>
</tr>
</tbody>
</table>

**Laboratory**

- VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

- For patients with insurance who have a patient balance after insurance has paid: 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- For patients who do not have insurance coverage: 50% patient discount if the self-pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Mt. Grant General Hospital

**Shoppable Services Report - Table II**

*(CMS-1717-F2)*

### INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CEA (CARCINOEMBRYONIC ANTIGEN)</strong></td>
<td></td>
<td>82378</td>
<td>301</td>
<td></td>
<td><strong>$ 106.00</strong></td>
</tr>
</tbody>
</table>

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

<table>
<thead>
<tr>
<th>Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.</th>
</tr>
</thead>
</table>

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $53.00
- **Minimum negotiated charge amount (93%)**: $98.58
- **Maximum negotiated charge amount (95%)**: $100.70
- **Aetna - negotiated charge amount (93%)**: $98.58
- **Anthem Blue Cross - negotiated charge amount (95%)**: $100.70
- **Hometown Health - negotiated charge amount (95%)**: $100.70
- **Prominence - negotiated charge amount (95%)**: $100.70
- **All other insurances - non-negotiated charge amount (100%)**: $106.00

**Laboratory**

---

### Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> **35%** patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> **50%** patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
### Use CTRL-F to SEARCH

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHLAMYDIA TRACHOMATIS RNA, TMA</td>
<td>CHLAMYDIA TRACHOMATIS RNA, TMA</td>
<td>87491</td>
<td>306</td>
<td>$ 47.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NEISSERIA GONORRHOEAE RNA, TMA</td>
<td>87591</td>
<td>306</td>
<td>$ 110.00</td>
<td></td>
</tr>
</tbody>
</table>

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

<table>
<thead>
<tr>
<th>Service</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHLAMYDIA TRACHOMATIS RNA, TMA</td>
<td>87491</td>
<td>306</td>
<td>$ 47.00</td>
<td></td>
</tr>
<tr>
<td>NEISSERIA GONORRHOEAE RNA, TMA</td>
<td>87591</td>
<td>306</td>
<td>$ 110.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

$ 157.00

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

<table>
<thead>
<tr>
<th>Service</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-pay/Cash Price (50% of charges, if balance is paid in full)</td>
<td></td>
<td></td>
<td>$ 78.50</td>
<td></td>
</tr>
<tr>
<td>Minimum negotiated charge amount (93%)</td>
<td></td>
<td></td>
<td>$ 146.01</td>
<td></td>
</tr>
<tr>
<td>Maximum negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td>$ 149.15</td>
<td></td>
</tr>
<tr>
<td>Aetna - negotiated charge amount (93%)</td>
<td></td>
<td></td>
<td>$ 146.01</td>
<td></td>
</tr>
<tr>
<td>Anthem Blue Cross - negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td>$ 149.15</td>
<td></td>
</tr>
<tr>
<td>Hometown Health - negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td>$ 149.15</td>
<td></td>
</tr>
<tr>
<td>Prominence - negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td>$ 149.15</td>
<td></td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td></td>
<td></td>
<td>$ 157.00</td>
<td></td>
</tr>
</tbody>
</table>

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit**
### Shoppable Services Report - Table II

**Mt. Grant General Hospital**

**Shoppable Services Report - Table II**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210395</td>
<td>COMPLEMENT COMPONENT C3C</td>
<td>86160</td>
<td>302</td>
<td></td>
<td>$122.00</td>
</tr>
</tbody>
</table>

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $61.00

Minimum negotiated charge amount (93%) ------------------> $113.46

Maximum negotiated charge amount (95%) ------------------> $115.90

Aetna - negotiated charge amount (93%) ------------------> $113.46

Anthem Blue Cross - negotiated charge amount (95%) ------------------> $115.90

Hometown Health - negotiated charge amount (95%) ------------------> $115.90

Prominence - negotiated charge amount (95%) ------------------> $115.90

All other insurances - non-negotiated charge amount (100%) ------------------> $122.00

---

**Laboratory**

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit**
## Mt. Grant General Hospital

### Shoppable Services Report - Table II

#### (CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210400</td>
<td>COMPLEMENT COMPONENT C4</td>
<td>86160</td>
<td>302</td>
<td></td>
<td>$153.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $76.50
- **Minimum negotiated charge amount (93%)**: $142.29
- **Maximum negotiated charge amount (95%)**: $145.35
- **Aetna - negotiated charge amount (93%)**: $142.29
- **Anthem Blue Cross - negotiated charge amount (95%)**: $145.35
- **Hometown Health - negotiated charge amount (95%)**: $145.35
- **Prominence - negotiated charge amount (95%)**: $145.35
- **All other insurances - non-negotiated charge amount (100%)**: $153.00

**Total of Standard Charges:** $153.00

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>VENIPUNCTURE</td>
<td></td>
<td>82533</td>
<td>301</td>
<td></td>
<td>$ 59.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 59.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 29.50
- **Minimum negotiated charge amount (93%)**: $ 54.87
- **Maximum negotiated charge amount (95%)**: $ 56.05
- **Aetna - negotiated charge amount (93%)**: $ 54.87
- **Anthem Blue Cross - negotiated charge amount (95%)**: $ 56.05
- **Hometown Health - negotiated charge amount (95%)**: $ 56.05
- **Prominence - negotiated charge amount (95%)**: $ 56.05
- **All other insurances - non-negotiated charge amount (100%)**: $ 59.00

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
# Mt. Grant General Hospital

**Shoppable Services Report - Table II**  
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-REACTIVE PROTEIN (CRP)</td>
<td>C-REACTIVE PROTEIN (CRP)</td>
<td>86140</td>
<td>300</td>
<td></td>
<td>$180.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $180.00

---

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

- Self-pay/Cash Price (50% of charges, if balance is paid in full)-------------------> $90.00
- Minimum negotiated charge amount (93%) -------------------> $167.40
- Maximum negotiated charge amount (95%) -------------------> $171.00
- Aetna - negotiated charge amount (93%) -------------------> $167.40
- Anthem Blue Cross - negotiated charge amount (95%) -------------------> $171.00
- Hometown Health - negotiated charge amount (95%) -------------------> $171.00
- Prominence - negotiated charge amount (95%) -------------------> $171.00
- All other insurances - non-negotiated charge amount (100%) -------------------> $180.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Service Report - Table II

### Mt. Grant General Hospital

**Shoppable Service** | **Primary Service and Ancillary Services** | **CPT Code** | **HCPCS Code** | **Revenue Code** | **Standard Charge**
--- | --- | --- | --- | --- | ---
4210425 | CULTURE, THROAT | 87070 | 306 | | $ 23.00

**CULTURE, THROAT**

| 4210425 | CULTURE, THROAT | 87070 | 306 | $ 23.00 |

**Laboratory**

- **VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

**Total of Standard Charges:** $ 23.00

| **Self-pay/Cash Price (50% of charges, if balance is paid in full)** | $ 11.50 |
| **Minimum negotiated charge amount (93%)** | $ 21.39 |
| **Maximum negotiated charge amount (95%)** | $ 21.85 |
| **Aetna - negotiated charge amount (93%)** | $ 21.39 |
| **Anthem Blue Cross - negotiated charge amount (95%)** | $ 21.85 |
| **Hometown Health - negotiated charge amount (95%)** | $ 21.85 |
| **Prominence - negotiated charge amount (95%)** | $ 21.85 |
| **All other insurances - non-negotiated charge amount (100%)** | $ 23.00 |

### Laboratory

- **Laboratory**

| **Copays, deductibles and co-insurances are not factored into these charge amounts since each patient’s insurance plan is unique.** |

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210430 CYCLIC CITRULLINATED PEPTIDE (CCP) ANTIBODY IGG</td>
<td>CYCLIC CITRULLINATED PEPTIDE (CCP) ANTIBODY IGG</td>
<td>86200</td>
<td>300</td>
<td></td>
<td>$69.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Venipuncture - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $34.50

Minimum negotiated charge amount (93%) --------------> $64.17

Maximum negotiated charge amount (95%) --------------> $65.55

Aetna - negotiated charge amount (93%) --------------> $64.17

Anthem Blue Cross - negotiated charge amount (95%) --------------> $65.55

Hometown Health - negotiated charge amount (95%) --------------> $65.55

Prominence - negotiated charge amount (95%) --------------> $65.55

All other insurances - non-negotiated charge amount (100%) --------------> $69.00

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210455 ESTRADIOL</td>
<td>82670</td>
<td>301</td>
<td>$69.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4210455 ESTRADIOL</td>
<td>82670</td>
<td>301</td>
<td>$69.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Laboratory**

- **VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

- For patients with insurance who have a patient balance after insurance has paid --- 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- For patients who do not have insurance coverage ---- 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210465 FERRITIN</td>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td>82728</td>
<td>301</td>
<td>$ 84.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210470 FOLATE</td>
<td>VATIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td>82746</td>
<td>301</td>
<td></td>
<td>$130.00</td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------ $65.00
Minimum negotiated charge amount (93%) ------------------ $120.90
Maximum negotiated charge amount (95%) ------------------ $123.50
Aetna - negotiated charge amount (93%) ------------------ $120.90
Anthem Blue Cross - negotiated charge amount (95%) ------------------ $123.50
Hometown Health - negotiated charge amount (95%) ------------------ $123.50
Prominence - negotiated charge amount (95%) ------------------ $123.50
All other insurances - non-negotiated charge amount (100%) ------------------ $130.00

Laboratory

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>83001</td>
<td>301</td>
<td>$36.00</td>
<td></td>
</tr>
</tbody>
</table>

**Inpatient, Outpatient, Swing Bed or Skilled Nursing Facility**

**4210480  FSH (FOLLICLE STIMULATING HORMONE)**

4210480  FSH (FOLLICLE STIMULATING HORMONE)  

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)----------------- $18.00
Minimum negotiated charge amount (93%)----------------- $33.48
Maximum negotiated charge amount (95%)----------------- $34.20

Aetna - negotiated charge amount (93%)----------------- $33.48
Anthem Blue Cross - negotiated charge amount (95%)----------------- $34.20
Hometown Health - negotiated charge amount (95%)----------------- $34.20
Prominence - negotiated charge amount (95%)----------------- $34.20
All other insurances - non-negotiated charge amount (100%)----------------- $36.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Shoppable Services Report - Table II (CMS-1717-F2)

**Mt. Grant General Hospital**

#### INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210515</td>
<td>HCG, TOTAL, QUANTITATIVE</td>
<td>84702</td>
<td>301</td>
<td></td>
<td>$84.00</td>
</tr>
</tbody>
</table>

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

<table>
<thead>
<tr>
<th>Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.</td>
</tr>
</tbody>
</table>

- Self-pay/Cash Price (50% of charges, if balance is paid in full) → $42.00
- Minimum negotiated charge amount (93%) → $78.12
- Maximum negotiated charge amount (95%) → $79.80
- Aetna - negotiated charge amount (93%) → $78.12
- Anthem Blue Cross - negotiated charge amount (95%) → $79.80
- Hometown Health - negotiated charge amount (95%) → $79.80
- Prominence - negotiated charge amount (95%) → $79.80
- All other insurances - non-negotiated charge amount (100%) → $84.00

**Total of Standard Charges:** $84.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid → 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage → 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Shoppable Services Report - Table II

#### Mt. Grant General Hospital

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEPATITIS A ANTIBODY, TOTAL</td>
<td>4210525, 4216504</td>
<td>86708</td>
<td>302</td>
<td>$84.00</td>
<td></td>
</tr>
<tr>
<td>HEPATITIS A ANTIBODY, TOTAL WITH REFLEX TO IGM</td>
<td>86708</td>
<td>302</td>
<td>$138.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Laboratory**

**Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.**

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**
  - $111.00
- **Minimum negotiated charge amount (93%)**
  - $206.46
- **Maximum negotiated charge amount (95%)**
  - $210.90
- **Aetna - negotiated charge amount (93%)**
  - $206.46
- **Anthem Blue Cross - negotiated charge amount (95%)**
  - $210.90
- **Hometown Health - negotiated charge amount (95%)**
  - $210.90
- **Prominence - negotiated charge amount (95%)**
  - $210.90
- **All other insurances - non-negotiated charge amount (100%)**
  - $222.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4210530</strong> HEPATITIS B CORE ANTIBODY, TOTAL</td>
<td></td>
<td>86704</td>
<td>302</td>
<td></td>
<td>$95.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)-------------------> $47.50
Minimum negotiated charge amount (93%) ------------------> $88.35
Maximum negotiated charge amount (95%) ------------------> $90.25

- Aetna - negotiated charge amount (93%) ------------------> $88.35
- Anthem Blue Cross - negotiated charge amount (95%) ------------------> $90.25
- Hometown Health - negotiated charge amount (95%) ------------------> $90.25
- Prominence - negotiated charge amount (95%) ------------------> $90.25
- All other insurances - non-negotiated charge amount (100%) ------------------> $95.00

Total of Standard Charges: $95.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Mt. Grant General Hospital
### Shoppable Services Report - Table II
(CMS-1717-F2)

<table>
<thead>
<tr>
<th></th>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210535</td>
<td>HEPATITIS B SURFACE ANTIBODY, QUALITATIVE</td>
<td>86706</td>
<td>300</td>
<td>$85.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

<table>
<thead>
<tr>
<th></th>
<th>Self-pay/Cash Price (50% of charges, if balance is paid in full)</th>
<th>Minimum negotiated charge amount (93%)</th>
<th>Maximum negotiated charge amount (95%)</th>
<th>Aetna - negotiated charge amount (93%)</th>
<th>Anthem Blue Cross - negotiated charge amount (95%)</th>
<th>Hometown Health - negotiated charge amount (95%)</th>
<th>Prominence - negotiated charge amount (95%)</th>
<th>All other insurances - non-negotiated charge amount (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$42.50</td>
<td>$79.05</td>
<td>$80.75</td>
<td>$79.05</td>
<td>$80.75</td>
<td>$80.75</td>
<td>$80.75</td>
<td>$85.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $85.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

**Mt. Grant General Hospital**

**Shoppable Services Report - Table II**
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4210540</strong></td>
<td>HEPATITIS B SURFACE ANTIBODY, QUANTITATIVE</td>
<td>86317</td>
<td>302</td>
<td>$82.00</td>
<td></td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

- Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $41.00
- Minimum negotiated charge amount (93%) ------------------> $76.26
- Maximum negotiated charge amount (95%) ------------------> $77.90
- Aetna - negotiated charge amount (93%) ------------------> $76.26
- Anthem Blue Cross - negotiated charge amount (95%) ------------------> $77.90
- Hometown Health - negotiated charge amount (95%) ------------------> $77.90
- Prominence - negotiated charge amount (95%) ------------------> $77.90
- All other insurances - non-negotiated charge amount (100%) ------------------> $82.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
### Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

---

### Shoppable Service Report - Table II

#### (CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B Surface Antigen with Reflex Confirmation</td>
<td>4210545</td>
<td>87340</td>
<td>302</td>
<td></td>
<td>$95.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

---

**Total of Standard Charges:**

**Self-pay/Cash Price (50% of charges, if balance is paid in full) $47.50**

**Minimum negotiated charge amount (93%) $88.35**

**Maximum negotiated charge amount (95%) $90.25**

- Aetna - negotiated charge amount (93%) $88.35
- Anthem Blue Cross - negotiated charge amount (95%) $90.25
- Hometown Health - negotiated charge amount (95%) $90.25
- Prominence - negotiated charge amount (95%) $90.25
- All other insurances - non-negotiated charge amount (100%) $95.00

---

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B Surface Antigen with Reflex Confirmation</td>
<td>4210545</td>
<td>87340</td>
<td>302</td>
<td></td>
<td>$95.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

---

**Total of Standard Charges:**

**Self-pay/Cash Price (50% of charges, if balance is paid in full) $47.50**

**Minimum negotiated charge amount (93%) $88.35**

**Maximum negotiated charge amount (95%) $90.25**

- Aetna - negotiated charge amount (93%) $88.35
- Anthem Blue Cross - negotiated charge amount (95%) $90.25
- Hometown Health - negotiated charge amount (95%) $90.25
- Prominence - negotiated charge amount (95%) $90.25
- All other insurances - non-negotiated charge amount (100%) $95.00

---

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4210550</td>
<td>HEPATITIS C ANTIBODY</td>
<td>86803</td>
<td>302</td>
<td></td>
<td>$87.00</td>
</tr>
<tr>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)→** $43.50
- **Minimum negotiated charge amount (93%)→** $80.91
- **Maximum negotiated charge amount (95%)→** $82.65
- **Aetna - negotiated charge amount (93%)→** $80.91
- **Anthem Blue Cross - negotiated charge amount (95%)→** $82.65
- **Hometown Health - negotiated charge amount (95%)→** $82.65
- **Prominence - negotiated charge amount (95%)→** $82.65
- **All other insurances - non-negotiated charge amount (100%)→** $87.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid → 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage → 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
### Shoppable Service

**HEPATITIS C VIRUS RNA, QUANTITATIVE, REAL-TIME PCR**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>87522</td>
<td>300</td>
<td></td>
<td>$ 610.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 610.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full):** $ 305.00

**Minimum negotiated charge amount (93%):** $ 567.30

**Maximum negotiated charge amount (95%):** $ 579.50

**Aetna - negotiated charge amount (93%):** $ 567.30

**Anthem Blue Cross - negotiated charge amount (95%):** $ 579.50

**Hometown Health - negotiated charge amount (95%):** $ 579.50

**Prominence - negotiated charge amount (95%):** $ 579.50

**All other insurances - non-negotiated charge amount (100%):** $ 610.00

---

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

**Mt. Grant General Hospital**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210565 HIV ANTIBODIES, HIV-1/2</td>
<td></td>
<td>86701</td>
<td>300</td>
<td></td>
<td>$84.00</td>
</tr>
</tbody>
</table>

**Laboratory**

- **VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210570</td>
<td>HLA-B27 ANTIGEN</td>
<td>86812</td>
<td>301</td>
<td></td>
<td>$468.00</td>
</tr>
</tbody>
</table>

**Laboratory**

- Venipuncture - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

**Notes:**
- Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.
- This information will be updated annually.
- For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210585 IGA, SERUM</td>
<td></td>
<td>82784</td>
<td>301</td>
<td></td>
<td>$ 18.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 18.00

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full) -> $ 9.00

Minimum negotiated charge amount (93%) -> $ 16.74

Maximum negotiated charge amount (95%) -> $ 17.10

- Aetna - negotiated charge amount (93%) -> $ 16.74
- Anthem Blue Cross - negotiated charge amount (95%) -> $ 17.10
- Hometown Health - negotiated charge amount (95%) -> $ 17.10
- Prominence - negotiated charge amount (95%) -> $ 17.10
- All other insurances - non-negotiated charge amount (100%) -> $ 18.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
## Shoppable Service Report

### Table II

**Mt. Grant General Hospital**

**Shopable Services Report - Table II**  
*(CMS-1717-F2)*

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210595 IGG, SERUM</td>
<td></td>
<td>82784</td>
<td>301</td>
<td></td>
<td>$128.00</td>
</tr>
</tbody>
</table>

**Laboratory**

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

- Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $64.00
- Minimum negotiated charge amount (93%) ------------------> $119.04
- Maximum negotiated charge amount (95%) ------------------> $121.60
- Aetna - negotiated charge amount (93%) ------------------> $119.04
- Anthem Blue Cross - negotiated charge amount (95%) ------------------> $121.60
- Hometown Health - negotiated charge amount (95%) ------------------> $121.60
- Prominence - negotiated charge amount (95%) ------------------> $121.60
- All other insurances - non-negotiated charge amount (100%) ------------------> $128.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210600 IGM, SERUM</td>
<td>4210600 IGM, SERUM</td>
<td>82784</td>
<td>301</td>
<td></td>
<td>$128.00</td>
</tr>
</tbody>
</table>

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

<table>
<thead>
<tr>
<th></th>
<th>Self-pay/Cash Price (50% of charges, if balance is paid in full)</th>
<th>Minimum negotiated charge amount (93%)</th>
<th>Maximum negotiated charge amount (95%)</th>
<th>Aetna - negotiated charge amount (93%)</th>
<th>Anthem Blue Cross - negotiated charge amount (95%)</th>
<th>Hometown Health - negotiated charge amount (95%)</th>
<th>Prominence - negotiated charge amount (95%)</th>
<th>All other insurances - non-negotiated charge amount (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$64.00</td>
<td>$119.04</td>
<td>$121.60</td>
<td>$119.04</td>
<td>$121.60</td>
<td>$121.60</td>
<td>$121.60</td>
<td>$128.00</td>
</tr>
</tbody>
</table>

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210605</td>
<td>INSULIN, FASTING</td>
<td>83525</td>
<td>301</td>
<td></td>
<td>$ 75.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 75.00

<table>
<thead>
<tr>
<th>Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.</th>
</tr>
</thead>
</table>

- Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 37.50
- Minimum negotiated charge amount (93%) ------------------> $ 69.75
- Maximum negotiated charge amount (95%) ------------------> $ 71.25
- Aetna - negotiated charge amount (93%) ------------------> $ 69.75
- Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 71.25
- Hometown Health - negotiated charge amount (95%) ------------------> $ 71.25
- Prominence - negotiated charge amount (95%) ------------------> $ 71.25
- All other insurances - non-negotiated charge amount (100%) ------------------> $ 75.00

**Laboratory**

<table>
<thead>
<tr>
<th>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</th>
</tr>
</thead>
</table>

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

**Mt. Grant General Hospital**

Shoppable Services Report - Table II

(CMS-1717-F2)
## Shoppable Services Report - Table II

### Shoppable Service

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210610 IRON, TOTAL</td>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td>83540</td>
<td>301</td>
<td>$50.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $50.00

### Laborator

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full) -> $25.00

Minimum negotiated charge amount (93%) -> $46.50

Maximum negotiated charge amount (95%) -> $47.50

Aetna - negotiated charge amount (93%) -> $46.50

Anthem Blue Cross - negotiated charge amount (95%) -> $47.50

Hometown Health - negotiated charge amount (95%) -> $47.50

Prominence - negotiated charge amount (95%) -> $47.50

All other insurances - non-negotiated charge amount (100%) -> $50.00

### Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210620 LDH LACTATE DEHYDROGENASE (LD)</td>
<td>LDH LACTATE DEHYDROGENASE (LD)</td>
<td>83615</td>
<td>301</td>
<td></td>
<td>$63.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $63.00

**Laboratory**

**Use CTRL-F to SEARCH**

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

---

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>83002</td>
<td>301</td>
<td></td>
<td>$137.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $68.50
- **Minimum negotiated charge amount (93%)**: $127.41
- **Maximum negotiated charge amount (95%)**: $130.15
- **Aetna - negotiated charge amount (93%)**: $127.41
- **Anthem Blue Cross - negotiated charge amount (95%)**: $130.15
- **Hometown Health - negotiated charge amount (95%)**: $130.15
- **Prominence - negotiated charge amount (95%)**: $130.15
- **All other insurances - non-negotiated charge amount (100%)**: $137.00

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Venipuncture** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

**Mt. Grant General Hospital**

**Shoppable Service**

**Primary Service and Ancillary Services**

### Shoppable Services

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4210680** PHENYTOIN

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>80185</td>
<td>301</td>
<td>$ 156.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 156.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 78.00
- **Minimum negotiated charge amount (93%)**: $ 145.08
- **Maximum negotiated charge amount (95%)**: $ 148.20
- **Aetna - negotiated charge amount (93%)**: $ 145.08
- **Anthem Blue Cross - negotiated charge amount (95%)**: $ 148.20
- **Hometown Health - negotiated charge amount (95%)**: $ 148.20
- **Prominence - negotiated charge amount (95%)**: $ 148.20
- **All other insurances - non-negotiated charge amount (100%)**: $ 156.00

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid: 35% patient discount on patient balances if the entire patient account or family account is paid in full. For patients who do not have insurance coverage: 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
Mt. Grant General Hospital
Shoppable Services Report - Table II
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210685 PREALBUMIN</td>
<td>INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY</td>
<td>84134</td>
<td>301</td>
<td>$ 95.00</td>
<td></td>
</tr>
</tbody>
</table>

Venipuncture - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 47.50

Minimum negotiated charge amount (93%) ------------------> $ 88.35
Maximum negotiated charge amount (95%) ------------------> $ 90.25

Aetna - negotiated charge amount (93%) ------------------> $ 88.35
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 90.25
Hometown Health - negotiated charge amount (95%) ------------------> $ 90.25
Prominence - negotiated charge amount (95%) ------------------> $ 90.25
All other insurances - non-negotiated charge amount (100%) ------------------> $ 95.00

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROLACTIN</td>
<td>PROLACTIN</td>
<td>84146</td>
<td>301</td>
<td></td>
<td>$36.00</td>
</tr>
</tbody>
</table>

**Laboratory**

- VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.

- Self-pay/Cash Price (50% of charges, if balance is paid in full)-----------------> $18.00
- Minimum negotiated charge amount (93%) -----------------> $33.48
- Maximum negotiated charge amount (95%) -----------------> $34.20
- Aetna - negotiated charge amount (93%) -----------------> $33.48
- Anthem Blue Cross - negotiated charge amount (95%) -----------------> $34.20
- Hometown Health - negotiated charge amount (95%) -----------------> $34.20
- Prominence - negotiated charge amount (95%) -----------------> $34.20
- All other insurances - non-negotiated charge amount (100%) -----------------> $36.00
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210700 PTH, INTACT WITHOUT CALCIUM</td>
<td>83970</td>
<td>301</td>
<td>$ 203.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total of Standard Charges:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$ 203.00</strong></td>
</tr>
</tbody>
</table>

- **Self-pay/Cash Price** (50% of charges, if balance is paid in full) --> **$ 101.50**
- **Minimum negotiated charge amount** (93%) --> **$ 187.79**
- **Maximum negotiated charge amount** (95%) --> **$ 192.85**
- Aetna - **negotiated charge amount** (93%) --> **$ 188.79**
- Anthem Blue Cross - **negotiated charge amount** (95%) --> **$ 192.85**
- Hometown Health - **negotiated charge amount** (95%) --> **$ 192.85**
- Prominence - **negotiated charge amount** (95%) --> **$ 192.85**
- **All other insurances - non-negotiated charge amount** (100%) --> **$ 203.00**

---

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>SJOGREN'S ANTIBODIES (SS-A)</td>
<td>SJOGREN'S ANTIBODIES (SS-A)</td>
<td>86235</td>
<td>300</td>
<td></td>
<td>$ 83.00</td>
</tr>
</tbody>
</table>

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

---

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

<table>
<thead>
<tr>
<th></th>
<th>Self-pay/Cash Price (50% of charges, if balance is paid in full)</th>
<th>Minimum negotiated charge amount (93%)</th>
<th>Maximum negotiated charge amount (95%)</th>
<th>Aetna - negotiated charge amount (93%)</th>
<th>Anthem Blue Cross - negotiated charge amount (95%)</th>
<th>Hometown Health - negotiated charge amount (95%)</th>
<th>Prominence - negotiated charge amount (95%)</th>
<th>All other insurances - non-negotiated charge amount (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ 41.50</td>
<td>$ 77.19</td>
<td>$ 78.85</td>
<td>$ 77.19</td>
<td>$ 78.85</td>
<td>$ 78.85</td>
<td>$ 78.85</td>
<td>$ 83.00</td>
</tr>
</tbody>
</table>

---

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
# Shoppable Services Report - Table II

**Mt. Grant General Hospital**

**Shoppable Service** | **Primary Service and Ancillary Services** | **CPT Code** | **HCPCS Code** | **Revenue Code** | **Standard Charge**
---|---|---|---|---|---
4210730 | SJOGREN'S ANTIBODIES (SS-B) | 86235 | 300 | | $174.00

**Laboratory**

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

**Self-pay/Cash Price (50% of charges, if balance is paid in full)**

- $87.00

**Minimum negotiated charge amount (93%)**

- $161.82

**Maximum negotiated charge amount (95%)**

- $165.30

**Aetna - negotiated charge amount (93%)**

- $161.82

**Anthem Blue Cross - negotiated charge amount (95%)**

- $165.30

**Hometown Health - negotiated charge amount (95%)**

- $165.30

**Prominence - negotiated charge amount (95%)**

- $165.30

**All other insurances - non-negotiated charge amount (100%)**

- $174.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid --> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage --> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
# Shoppable Services Report - Table II

**Mt. Grant General Hospital**

**CMS-1717-F2**

**Shoppable Service** | **Primary Service and Ancillary Services** | **CPT Code** | **HCPCS Code** | **Revenue Code** | **Standard Charge**
--- | --- | --- | --- | --- | ---
V387080 | STOOL FOR WBC | | | | 

**Laboratory**

**Venipuncture** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

| | | | | | 
|------------------|------------------|------------------|
| Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | | | | |

### Inpatient, Outpatient, Swing Bed or Skilled Nursing Facility

<table>
<thead>
<tr>
<th>Service</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>STOOL FOR WBC</td>
<td>4210740</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $12.00

| Copays/Cash Price (50% of charges, if balance is paid in full) | $6.00 |
| Minimum negotiated charge amount (93%) | $11.16 |
| Maximum negotiated charge amount (95%) | $11.40 |
| Aetna - negotiated charge amount (93%) | $11.16 |
| Anthem Blue Cross - negotiated charge amount (95%) | $11.40 |
| Hometown Health - negotiated charge amount (95%) | $11.40 |
| Prominence - negotiated charge amount (95%) | $11.40 |
| All other insurances - non-negotiated charge amount (100%) | $12.00 |

### Patient Discount Programs

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

### Mt. Grant General Hospital

#### Shoppable Service

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210750 STS (RPR) WITH REFLEX TO FTA</td>
<td>STS (RPR) WITH REFLEX TO FTA</td>
<td>86592</td>
<td>300</td>
<td></td>
<td>$81.00</td>
</tr>
<tr>
<td>4216126 RPR (DIAGNOSIS) WITH REFLEX TO TITER AND CONFIRMATORY TESTING</td>
<td>RPR (DIAGNOSIS) WITH REFLEX TO TITER AND CONFIRMATORY TESTING</td>
<td>86780</td>
<td>302</td>
<td></td>
<td>$63.00</td>
</tr>
</tbody>
</table>

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

---

### Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

- Self-pay/Cash Price (50% of charges, if balance is paid in full) $72.00
- Minimum negotiated charge amount (93%) $133.92
- Maximum negotiated charge amount (95%) $136.80
- Aetna - negotiated charge amount (93%) $133.92
- Anthem Blue Cross - negotiated charge amount (95%) $136.80
- Hometown Health - negotiated charge amount (95%) $136.80
- Prominence - negotiated charge amount (95%) $136.80
- All other insurances - non-negotiated charge amount (100%) $144.00

---

### Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210755 T3 FREE</td>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td>84481</td>
<td>301</td>
<td></td>
<td>$ 51.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210760 TACROLIMUS (FK506)</td>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td>80197</td>
<td>301</td>
<td></td>
<td>$120.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total of Standard Charges:</td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $60.00
Minimum negotiated charge amount (93%) ------------------> $111.60
Maximum negotiated charge amount (95%) ------------------> $114.00
Aetna - negotiated charge amount (93%) ------------------> $111.60
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $114.00
Hometown Health - negotiated charge amount (95%) ------------------> $114.00
Prominence - negotiated charge amount (95%) ------------------> $114.00
All other insurances - non-negotiated charge amount (100%) ------------------> $120.00

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Laboratory

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
### Mt. Grant General Hospital

**Shoppable Services Report - Table II**

**(CMS-1717-F2)**

**Mt. Grant General Hospital**

**Date Printed:** 01/04/2022  
**Last Update:** 01/04/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4210765</strong> TESTOSTERONE, TOTAL, IMMUNOASSAY</td>
<td></td>
<td>84403</td>
<td>301</td>
<td></td>
<td>$133.00</td>
</tr>
</tbody>
</table>

**Laboratory**

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Total of Standard Charges:** $133.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full)**

- $66.50

**Minimum negotiated charge amount (93%)**

- $123.69

**Maximum negotiated charge amount (95%)**

- $126.35

**Aetna - negotiated charge amount (93%)**

- $123.69

**Anthem Blue Cross - negotiated charge amount (95%)**

- $126.35

**Hometown Health - negotiated charge amount (95%)**

- $126.35

**Prominence - negotiated charge amount (95%)**

- $126.35

**All other insurances - non-negotiated charge amount (100%)**

- $133.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210770</td>
<td>TESTOSTERONE, TOTAL, LC/MS/MS</td>
</tr>
</tbody>
</table>

**Laboratory**

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

**INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>84403</td>
<td>301</td>
<td></td>
<td>$105.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $105.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full)-->** $52.50

**Minimum negotiated charge amount (93%) -->** $97.65

**Maximum negotiated charge amount (95%) -->** $99.75

**Aetna - negotiated charge amount (93%) -->** $97.65

**Anthem Blue Cross - negotiated charge amount (95%) -->** $99.75

**Hometown Health - negotiated charge amount (95%) -->** $99.75

**Prominence - negotiated charge amount (95%) -->** $99.75

**All other insurances - non-negotiated charge amount (100%) -->** $105.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210775</td>
<td>THEOPHYLLINE</td>
<td>80198</td>
<td>301</td>
<td></td>
<td>$ 116.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Serum Theophylline Level

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 58.00
Minimum negotiated charge amount (93%) ------------------> $ 107.88
Maximum negotiated charge amount (95%) ------------------> $ 110.20
Aetna - negotiated charge amount (93%) ------------------> $ 107.88
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 110.20
Hometown Health - negotiated charge amount (95%) ------------------> $ 110.20
Prominence - negotiated charge amount (95%) ------------------> $ 110.20
All other insurances - non-negotiated charge amount (100%) ------------------> $ 116.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ---> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ---> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE**: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLERGEN SPECIFIC IGE PANEL -- QUEST</td>
<td>4210781</td>
<td>86003</td>
<td>302</td>
<td>$ 30.00</td>
<td></td>
</tr>
</tbody>
</table>

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 15.00
- **Minimum negotiated charge amount (93%)**: $ 27.90
- **Maximum negotiated charge amount (95%)**: $ 28.50
- **Aetna - negotiated charge amount (93%)**: $ 27.90
- **Anthem Blue Cross - negotiated charge amount (95%)**: $ 28.50
- **Hometown Health - negotiated charge amount (95%)**: $ 28.50
- **Prominence - negotiated charge amount (95%)**: $ 28.50
- **All other insurances - non-negotiated charge amount (100%)**: $ 30.00

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210785</td>
<td>THYROGLOBULIN ANTIBODIES</td>
<td>86800</td>
<td>300</td>
<td></td>
<td>$120.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Use CTRL-F to SEARCH**

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
# Mt. Grant General Hospital

## Shoppable Services Report - Table II

### Mt. Grant General Hospital

**CPT Code**<br>**<OR>**<br>**HCPCS Code**<br>**Revenue Code**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4210790</td>
<td>THYROID PEROXIDASE ANTIBODIES (TPO)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4210790</td>
<td>THYROID PEROXIDASE ANTIBODIES (TPO)</td>
<td>86376</td>
<td>300</td>
<td>$12.00</td>
</tr>
</tbody>
</table>

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

---

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

<table>
<thead>
<tr>
<th></th>
<th>Self-pay/Cash Price (50% of charges, if balance is paid in full)</th>
<th>Minimum negotiated charge amount (93%)</th>
<th>Maximum negotiated charge amount (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$6.00</td>
<td>$11.16</td>
<td>$11.40</td>
</tr>
</tbody>
</table>

Aetna - negotiated charge amount (93%) $11.16

Anthem Blue Cross - negotiated charge amount (95%) $11.40

Hometown Health - negotiated charge amount (95%) $11.40

Prominence - negotiated charge amount (95%) $11.40

All other insurances - non-negotiated charge amount (100%) $12.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210810 TOTAL T3</td>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td>84480</td>
<td>301</td>
<td></td>
<td>$ 23.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 11.50
Minimum negotiated charge amount (93%) ------------------> $ 21.39
Maximum negotiated charge amount (95%) ------------------> $ 21.85
Aetna - negotiated charge amount (93%) ------------------> $ 21.39
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 21.85
Hometown Health - negotiated charge amount (95%) ------------------> $ 21.85
Prominence - negotiated charge amount (95%) ------------------> $ 21.85
All other insurances - non-negotiated charge amount (100%) ------------------> $ 23.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210815</td>
<td>VALPROIC ACID</td>
<td>80164</td>
<td>301</td>
<td></td>
<td>$ 103.00</td>
</tr>
</tbody>
</table>

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

- **self-pay/cash price (50% of charges, if balance is paid in full)**: $ 51.50
- **minimum negotiated charge amount (93%)**: $ 95.79
- **maximum negotiated charge amount (95%)**: $ 97.85
- **Aetna - negotiated charge amount (93%)**: $ 95.79
- **Anthem Blue Cross - negotiated charge amount (95%)**: $ 97.85
- **Hometown Health - negotiated charge amount (95%)**: $ 97.85
- **Prominence - negotiated charge amount (95%)**: $ 97.85
- **all other insurances - non-negotiated charge amount (100%)**: $ 103.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -> 50% patient discount if the self-pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
**Mt. Grant General Hospital**

**Shoppable Services Report - Table II**
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210820 VITAMIN B12</td>
<td></td>
<td>82607</td>
<td>301</td>
<td></td>
<td>$96.00</td>
</tr>
</tbody>
</table>

**Laboratory**

- **VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
## Shoppable Services Report - Table II

**Mt. Grant General Hospital**  
Shoppable Services Report - Table II  
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210825</td>
<td>VITAMIN D, 1,25-DIHYDROXY, LC/MS/MS</td>
<td>82652</td>
<td>301</td>
<td></td>
<td>$695.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Venipuncture - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)** --> $347.50
- **Minimum negotiated charge amount (93%)** --> $646.35
- **Maximum negotiated charge amount (95%)** --> $660.25
- Aetna - negotiated charge amount (93%) --> $646.35
- Anthem Blue Cross - negotiated charge amount (95%) --> $660.25
- Hometown Health - negotiated charge amount (95%) --> $660.25
- Prominence - negotiated charge amount (95%) --> $660.25
- All other insurances - non-negotiated charge amount (100%) --> $695.00

### Patient Discount Programs

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid --> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage --> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4211031 URINE CREATININE</td>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td>82570</td>
<td>301</td>
<td></td>
<td>$ 71.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 71.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------>$ 35.50
Minimum negotiated charge amount (93%) ------------------>$ 66.03
Maximum negotiated charge amount (95%) ------------------>$ 67.45
Aetna - negotiated charge amount (93%) ------------------>$ 66.03
Anthem Blue Cross - negotiated charge amount (95%) ------------------>$ 67.45
Hometown Health - negotiated charge amount (95%) ------------------>$ 67.45
Prominence - negotiated charge amount (95%) ------------------>$ 67.45
All other insurances - non-negotiated charge amount (100%) ------------------>$ 71.00

Laboratory

Use CTRL-F to SEARCH
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>KAPPA/LAMBDA LIGHT CHAINS, FREE WITH RATIO, SERUM</td>
<td>4211123</td>
<td>83883</td>
<td>301</td>
<td>$266.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $266.00

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)→ $133.00

Minimum negotiated charge amount (93%) → $247.38

Maximum negotiated charge amount (95%) → $252.70

Aetna - negotiated charge amount (93%) → $247.38

Anthem Blue Cross - negotiated charge amount (95%) → $252.70

Hometown Health - negotiated charge amount (95%) → $252.70

Prominence - negotiated charge amount (95%) → $252.70

All other insurances - non-negotiated charge amount (100%) → $266.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid → 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage → 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4211133</td>
<td>KAPPA/LAMBDA LIGHT CHAINS, FREE WITH RATIO, URINE</td>
<td>83883</td>
<td>301</td>
<td></td>
<td>$294.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $294.00

---

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4211235 RHEUMATOID FACTOR</td>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td>86431</td>
<td>302</td>
<td></td>
<td>$ 28.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 28.00

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 14.00
- **Minimum negotiated charge amount (93%)**: $ 26.04
- **Maximum negotiated charge amount (95%)**: $ 26.60
- **Aetna - negotiated charge amount (93%)**: $ 26.04
- **Anthem Blue Cross - negotiated charge amount (95%)**: $ 26.60
- **Hometown Health - negotiated charge amount (95%)**: $ 26.60
- **Prominence - negotiated charge amount (95%)**: $ 26.60
- **All other insurances - non-negotiated charge amount (100%)**: $ 28.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
### Shoppable Service Report - Table II

**Mt. Grant General Hospital**

**Shoppable Services Report - Table II**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4211298 C-PEPTIDE</td>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td>84681</td>
<td>301</td>
<td></td>
<td>$278.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)-------------------> $139.00

Minimum negotiated charge amount (93%) -------------------> $258.54

Maximum negotiated charge amount (95%) -------------------> $264.10

Aetna - negotiated charge amount (93%) -------------------> $258.54

Anthem Blue Cross - negotiated charge amount (95%) -------------------> $264.10

Hometown Health - negotiated charge amount (95%) -------------------> $264.10

Prominence - negotiated charge amount (95%) -------------------> $264.10

All other insurances - non-negotiated charge amount (100%) -------------------> $278.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4211411 LEGAL BLOOD ALCOHOL (WITHIN HOURS)</td>
<td>4211411 LEGAL BLOOD ALCOHOL (WITHIN HOURS)</td>
<td>80320</td>
<td>300</td>
<td></td>
<td>$59.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Venipuncture - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

- Self-pay/Cash Price (50% of charges, if balance is paid in full) $ 29.50
- Minimum negotiated charge amount (93%) $ 54.87
- Maximum negotiated charge amount (95%) $ 56.05
- Aetna - negotiated charge amount (93%) $ 54.87
- Anthem Blue Cross - negotiated charge amount (95%) $ 56.05
- Hometown Health - negotiated charge amount (95%) $ 56.05
- Prominence - negotiated charge amount (95%) $ 56.05
- All other insurances - non-negotiated charge amount (100%) $ 59.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Shoppable Service

**Primary Service and Ancillary Services**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leviteracetam</td>
<td>80177</td>
<td>301</td>
<td></td>
<td>$76.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
# Shoppable Services Report - Table II

Mt. Grant General Hospital

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
</table>

**INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY**

4211573  VITAMIN B1 (THIAMINE)

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

| | | | |
|-------------------|----------------------------------------|----------|------------|--------------|----------------|
| | | | |

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $127.50
- **Minimum negotiated charge amount (93%)**: $237.15
- **Maximum negotiated charge amount (95%)**: $242.25
- **Aetna - negotiated charge amount (93%)**: $237.15
- **Anthem Blue Cross - negotiated charge amount (95%)**: $242.25
- **Hometown Health - negotiated charge amount (95%)**: $242.25
- **Prominence - negotiated charge amount (95%)**: $242.25
- **All other insurances - non-negotiated charge amount (100%)**: $255.00

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
**Mt. Grant General Hospital**

**Shoppable Services Report - Table II**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4211574 VITAMIN B6, PLASMA</td>
<td>VITAMIN B6, PLASMA</td>
<td>84207</td>
<td>301</td>
<td>$ 305.00</td>
</tr>
</tbody>
</table>

**Laboratory**

- VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 152.50

Minimum negotiated charge amount (93%) ---------------> $ 283.65

Maximum negotiated charge amount (95%) ---------------> $ 289.75

Aetna - negotiated charge amount (93%) ---------------> $ 283.65

Anthem Blue Cross - negotiated charge amount (95%) ---------------> $ 289.75

Hometown Health - negotiated charge amount (95%) ---------------> $ 289.75

Prominence - negotiated charge amount (95%) ---------------> $ 289.75

All other insurances - non-negotiated charge amount (100%) ---------------> $ 305.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4212888 QUESTASSURED 25-HYDROXYVITAMIN D (D 2, D 3), LC/MS/MS</td>
<td>QUESTASSURED 25-HYDROXYVITAMIN D (D 2, D 3), LC/MS/MS</td>
<td>82306</td>
<td>301</td>
<td></td>
<td>$139.00</td>
</tr>
<tr>
<td></td>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>84156</td>
<td>301</td>
<td></td>
<td>$66.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $66.00

**Laboratory**

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Self-pay/Cash Price (50% of charges, if balance is paid in full)**

- $33.00

**Minimum negotiated charge amount (93%)**

- $61.38

**Maximum negotiated charge amount (95%)**

- $62.70

- Aetna - negotiated charge amount (93%) $61.38
- Anthem Blue Cross - negotiated charge amount (95%) $62.70
- Hometown Health - negotiated charge amount (95%) $62.70
- Prominence - negotiated charge amount (95%) $62.70
- All other insurances - non-negotiated charge amount (100%) $66.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

- For patients with insurance who have a patient balance after insurance has paid --> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- For patients who do not have insurance coverage --> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>HELICOBACTER PYLORI, UREA BREATH TEST</td>
<td>HELICOBACTER PYLORI, UREA BREATH TEST</td>
<td>83013</td>
<td>300</td>
<td>$166.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $166.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------>$83.00
Minimum negotiated charge amount (93%) ------------------>$154.38
Maximum negotiated charge amount (95%) ------------------>$157.70
Aetna - negotiated charge amount (93%) ------------------>$154.38
Anthem Blue Cross - negotiated charge amount (95%) ------------------>$157.70
Hometown Health - negotiated charge amount (95%) ------------------>$157.70
Prominence - negotiated charge amount (95%) ------------------>$157.70
All other insurances - non-negotiated charge amount (100%) ------------------>$166.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLOSTRIDUM DIFFICILE</td>
<td>CLOSTRIDUM DIFFICILE</td>
<td>87081</td>
<td>306</td>
<td></td>
<td>$ 90.00</td>
</tr>
</tbody>
</table>

**Laboratory**

- **VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

- **Use CTRL-F to SEARCH**

- **Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**
  - For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
  - For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

- **NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

- **Total of Standard Charges:** $ 90.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------>** $ 45.00
- **Minimum negotiated charge amount (93%) ---------------->** $ 83.70
- **Maximum negotiated charge amount (95%) --------------->** $ 85.50
- **Aetna - negotiated charge amount (93%) -------------->** $ 83.70
- **Anthem Blue Cross - negotiated charge amount (95%) -->** $ 85.50
- **Hometown Health - negotiated charge amount (95%) -->** $ 85.50
- **Prominence - negotiated charge amount (95%) -->** $ 85.50
- **All other insurances - non-negotiated charge amount (100%) -->** $ 90.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

- For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

- **NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

- For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

- **NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>184</td>
<td></td>
<td>86709</td>
<td>302</td>
<td></td>
<td>$23.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

### Mt. Grant General Hospital

**CPT Code**<br>**HCPCS Code**<br>**Revenue Code**<br>**Standard Charge**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4217306</td>
<td>VITAMIN D, 25-HYDROXY</td>
<td>82306</td>
<td>301</td>
<td></td>
<td>$405.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Total of Standard Charges:**

- $405.00

### Use CTRL-F to SEARCH

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4217525 T4 (THYROXINE), TOTAL</td>
<td></td>
<td>84436</td>
<td>301</td>
<td></td>
<td>$ 51.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

**Total of Standard Charges:** $ 51.00

<table>
<thead>
<tr>
<th>Charge Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-pay/Cash Price (50% of charges, if balance is paid in full)</td>
<td>$ 25.50</td>
</tr>
<tr>
<td>Minimum negotiated charge amount (93%)</td>
<td>$ 47.43</td>
</tr>
<tr>
<td>Maximum negotiated charge amount (95%)</td>
<td>$ 48.45</td>
</tr>
<tr>
<td>Aetna - negotiated charge amount (93%)</td>
<td>$ 47.43</td>
</tr>
<tr>
<td>Anthem Blue Cross - negotiated charge amount (95%)</td>
<td>$ 48.45</td>
</tr>
<tr>
<td>Hometown Health - negotiated charge amount (95%)</td>
<td>$ 48.45</td>
</tr>
<tr>
<td>Prominence - negotiated charge amount (95%)</td>
<td>$ 48.45</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$ 51.00</td>
</tr>
</tbody>
</table>

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>STOOL CULTURE</td>
<td></td>
<td>4218144</td>
<td>391</td>
<td></td>
<td>$ 64.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full) -> $ 32.00
Minimum negotiated charge amount (93%) -> $ 59.52
Maximum negotiated charge amount (95%) -> $ 60.80
Aetna - negotiated charge amount (93%) -> $ 59.52
Anthem Blue Cross - negotiated charge amount (95%) -> $ 60.80
Hometown Health - negotiated charge amount (95%) -> $ 60.80
Prominence - negotiated charge amount (95%) -> $ 60.80
All other insurances - non-negotiated charge amount (100%) -> $ 64.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
Use CTRL-F to SEARCH

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRANSFERRIN</td>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td>4218891</td>
<td>84466</td>
<td>301</td>
<td>$120.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $120.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $60.00
Minimum negotiated charge amount (93%) ------------------> $111.60
Maximum negotiated charge amount (95%) ------------------> $114.00
Aetna - negotiated charge amount (93%) ------------------> $111.60
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $114.00
Hometown Health - negotiated charge amount (95%) ------------------> $114.00
Prominence - negotiated charge amount (95%) ------------------> $114.00
All other insurances - non-negotiated charge amount (100%) ------------------> $120.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4218958 TESTOSTERONE, FREE</td>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td>4218958</td>
<td>84402</td>
<td>301</td>
<td>$ 76.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 76.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 38.00
Minimum negotiated charge amount (93%) ------------------> $ 70.68
Maximum negotiated charge amount (95%) ------------------> $ 72.20
Aetna - negotiated charge amount (93%) ------------------> $ 70.68
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 72.20
Hometown Health - negotiated charge amount (95%) ------------------> $ 72.20
Prominence - negotiated charge amount (95%) ------------------> $ 72.20
All other insurances - non-negotiated charge amount (100%) ------------------> $ 76.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY</td>
<td>4219448  SARS-COV- RNA (COVID-19), QUALITATIVE NAAT -- QUEST</td>
<td>87635</td>
<td>302</td>
<td></td>
<td>$ 225.00</td>
</tr>
<tr>
<td></td>
<td>SARS-COV- RNA (COVID-19), QUALITATIVE NAAT -- QUEST</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Laboratory**

- Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 112.50
- **Minimum negotiated charge amount (93%)**: $ 209.25
- **Maximum negotiated charge amount (95%)**: $ 213.75
- **Aetna - negotiated charge amount (93%)**: $ 209.25
- **Anthem Blue Cross - negotiated charge amount (95%)**: $ 213.75
- **Hometown Health - negotiated charge amount (95%)**: $ 213.75
- **Prominence - negotiated charge amount (95%)**: $ 213.75
- **All other insurances - non-negotiated charge amount (100%)**: $ 225.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid: 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage: 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
# Mt. Grant General Hospital
## Shoppable Services Report - Table II

### CMS-1717-F2

**Mt. Grant General Hospital**

**Date Printed:** 01/04/2022  
**Last Update:** 01/04/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPUTUM CULTURE</td>
<td></td>
<td>87070</td>
<td>306</td>
<td></td>
<td>$64.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $64.00

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

-----------------  

**Self-pay/Cash Price (50% of charges, if balance is paid in full)**  

---

**Minimum negotiated charge amount (93%)**  

---

**Maximum negotiated charge amount (95%)**  

---

**Aetna - negotiated charge amount (93%)**  

---

**Anthem Blue Cross - negotiated charge amount (95%)**  

---

**Hometown Health - negotiated charge amount (95%)**  

---

**Prominence - negotiated charge amount (95%)**  

---

**All other insurances - non-negotiated charge amount (100%)**  

---

**Laboratory**

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid  

---

**35% patient discount on patient balances if the entire patient account or family account is paid in full.**

For patients who do not have insurance coverage  

---

**50% patient discount if the self pay balance on the entire patient account or family account is paid in full.**

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4220830 GLUCOSE TOL 1 HR BLOOD</td>
<td>GLUCOSE TOL 1 HR BLOOD</td>
<td>82950</td>
<td>301</td>
<td></td>
<td>$81.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $40.50

Minimum negotiated charge amount (93%) ------------------> $75.33

Maximum negotiated charge amount (95%) ------------------> $76.95

Aetna - negotiated charge amount (93%) ------------------> $75.33

Anthem Blue Cross - negotiated charge amount (95%) ------------------> $76.95

Hometown Health - negotiated charge amount (95%) ------------------> $76.95

Prominence - negotiated charge amount (95%) ------------------> $76.95

All other insurances - non-negotiated charge amount (100%) ------------------> $81.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
## Shoppable Services Report - Table II

### Shoppable Service | Primary Service and Ancillary Services | CPT Code | HCPCS Code | Revenue Code | Standard Charge
--- | --- | --- | --- | --- | ---
4221103 | MICROALBUMIN | 82043 | 301 | | $86.00

**Labratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Total of Standard Charges:** $86.00

- Self-pay/Cash Price (50% of charges, if balance is paid in full) $43.00
- Minimum negotiated charge amount (93%) $79.98
- Maximum negotiated charge amount (95%) $81.70
- Aetna - negotiated charge amount (93%) $79.98
- Anthem Blue Cross - negotiated charge amount (95%) $81.70
- Hometown Health - negotiated charge amount (95%) $81.70
- Prominence - negotiated charge amount (95%) $81.70
- All other insurances - non-negotiated charge amount (100%) $86.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4221410</td>
<td>URINE DRUG COLLECTION A</td>
<td>99001</td>
<td>300</td>
<td></td>
<td>$ 59.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEPATITIS PROFILE</td>
<td></td>
<td>86706</td>
<td>300</td>
<td>$105.00</td>
<td></td>
</tr>
</tbody>
</table>

Venipuncture - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

Self-pay/Cash Price (50% of charges, if balance is paid in full)-------------------> $52.50
Minimum negotiated charge amount (93%) -------------------> $97.65
Maximum negotiated charge amount (95%) -------------------> $99.75
Aetna - negotiated charge amount (93%) -------------------> $97.65
Anthem Blue Cross - negotiated charge amount (95%) -------------------> $99.75
Hometown Health - negotiated charge amount (95%) -------------------> $99.75
Prominence - negotiated charge amount (95%) -------------------> $99.75
All other insurances - non-negotiated charge amount (100%) -------------------> $105.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4231234</td>
<td>LACTATE DEHYDROGENASE (LD) ISOENZYME PANEL</td>
<td>301</td>
<td>301</td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges: $0.00**

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>IGG SUBCLASSES PANEL</td>
<td></td>
<td>4231235</td>
<td>4231235</td>
<td>302</td>
<td>$ 0.00</td>
</tr>
</tbody>
</table>

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage  ---> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Total of Standard Charges: $ 0.00
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSA, TOTAL</td>
<td></td>
<td>4231256</td>
<td>84153</td>
<td>301</td>
<td>$ 38.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurance are not factored into these charge amounts since each patient's insurance plan is unique.

**Self-pay/Cash Price (50% of charges, if balance is paid in full)**

- Aetna: $ 35.34
- Anthem Blue Cross: $ 36.10
- Hometown Health: $ 36.10
- Prominence: $ 36.10
- All other insurances: $ 38.00

**Minimum negotiated charge amount (93%)**

- Aetna: $ 35.34
- Anthem Blue Cross: $ 36.10
- Hometown Health: $ 36.10
- Prominence: $ 36.10
- All other insurances: $ 38.00

**Maximum negotiated charge amount (95%)**

- Aetna: $ 36.10
- Anthem Blue Cross: $ 36.10
- Hometown Health: $ 36.10
- Prominence: $ 36.10
- All other insurances: $ 38.00

**Note:** Laboratory fees and charges are subject to insurance coverage and patient's deductible and coinsurance amounts. Laboratory charges are not included in the total of standard charges.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### CMS-Specified Shoppable Service

**Laboratory**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>42312561 PSA, FREE</td>
<td>PSA, FREE</td>
<td>84154</td>
<td>301</td>
<td></td>
<td>$ 38.00</td>
</tr>
</tbody>
</table>

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary

**Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------>** $ 19.00

**Minimum negotiated charge amount (93%) -------------->** $ 35.34

**Maximum negotiated charge amount (95%) -------------->** $ 36.10

**Aetna - negotiated charge amount (93%) -------------->** $ 35.34

**Anthem Blue Cross - negotiated charge amount (95%) -------------->** $ 36.10

**Hometown Health - negotiated charge amount (95%) -------------->** $ 36.10

**Prominence - negotiated charge amount (95%) -------------->** $ 36.10

**All other insurances - non-negotiated charge amount (100%) -------------->** $ 38.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4233659 DRUG SCREEN BY MILLENIUM</td>
<td>DRUG SCREEN BY MILLENIUM</td>
<td>G0481</td>
<td>301</td>
<td></td>
<td>$290.00</td>
</tr>
</tbody>
</table>

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $145.00
Minimum negotiated charge amount (93%) ------------------> $269.70
Maximum negotiated charge amount (95%) ------------------> $275.50
Aetna - negotiated charge amount (93%) ------------------> $269.70
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $275.50
Hometown Health - negotiated charge amount (95%) ------------------> $275.50
Prominence - negotiated charge amount (95%) ------------------> $275.50
All other insurances - non-negotiated charge amount (100%) ------------------> $290.00

Total of Standard Charges: $290.00

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4234446</td>
<td>CULTURE, AEROBIC AND ANAEROBIC</td>
<td>87070</td>
<td>305</td>
<td></td>
<td>$69.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

<table>
<thead>
<tr>
<th>Copay Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-pay/Cash Price (50% of charges, if balance is paid in full)</td>
<td>$34.50</td>
</tr>
<tr>
<td>Minimum negotiated charge amount (93%)</td>
<td>$64.17</td>
</tr>
<tr>
<td>Maximum negotiated charge amount (95%)</td>
<td>$65.55</td>
</tr>
<tr>
<td>Aetna - negotiated charge amount (93%)</td>
<td>$64.17</td>
</tr>
<tr>
<td>Anthem Blue Cross - negotiated charge amount (95%)</td>
<td>$65.55</td>
</tr>
<tr>
<td>Hometown Health - negotiated charge amount (95%)</td>
<td>$65.55</td>
</tr>
<tr>
<td>Prominence - negotiated charge amount (95%)</td>
<td>$65.55</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$69.00</td>
</tr>
</tbody>
</table>

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4235651 IRON BINDING CAPACITY</td>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td>83550</td>
<td>301</td>
<td>$48.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

<table>
<thead>
<tr>
<th>Revenue Code</th>
<th>Self-pay/Cash Price (50% of charges, if balance is paid in full)</th>
<th>Minimum negotiated charge amount (93%)</th>
<th>Maximum negotiated charge amount (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>301</td>
<td>$24.00</td>
<td>$44.64</td>
<td>$45.60</td>
</tr>
<tr>
<td>301</td>
<td>$44.64</td>
<td>$44.64</td>
<td>$45.60</td>
</tr>
<tr>
<td>301</td>
<td>$44.64</td>
<td>$45.60</td>
<td>$45.60</td>
</tr>
<tr>
<td>301</td>
<td>$45.60</td>
<td>$45.60</td>
<td>$48.00</td>
</tr>
</tbody>
</table>

---

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4237065   VITAMIN B12 (COBALAMIN) AND FOLATE PANEL, SERUM</td>
<td>82607</td>
<td>301</td>
<td>$ 36.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 18.00
- **Minimum negotiated charge amount (93%)**: $ 33.48
- **Maximum negotiated charge amount (95%)**: $ 34.20
- **Aetna - negotiated charge amount (93%)**: $ 33.48
- **Anthem Blue Cross - negotiated charge amount (95%)**: $ 34.20
- **Hometown Health - negotiated charge amount (95%)**: $ 34.20
- **Prominence - negotiated charge amount (95%)**: $ 34.20
- **All other insurances - non-negotiated charge amount (100%)**: $ 36.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
### 4237150 FOOD ALLERGY PROFILE

**CPT Code:** 86003  
**Revenue Code:** 301  
**Standard Charge:** $198.00

**Total of Standard Charges:** $198.00

| Self-pay/Cash Price (50% of charges, if balance is paid in full) | $99.00 |
| Minimum negotiated charge amount (93%) | $184.14 |
| Maximum negotiated charge amount (95%) | $188.10 |
| Aetna - negotiated charge amount (93%) | $184.14 |
| Anthem Blue Cross - negotiated charge amount (95%) | $188.10 |
| Hometown Health - negotiated charge amount (95%) | $188.10 |
| Prominence - negotiated charge amount (95%) | $188.10 |
| All other insurances - non-negotiated charge amount (100%) | $198.00 |

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4237651 FREE TESTOSTERONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 79.00

| Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. |

Self-pay/Cash Price (50% of charges, if balance is paid in full) $ 39.50
Minimum negotiated charge amount (93%) $ 73.47
Maximum negotiated charge amount (95%) $ 75.05
Aetna - negotiated charge amount (93%) $ 73.47
Anthem Blue Cross - negotiated charge amount (95%) $ 75.05
Hometown Health - negotiated charge amount (95%) $ 75.05
Prominence - negotiated charge amount (95%) $ 75.05
All other insurances - non-negotiated charge amount (100%) $ 79.00

Laboratory

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ---> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ---> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
### INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330010 XR--ABDOMEN--VIEW 1</td>
<td>XR--ABDOMEN--VIEW 1</td>
<td>74018</td>
<td>320</td>
<td>$255.00</td>
<td></td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $127.50
- **Minimum negotiated charge amount (93%)**: $237.15
- **Maximum negotiated charge amount (95%)**: $242.25
- **Aetna - negotiated charge amount (93%)**: $237.15
- **Anthem Blue Cross - negotiated charge amount (95%)**: $242.25
- **Hometown Health - negotiated charge amount (95%)**: $242.25
- **Prominence - negotiated charge amount (95%)**: $242.25
- **All other insurances - non-negotiated charge amount (100%)**: $255.00

---

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330020 XR--ABDOMEN--VIEWS 2</td>
<td>XR--ABDOMEN--VIEWS 2</td>
<td>74021</td>
<td>320</td>
<td>$371.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $371.00

**Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.**

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $185.50
- **Minimum negotiated charge amount (93%):** $345.03
- **Maximum negotiated charge amount (95%):** $352.45
- **Aetna - negotiated charge amount (93%):** $345.03
- **Anthem Blue Cross - negotiated charge amount (95%):** $352.45
- **Hometown Health - negotiated charge amount (95%):** $352.45
- **Prominence - negotiated charge amount (95%):** $352.45
- **All other insurances - non-negotiated charge amount (100%):** $371.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

- For patients with insurance who have a patient balance after insurance has paid ——> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- For patients who do not have insurance coverage ——> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit**
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>XR--ABDOMEN--VIEWS 3</td>
<td>4330030</td>
<td>74022</td>
<td>320</td>
<td>$ 499.00</td>
<td></td>
</tr>
<tr>
<td>XR--ABDOMEN--VIEWS 3</td>
<td>4330030</td>
<td>&lt;OR&gt;</td>
<td></td>
<td>$ 499.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 499.00

---

X-Ray

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

<table>
<thead>
<tr>
<th>Self-pay/Cash Price (50% of charges, if balance is paid in full)</th>
<th>Minimum negotiated charge amount (93%)</th>
<th>Maximum negotiated charge amount (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 249.50</td>
<td>$ 464.07</td>
<td>$ 474.05</td>
</tr>
</tbody>
</table>

Aetna - negotiated charge amount (93%) $ 464.07
Anthem Blue Cross - negotiated charge amount (95%) $ 474.05
Hometown Health - negotiated charge amount (95%) $ 474.05
Prominence - negotiated charge amount (95%) $ 474.05
All other insurances - non-negotiated charge amount (100%) $ 499.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
## Shoppable Services Report - Table II

### Mt. Grant General Hospital

**Use CTRL-F to SEARCH**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>XR--ANKLE.RIGHT--VIEWS 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$255.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330060</td>
<td>XR--ANKLE.RIGHT--VIEWS 3</td>
<td>73610</td>
<td>320</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

| Self-pay/Cash Price (50% of charges, if balance is paid in full) | $127.50 |
| Minimum negotiated charge amount (93%) | $237.15 |
| Maximum negotiated charge amount (95%) | $242.25 |
| Aetna - negotiated charge amount (93%) | $237.15 |
| Anthem Blue Cross - negotiated charge amount (95%) | $242.25 |
| Hometown Health - negotiated charge amount (95%) | $242.25 |
| Prominence - negotiated charge amount (95%) | $242.25 |
| All other insurances - non-negotiated charge amount (100%) | $255.00 |

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.

---

### Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

**For patients with insurance who have a patient balance after insurance has paid** -----> **35% patient discount on patient balances if the entire patient account or family account is paid in full.**

**For patients who do not have insurance coverage** -----> **50% patient discount if the self pay balance on the entire patient account or family account is paid in full.**

---

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330130</td>
<td>XR--SPINE.CERVICAL--VIEWS 4 OR 5</td>
<td>72050</td>
<td>320</td>
<td></td>
<td>$ 417.00</td>
</tr>
<tr>
<td></td>
<td>RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------ $ 208.50
Minimum negotiated charge amount (93%) ------------------ $ 387.81
Maximum negotiated charge amount (95%) ------------------ $ 396.15
Aetna - negotiated charge amount (93%) ------------------ $ 387.81
Anthem Blue Cross - negotiated charge amount (95%) ------------------ $ 396.15
Hometown Health - negotiated charge amount (95%) ------------------ $ 396.15
Prominence - negotiated charge amount (95%) ------------------ $ 396.15
All other insurances - non-negotiated charge amount (100%) ------------------ $ 417.00

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
# Shoppable Services Report - Table II

(CMS-1717-F2)

## Mt. Grant General Hospital

### Shoppable Service:

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-RAY</td>
<td>X-RAY - SPINE.CERVICAL--COMPLETE, INCL OBLIQUE FLEXION EXT STUDIES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330140</td>
<td>72052</td>
<td>320</td>
<td>$ 510.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

$ 510.00

---

**Self-pay/Cash Price (50% of charges, if balance is paid in full):**

$ 255.00

**Minimum negotiated charge amount (93%):**

$ 474.30

**Maximum negotiated charge amount (95%):**

$ 484.50

**Aetna - negotiated charge amount (93%):**

$ 474.30

**Anthem Blue Cross - negotiated charge amount (95%):**

$ 484.50

**Hometown Health - negotiated charge amount (95%):**

$ 484.50

**Prominence - negotiated charge amount (95%):**

$ 484.50

**All other insurances - non-negotiated charge amount (100%):**

$ 510.00

---

**X-Ray**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

---

**Mt. Grant General Hospital**

Date Printed: 01/04/2022

Last Update: 01/04/2022
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>XR--CHEST--VIEWS AP PORTABLE</td>
<td>4330150</td>
<td>71045</td>
<td>320</td>
<td>$260.00</td>
<td></td>
</tr>
</tbody>
</table>

**INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY**

**4330150**  XR--CHEST--VIEWS AP PORTABLE

**RADIOLOGIST** - not provided by facility (will be billed separately by the radiology group)

**Total of Standard Charges:** $260.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $130.00
- **Minimum negotiated charge amount (93%)**: $241.80
- **Maximum negotiated charge amount (95%)**: $247.00
- **Aetna - negotiated charge amount (93%)**: $241.80
- **Anthem Blue Cross - negotiated charge amount (95%)**: $247.00
- **Hometown Health - negotiated charge amount (95%)**: $247.00
- **Prominence - negotiated charge amount (95%)**: $247.00
- **All other insurances - non-negotiated charge amount (100%)**: $260.00

**Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.**

**NOTE:**

For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330160</td>
<td>XR--CHEST--VIEWS PA &amp; LATERAL UPRIGHT</td>
<td>71046</td>
<td>320</td>
<td></td>
<td>$ 318.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

**X-Ray**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

- Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 159.00
- Minimum negotiated charge amount (93%) ------------------> $ 295.74
- Maximum negotiated charge amount (95%) ------------------> $ 302.10
- Aetna - negotiated charge amount (93%) ------------------> $ 295.74
- Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 302.10
- Hometown Health - negotiated charge amount (95%) ------------------> $ 302.10
- Prominence - negotiated charge amount (95%) ------------------> $ 302.10
- All other insurances - non-negotiated charge amount (100%) ------------------> $ 318.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330190</td>
<td>XR--SPINE.CERVICAL--VIEWS 2 OR 3</td>
<td>72040</td>
<td>320</td>
<td></td>
<td>$ 342.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

**Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 171.00

**Minimum negotiated charge amount (93%)**: $ 318.06

**Maximum negotiated charge amount (95%)**: $ 324.90

**X-Ray**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.
## Shoppable Services Report - Table II

### Mt. Grant General Hospital

**Shoppable Service**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient, Outpatient, Swing Bed or Skilled Nursing Facility</td>
<td></td>
<td></td>
<td></td>
<td>320</td>
<td>$213.00</td>
</tr>
</tbody>
</table>

### 4330220 XR--ELBOW.RIGHT--VIEWS

**4330220 XR--ELBOW.RIGHT--VIEWS**

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 106.50

Minimum negotiated charge amount (93%) ------------------> $ 198.09

Maximum negotiated charge amount (95%) ------------------> $ 202.35

Aetna - negotiated charge amount (93%) ------------------> $ 198.09

Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 202.35

Hometown Health - negotiated charge amount (95%) ------------------> $ 202.35

Prominence - negotiated charge amount (95%) ------------------> $ 202.35

All other insurances - non-negotiated charge amount (100%) ------------------> $ 213.00

---

### X-Ray

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

**Mt. Grant General Hospital**

Shoppable Services Report - Table II

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330291</td>
<td>XR--FINGER.SECOND.LEFT--VIEWS</td>
<td>73140</td>
<td>320</td>
<td></td>
<td>$218.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $218.00

### Self-pay/Cash Price (50% of charges, if balance is paid in full)

- Self-pay/Cash Price: $109.00

### Minimum negotiated charge amount (93%)

- Aetna - negotiated charge amount (93%): $202.74

### Maximum negotiated charge amount (95%)

- Aetna - negotiated charge amount (95%): $207.10

### Patient Discount Programs

- **Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**
  - For patients with insurance who have a patient balance after insurance has paid: 35% patient discount on patient balances if the entire patient account or family account is paid in full.
  - For patients who do not have insurance coverage: 50% patient discount if the self-pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
# Shoppable Services Report - Table II

**Mt. Grant General Hospital**

**Shoppable Services Report - Table II**  
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330296</td>
<td>XR--FINGER.SECOND.RIGHT--VIEWS</td>
</tr>
</tbody>
</table>

**CPT Code**  
73140

**Revenue Code**  
320

**Standard Charge**  
$218.00

Total of Standard Charges:  
$218.00

---

**Use CTRL-F to SEARCH**

**X-Ray**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330320</td>
<td>XR--FOOT.RIGHT--VIEWS 3 OR 4</td>
<td>73630</td>
<td>320</td>
<td></td>
<td>$ 284.00</td>
</tr>
</tbody>
</table>

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 142.00
Minimum negotiated charge amount (93%) ------------------> $ 264.12
Maximum negotiated charge amount (95%) ------------------> $ 269.80
Aetna - negotiated charge amount (93%) ------------------> $ 264.12
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 269.80
Hometown Health - negotiated charge amount (95%) ------------------> $ 269.80
Prominence - negotiated charge amount (95%) ------------------> $ 269.80
All other insurances - non-negotiated charge amount (100%) ------------------> $ 284.00

X-Ray

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330330</td>
<td>XR--RADIUS.RIGHT+ULNA.RIGHT--VIEWS 2</td>
<td>73090</td>
<td>320</td>
<td></td>
<td>$ 267.00</td>
</tr>
</tbody>
</table>

**Note:**

- Copays, deductibles, and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.
- X-Ray
- Self-pay/Cash Price (50% of charges, if balance is paid in full) → $ 133.50
- Minimum negotiated charge amount (93%) → $ 248.31
- Maximum negotiated charge amount (95%) → $ 253.65
- Aetna - negotiated charge amount (93%) → $ 248.31
- Anthem Blue Cross - negotiated charge amount (95%) → $ 253.65
- Hometown Health - negotiated charge amount (95%) → $ 253.65
- Prominence - negotiated charge amount (95%) → $ 253.65
- All other insurances - non-negotiated charge amount (100%) → $ 267.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

- For patients with insurance who have a patient balance after insurance has paid → 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- For patients who do not have insurance coverage → 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330360  XR--HAND.RIGHT--VIEWS 3</td>
<td>4330360  XR--HAND.RIGHT--VIEWS 3</td>
<td>73130</td>
<td>320</td>
<td></td>
<td>$ 295.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)--------> $ 147.50
Minimum negotiated charge amount (93%) ----------------> $ 274.35
Maximum negotiated charge amount (95%) ----------------> $ 280.25
Aetna - negotiated charge amount (93%) ----------------> $ 274.35
Anthem Blue Cross - negotiated charge amount (95%) ----------------> $ 280.25
Hometown Health - negotiated charge amount (95%) ----------------> $ 280.25
Prominence - negotiated charge amount (95%) ----------------> $ 280.25
All other insurances - non-negotiated charge amount (100%) --------------> $ 295.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
## Mt. Grant General Hospital

**Shoppable Services Report - Table II**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4330370</td>
<td>XR--HIP.RIGHT--VIEWS 2</td>
<td>73502</td>
<td>320</td>
<td></td>
<td>$313.00</td>
</tr>
<tr>
<td>RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.**

| | Self-pay/Cash Price (50% of charges, if balance is paid in full) | Minimum negotiated charge amount (93%) | Maximum negotiated charge amount (95%) | Aetna - negotiated charge amount (93%) | Anthem Blue Cross - negotiated charge amount (95%) | Hometown Health - negotiated charge amount (95%) | Prominence - negotiated charge amount (95%) | All other insurances - non-negotiated charge amount (100%) |
|------------------|------------------------------------------------|--------------------------------------|-------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | $156.50 | $291.09 | $297.35 | $291.09 | $297.35 | $297.35 | $297.35 | $313.00 |

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

### Mt. Grant General Hospital

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4330380</strong> XR--PELVIS+HIP.BILATERAL--VIEWS</td>
<td></td>
<td>73521</td>
<td>320</td>
<td></td>
<td>$476.00</td>
</tr>
</tbody>
</table>

**Note:** Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $238.00

Minimum negotiated charge amount (93%) --------------> $442.68

Maximum negotiated charge amount (95%) --------------> $452.20

Aetna - negotiated charge amount (93%) --------------> $442.68

Anthem Blue Cross - negotiated charge amount (95%) --------------> $452.20

Hometown Health - negotiated charge amount (95%) --------------> $452.20

Prominence - negotiated charge amount (95%) --------------> $452.20

All other insurances - non-negotiated charge amount (100%) --------------> $476.00

---

### X-Ray

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

---

### Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ------> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330420</td>
<td>XR--KNEE.RIGHT--VIEWS 2</td>
<td>73560</td>
<td>320</td>
<td></td>
<td>$295.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full) → $147.50

Minimum negotiated charge amount (93%) → $274.35

Maximum negotiated charge amount (95%) → $280.25

Aetna - negotiated charge amount (93%) → $274.35

Anthem Blue Cross - negotiated charge amount (95%) → $280.25

Hometown Health - negotiated charge amount (95%) → $280.25

Prominence - negotiated charge amount (95%) → $280.25

All other insurances - non-negotiated charge amount (100%) → $295.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid → 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage → 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit**
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330430 XR--KNEE.RIGHT--VIEWS 3</td>
<td></td>
<td>73562</td>
<td>320</td>
<td>$ 342.00</td>
</tr>
</tbody>
</table>

**RADILOGIST** - not provided by facility (will be billed separately by the radiology group)

| Self-pay/Cash Price (50% of charges, if balance is paid in full) | $ 171.00 |
| Minimum negotiated charge amount (93%) | $ 318.06 |
| Maximum negotiated charge amount (95%) | $ 324.90 |

- Aetna - negotiated charge amount (93%) | $ 318.06 |
- Anthem Blue Cross - negotiated charge amount (95%) | $ 324.90 |
- Hometown Health - negotiated charge amount (95%) | $ 324.90 |
- Prominence - negotiated charge amount (95%) | $ 324.90 |
- All other insurances - non-negotiated charge amount (100%) | $ 342.00 |

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330440</td>
<td>XR--KNEE.RIGHT--VIEWS 4</td>
<td>&quot;73564,RT&quot;</td>
<td>320</td>
<td></td>
<td>$ 353.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

**X-Ray**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Self-pay/Cash Price (50% of charges, if balance is paid in full)**

- Minimum negotiated charge amount (93%) $ 328.29  
- Maximum negotiated charge amount (95%) $ 335.35

- Aetna - negotiated charge amount (93%) $ 328.29  
- Anthem Blue Cross - negotiated charge amount (95%) $ 335.35  
- Hometown Health - negotiated charge amount (95%) $ 335.35  
- Prominence - negotiated charge amount (95%) $ 335.35  
- All other insurances - non-negotiated charge amount (100%) $ 353.00

**Total of Standard Charges: $ 353.00**

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit**
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330450     XR--SPINE.LUMBAR--VIEWS 2 OR 3</td>
<td></td>
<td>72100</td>
<td>320</td>
<td></td>
<td>$ 376.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 188.00
Minimum negotiated charge amount (93%) ---------> $ 349.68
Maximum negotiated charge amount (95%) ---------> $ 357.20
Aetna - negotiated charge amount (93%) ---------> $ 349.68
Anthem Blue Cross - negotiated charge amount (95%) ---------> $ 357.20
Hometown Health - negotiated charge amount (95%) ---------> $ 357.20
Prominence - negotiated charge amount (95%) ---------> $ 357.20
All other insurances - non-negotiated charge amount (100%) ---------> $ 376.00

**Total of Standard Charges:** $ 376.00

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**X-Ray**

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
## Shoppable Service Report - Table II

### Mt. Grant General Hospital

**Date Printed:** 01/04/2022  
**Last Update:** 01/04/2022  

**Shoppable Service**  
**Primary Service and Ancillary Services**  

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330470</td>
<td>XR--SPINE.LUMBAR--VIEWS 5</td>
<td>72110</td>
<td>320</td>
<td></td>
<td>$ 499.00</td>
</tr>
<tr>
<td></td>
<td>XR--SPINE.LUMBAR--VIEWS 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Use CTRL-F to SEARCH

**INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY**

**CMS-Specified Shoppable Service**  
**X-Ray**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 249.50
- **Minimum negotiated charge amount (93%)**: $ 464.07
- **Maximum negotiated charge amount (95%)**: $ 474.05
- **Aetna - negotiated charge amount (93%)**: $ 464.07
- **Anthem Blue Cross - negotiated charge amount (95%)**: $ 474.05
- **Hometown Health - negotiated charge amount (95%)**: $ 474.05
- **Prominence - negotiated charge amount (95%)**: $ 474.05
- **All other insurances - non-negotiated charge amount (100%)**: $ 499.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

- **For patients with insurance who have a patient balance after insurance has paid**: 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- **For patients who do not have insurance coverage**: 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>XR--SPINE.LUMBAR--VIEWS 5° W FLEXION &amp; W EXTENSION</strong></td>
<td></td>
<td>72114</td>
<td>320</td>
<td>$568.00</td>
<td></td>
</tr>
<tr>
<td><strong>XR--SPINE.LUMBAR--VIEWS 5° W FLEXION &amp; W EXTENSION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>XR--SPINE.LUMBAR--VIEWS 5° W FLEXION &amp; W EXTENSION</strong></td>
<td></td>
<td>72114</td>
<td>320</td>
<td>$568.00</td>
<td></td>
</tr>
<tr>
<td><strong>XR--SPINE.LUMBAR--VIEWS 5° W FLEXION &amp; W EXTENSION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Use CTRL-F to SEARCH**

**Inpatient, Outpatient, Swing Bed or Skilled Nursing Facility**

4330480  XR--SPINE.LUMBAR--VIEWS 5° W FLEXION & W EXTENSION

**RADIOLOGIST** - not provided by facility (will be billed separately by the radiology group)

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $284.00

Minimum negotiated charge amount (93%) ------------------> $528.24

Maximum negotiated charge amount (95%) ------------------> $539.60

Aetna - negotiated charge amount (93%) ------------------> $528.24

Anthem Blue Cross - negotiated charge amount (95%) ------------------> $539.60

Hometown Health - negotiated charge amount (95%) ------------------> $539.60

Prominence - negotiated charge amount (95%) ------------------> $539.60

All other insurances - non-negotiated charge amount (100%) ------------------> $568.00

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
## Mt. Grant General Hospital

Shoppable Services Report - Table II

(CMS-1717-F2)

**Use CTRL-F to SEARCH**

### INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>XR-RIBS.RIGHT--VIEWS 3</td>
<td></td>
<td>4330630</td>
<td></td>
<td>71101 320</td>
<td>$ 382.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

| Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. |

Total of Standard Charges: $ 382.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 191.00

Minimum negotiated charge amount (93%) ------------------> $ 355.26

Maximum negotiated charge amount (95%) ------------------> $ 362.90

Aetna - negotiated charge amount (93%) ------------------> $ 355.26

Anthem Blue Cross - negotiated charge amount (95%)       ------------------> $ 362.90

Hometown Health - negotiated charge amount (95%)        ------------------> $ 362.90

Prominence - negotiated charge amount (95%)             ------------------> $ 362.90

All other insurances - non-negotiated charge amount (100%) ------------------> $ 382.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330650 X--SACRUM+COCCYX--VIEWS</td>
<td>72220</td>
<td>320</td>
<td>$ 313.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 313.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full):** $ 156.50

**Minimum negotiated charge amount (93%):** $ 291.09

**Maximum negotiated charge amount (95%):** $ 297.35

**Aetna - negotiated charge amount (93%):** $ 291.09

**Anthem Blue Cross - negotiated charge amount (95%):** $ 297.35

**Hometown Health - negotiated charge amount (95%):** $ 297.35

**Prominence - negotiated charge amount (95%):** $ 297.35

**All other insurances - non-negotiated charge amount (100%):** $ 313.00

**Note:** For all shoppable services, additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Service Report - Table II

**Mt. Grant General Hospital**

**Shoppable Services Report - Table II**

(CMS-1717-F2)

### INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330690 XR-shoulder.right--views 3</td>
<td>XR--SHOULDER.RIGHT--VIEWS 3</td>
<td>73030</td>
<td>320</td>
<td></td>
<td>$371.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full) -> $185.50

Minimum negotiated charge amount (93%) -> $345.03
Maximum negotiated charge amount (95%) -> $352.45

Aetna - negotiated charge amount (93%) -> $345.03
Anthem Blue Cross - negotiated charge amount (95%) -> $352.45
Hometown Health - negotiated charge amount (95%) -> $352.45
Prominence - negotiated charge amount (95%) -> $352.45
All other insurances - non-negotiated charge amount (100%) -> $371.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Mt. Grant General Hospital

**Shoppable Services Report - Table II**

**Mt. Grant General Hospital**

Use CTRL-F to SEARCH

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4330755</strong> XR--NECK--VIEWS AP &amp; LATERAL</td>
<td>XR--NECK--VIEWS AP &amp; LATERAL</td>
<td>70360</td>
<td>320</td>
<td></td>
<td><strong>$ 226.00</strong></td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: **$ 113.00**
- **Minimum negotiated charge amount (93%)**: **$ 210.18**
- **Maximum negotiated charge amount (95%)**: **$ 214.70**
- **Aetna - negotiated charge amount (93%)**: **$ 210.18**
- **Anthem Blue Cross - negotiated charge amount (95%)**: **$ 214.70**
- **Hometown Health - negotiated charge amount (95%)**: **$ 214.70**
- **Prominence - negotiated charge amount (95%)**: **$ 214.70**
- **All other insurances - non-negotiated charge amount (100%)**: **$ 226.00**

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Shoppable Services Report - Table II

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330800</td>
<td>XR--SPINE.THORACIC--VIEWS 3</td>
<td>72072</td>
<td>320</td>
<td></td>
<td>$ 453.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

**X-Ray**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330830</td>
<td>XR--TIBIA.RIGHT+FIBULA.RIGHT--VIEWS 2</td>
<td>73590</td>
<td>320</td>
<td></td>
<td>$417.00</td>
</tr>
<tr>
<td></td>
<td>XR--TIBIA.RIGHT+FIBULA.RIGHT--VIEWS 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $208.50
Minimum negotiated charge amount (93%) ------------------> $387.81
Maximum negotiated charge amount (95%) ------------------> $396.15
Aetna - negotiated charge amount (93%) ------------------> $387.81
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $396.15
Hometown Health - negotiated charge amount (95%) ------------------> $396.15
Prominence - negotiated charge amount (95%) ------------------> $396.15
All other insurances - non-negotiated charge amount (100%) ------------------> $417.00

Total of Standard Charges: $417.00

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330920</td>
<td>XR--WRIST.RIGHT--VIEWS 3</td>
</tr>
</tbody>
</table>

**CPT Code**: 73110  
**HCPCS Code**: 320  
**Revenue Code**:  
**Standard Charge**: $301.00

**INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY**

**X-Ray**

- **Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.**

**Total of Standard Charges**: $301.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full)**  
$150.50

**Minimum negotiated charge amount (93%)**: $279.93

**Maximum negotiated charge amount (95%)**: $285.95

- **Aetna - negotiated charge amount (93%)**: $279.93
- **Anthem Blue Cross - negotiated charge amount (95%)**: $285.95
- **Hometown Health - negotiated charge amount (95%)**: $285.95
- **Prominence - negotiated charge amount (95%)**: $285.95
- **All other insurances - non-negotiated charge amount (100%)**: $301.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid  

- ---> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage  

- ---> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE**: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4339060 XR--ANKLE.LEFT--VIEWS 3</td>
<td></td>
<td>73610</td>
<td>320</td>
<td></td>
<td>$ 255.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

**Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.**

<table>
<thead>
<tr>
<th></th>
<th>Self-pay/Cash Price (50% of charges, if balance is paid in full)</th>
<th>Minimum negotiated charge amount (93%)</th>
<th>Maximum negotiated charge amount (95%)</th>
<th>Aetna - negotiated charge amount (93%)</th>
<th>Anthem Blue Cross - negotiated charge amount (95%)</th>
<th>Hometown Health - negotiated charge amount (95%)</th>
<th>Prominence - negotiated charge amount (95%)</th>
<th>All other insurances - non-negotiated charge amount (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ 127.50</td>
<td>$ 237.15</td>
<td>$ 242.25</td>
<td>$ 237.15</td>
<td>$ 242.25</td>
<td>$ 242.25</td>
<td>$ 242.25</td>
<td>$ 255.00</td>
</tr>
</tbody>
</table>

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ---> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ---> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4339220</td>
<td>XR--ELBOW.LEFT--VIEWS</td>
<td>&quot;73070,LT&quot;</td>
<td>320</td>
<td></td>
<td>$ 213.00</td>
</tr>
</tbody>
</table>

**INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY**

**X-Ray**

- Self-pay/Cash Price (50% of charges, if balance is paid in full) -> $ 106.50
- Minimum negotiated charge amount (93%) -> $ 198.09
- Maximum negotiated charge amount (95%) -> $ 202.35

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
### Shoppable Service: X-ray (XR--FOOT.LEFT--VIEWS 3 OR 4)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4339320</td>
<td>XR--FOOT.LEFT--VIEWS 3 OR 4</td>
<td>73630</td>
<td>320</td>
<td></td>
<td>$284.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

**Copays, deductibles and coinsurance are not factored into these charge amounts since each patient's insurance plan is unique.**

**Self-pay/Cash Price (50% of charges, if balance is paid in full)--> $142.00**

**Minimum negotiated charge amount (93%) --> $264.12**

**Maximum negotiated charge amount (95%) --> $269.80**

**Aetna - negotiated charge amount (93%) --> $264.12**

**Anthem Blue Cross - negotiated charge amount (95%) --> $269.80**

**Hometown Health - negotiated charge amount (95%) --> $269.80**

**Prominence - negotiated charge amount (95%) --> $269.80**

**All other insurances - non-negotiated charge amount (100%) --> $284.00**

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self-pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

### Mt. Grant General Hospital

**Date Printed:** 01/04/2022  
**Last Update:** 01/04/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>Revenue Code</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>XR--RADIUS.LEFT+ULNA.LEFT--VIEWS 2</strong></td>
<td></td>
<td></td>
<td>73090</td>
<td>320</td>
<td>$267.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $267.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full):** $133.50

**Minimum negotiated charge amount (93%):** $248.31

**Maximum negotiated charge amount (95%):** $253.65

**Aetna - negotiated charge amount (93%):** $248.31

**Anthem Blue Cross - negotiated charge amount (95%):** $253.65

**Hometown Health - negotiated charge amount (95%):** $253.65

**Prominence - negotiated charge amount (95%):** $253.65

**All other insurances - non-negotiated charge amount (100%):** $267.00

---

**X-Ray**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4339360 XR--HAND.LEFT--VIEWS 3</td>
<td>XR--HAND.LEFT--VIEWS 3</td>
<td>73130</td>
<td>320</td>
<td>$ 295.00</td>
<td></td>
</tr>
</tbody>
</table>

**RADIOLOGIST** - not provided by facility (will be billed separately by the radiology group)

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 147.50

Minimum negotiated charge amount (93%) --------------> $ 274.35

Maximum negotiated charge amount (95%) --------------> $ 280.25

- Aetna - negotiated charge amount (93%) --------------> $ 274.35
- Anthem Blue Cross - negotiated charge amount (95%) --------------> $ 280.25
- Hometown Health - negotiated charge amount (95%) --------------> $ 280.25
- Prominence - negotiated charge amount (95%) --------------> $ 280.25
- All other insurances - non-negotiated charge amount (100%) --------------> $ 295.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Mt. Grant General Hospital
#### Shoppable Services Report - Table II
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4339370</td>
<td>XR--HIP.LEFT--VIEWS 2</td>
<td>73502</td>
<td>320</td>
<td></td>
<td>$ 313.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

**Copays, deductibles and coinsurances are not factored into these charges since each patient’s insurance plan is unique.**

<table>
<thead>
<tr>
<th></th>
<th>Self-pay/Cash Price (50% of charges, if balance is paid in full)</th>
<th>Minimum negotiated charge amount (93%)</th>
<th>Maximum negotiated charge amount (95%)</th>
<th>Aetna - negotiated charge amount (93%)</th>
<th>Anthem Blue Cross - negotiated charge amount (95%)</th>
<th>Hometown Health - negotiated charge amount (95%)</th>
<th>Prominence - negotiated charge amount (95%)</th>
<th>All other insurances - non-negotiated charge amount (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ 156.50</td>
<td>$ 291.09</td>
<td>$ 297.35</td>
<td>$ 291.09</td>
<td>$ 297.35</td>
<td>$ 297.35</td>
<td>$ 297.35</td>
<td>$ 313.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 313.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Mt. Grant General Hospital
#### Shoppable Services Report - Table II
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4339420 XR--KNEE.LEFT--VIEWS 2</td>
<td>XR--KNEE.LEFT--VIEWS 2</td>
<td>73560</td>
<td>320</td>
<td></td>
<td>$295.00</td>
</tr>
</tbody>
</table>

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

X-Ray

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full) $147.50
Minimum negotiated charge amount (93%) $274.35
Maximum negotiated charge amount (95%) $280.25
Aetna - negotiated charge amount (93%) $274.35
Anthem Blue Cross - negotiated charge amount (95%) $280.25
Hometown Health - negotiated charge amount (95%) $280.25
Prominence - negotiated charge amount (95%) $280.25
All other insurances - non-negotiated charge amount (100%) $295.00

**Total of Standard Charges:** $295.00

---

X-Ray

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4339430</td>
<td>XR--KNEE.LEFT--VIEWS 3</td>
<td>73562</td>
<td>320</td>
<td></td>
<td>$ 342.00</td>
</tr>
</tbody>
</table>

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 171.00
Minimum negotiated charge amount (93%) ------------------> $ 318.06
Maximum negotiated charge amount (95%) ------------------> $ 324.90
Aetna - negotiated charge amount (93%) ------------------> $ 318.06
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 324.90
Hometown Health - negotiated charge amount (95%) ------------------> $ 324.90
Prominence - negotiated charge amount (95%) ------------------> $ 324.90
All other insurances - non-negotiated charge amount (100%) ------------------> $ 342.00

Total of Standard Charges: $ 342.00

X-Ray

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
## X-Ray

**Shoppable Service**: XR--KNEE.LEFT--VIEWS 4  
**CPT Code**: 4339440  
**HCPCS Code**: "73564,LT"  
**Revenue Code**: 320  
**Standard Charge**: $353.00

**Total of Standard Charges**: $353.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $176.50
- **Minimum negotiated charge amount (93%)**: $328.29
- **Maximum negotiated charge amount (95%)**: $335.35
- **Aetna - negotiated charge amount (93%)**: $328.29
- **Anthem Blue Cross - negotiated charge amount (95%)**: $335.35
- **Hometown Health - negotiated charge amount (95%)**: $335.35
- **Prominence - negotiated charge amount (95%)**: $335.35
- **All other insurances - non-negotiated charge amount (100%)**: $353.00

---

X-Ray

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

### Patient Discount Programs

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE**: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4339630</td>
<td>XR--RIBS.LEFT--VIEWS 3</td>
<td>71101</td>
<td>320</td>
<td></td>
<td>$ 382.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 191.00

Minimum negotiated charge amount (93%) ------------------> $ 355.26

Maximum negotiated charge amount (95%) ------------------> $ 362.90

Aetna - negotiated charge amount (93%) ------------------> $ 355.26

Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 362.90

Hometown Health - negotiated charge amount (95%) ------------------> $ 362.90

Prominence - negotiated charge amount (95%) ------------------> $ 362.90

All other insurances - non-negotiated charge amount (100%) ------------------> $ 382.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4339690</td>
<td>XR--SHOULDER.LEFT--VIEWS 3</td>
<td>73030</td>
<td>320</td>
<td>$ 371.00</td>
</tr>
</tbody>
</table>

**4339690** XR--SHOULDER.LEFT--VIEWS 3

**RADIOLOGIST** - not provided by facility (will be billed separately by the radiology group)

**X-Ray**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Self-pay/Cash Price (50% of charges, if balance is paid in full)**

$ 185.50

**Minimum negotiated charge amount (93%)**

$ 345.03

**Maximum negotiated charge amount (95%)**

$ 352.45

**Aetna - negotiated charge amount (93%)**

$ 345.03

**Anthem Blue Cross - negotiated charge amount (95%)**

$ 352.45

**Hometown Health - negotiated charge amount (95%)**

$ 352.45

**Prominence - negotiated charge amount (95%)**

$ 352.45

**All other insurances - non-negotiated charge amount (100%)**

$ 371.00

**Total of Standard Charges:**

$ 371.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

- For patients with insurance who have a patient balance after insurance has paid -> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- For patients who do not have insurance coverage -> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4339830</td>
<td>XR--TIBIA.LEFT+FIBULA.LEFT--VIEWS 2</td>
<td>73590</td>
<td>320</td>
<td></td>
<td>$ 417.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 417.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full)**

- **Minimum negotiated charge amount (93%)**
- **Maximum negotiated charge amount (95%)**

- **Aetna - negotiated charge amount (93%)**
- **Anthem Blue Cross - negotiated charge amount (95%)**
- **Hometown Health - negotiated charge amount (95%)**
- **Prominence - negotiated charge amount (95%)**
- **All other insurances - non-negotiated charge amount (100%)**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**X-Ray**

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4339920 XR-WRIST.LEFT--VIEWS 3</td>
<td></td>
<td>73110</td>
<td>320</td>
<td></td>
<td>$301.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $301.00

---

**X-Ray**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $150.50
Minimum negotiated charge amount (93%) ------------------> $279.93
Maximum negotiated charge amount (95%) ------------------> $285.95
Aetna - negotiated charge amount (93%) ------------------> $279.93
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $285.95
Hometown Health - negotiated charge amount (95%) ------------------> $285.95
Prominence - negotiated charge amount (95%) ------------------> $285.95
All other insurances - non-negotiated charge amount (100%) ------------------> $301.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABDOMEN WO/W CONTRAST</td>
<td></td>
<td>74170</td>
<td>350</td>
<td></td>
<td>$ 2,258.00</td>
</tr>
<tr>
<td>IV CONTRAST UP TO 100CC</td>
<td>&quot;Q9967,ME&quot;</td>
<td>636</td>
<td></td>
<td></td>
<td>$ 226.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 2,484.00

---

**CT Scan**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4390071</td>
<td>CERVICAL SPINE W/O CONTRAST</td>
<td>72125</td>
<td>350</td>
<td></td>
<td>$2,547.00</td>
</tr>
<tr>
<td>4391967</td>
<td>IV CONTRAST UP TO 100CC</td>
<td>&quot;Q9967,ME&quot;</td>
<td>636</td>
<td></td>
<td>$226.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

**CT Scan**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-pay/Cash Price</td>
<td>$1,386.50</td>
</tr>
<tr>
<td>Minimum negotiated</td>
<td>$2,578.89</td>
</tr>
<tr>
<td>Maximum negotiated</td>
<td>$2,634.35</td>
</tr>
<tr>
<td>Aetna - negotiated</td>
<td>$2,578.89</td>
</tr>
<tr>
<td>Anthem Blue Cross -</td>
<td>$2,634.35</td>
</tr>
<tr>
<td>Hometown Health -</td>
<td>$2,634.35</td>
</tr>
<tr>
<td>Prominence -</td>
<td>$2,634.35</td>
</tr>
<tr>
<td>All other insurances</td>
<td>$2,773.00</td>
</tr>
</tbody>
</table>

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEST WO/W CONTRAST</td>
<td>CHEST WO/W CONTRAST</td>
<td>71270</td>
<td>350</td>
<td>$ 2,663.00</td>
<td></td>
</tr>
<tr>
<td>IV CONTRAST UP TO 100CC</td>
<td>IV CONTRAST UP TO 100CC</td>
<td>&quot;Q9967,ME&quot;</td>
<td>636</td>
<td>$ 226.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 2,889.00

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 1,444.50
Minimum negotiated charge amount (93%) ------------------> $ 2,686.77
Maximum negotiated charge amount (95%) ------------------> $ 2,744.55
Aetna - negotiated charge amount (93%) ------------------> $ 2,686.77
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 2,744.55
Hometown Health - negotiated charge amount (95%) ------------------> $ 2,744.55
Prominence - negotiated charge amount (95%) ------------------> $ 2,744.55
All other insurances - non-negotiated charge amount (100%) ------------------> $ 2,889.00

**CT Scan**

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----- 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----- 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Shoppable Services Report - Table II

**Mt. Grant General Hospital**  
CMS-1717-F2

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>439090 CHEST W/O CONTRAST</strong></td>
<td></td>
<td>71250</td>
<td>350</td>
<td></td>
<td>$1,824.00</td>
</tr>
<tr>
<td><strong>439090 CHEST W/O CONTRAST</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

| Self-pay/Cash Price (50% of charges, if balance is paid in full) | $912.00 |
| Minimum negotiated charge amount (93%) | $1,696.32 |
| Maximum negotiated charge amount (95%) | $1,732.80 |

- Aetna - negotiated charge amount (93%) | $1,696.32
- Anthem Blue Cross - negotiated charge amount (95%) | $1,732.80
- Hometown Health - negotiated charge amount (95%) | $1,732.80
- Prominence - negotiated charge amount (95%) | $1,732.80
- All other insurances - non-negotiated charge amount (100%) | $1,824.00

**Total of Standard Charges:** $1,824.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit...
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEST WITH CONTRAST</td>
<td></td>
<td>4390100</td>
<td>71260</td>
<td>350</td>
<td>$2,374.00</td>
</tr>
<tr>
<td>IV CONTRAST UP TO 100CC</td>
<td></td>
<td>4391967</td>
<td>&quot;Q9967,ME&quot;</td>
<td>636</td>
<td>$226.00</td>
</tr>
</tbody>
</table>

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

**CT Scan**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------------> $1,300.00
Minimum negotiated charge amount (93%) ------------------------> $2,418.00
Maximum negotiated charge amount (95%) ------------------------> $2,470.00
Aetna - negotiated charge amount (93%) ------------------------> $2,418.00
Anthem Blue Cross - negotiated charge amount (95%) ------------------------> $2,470.00
Hometown Health - negotiated charge amount (95%) ------------------------> $2,470.00
Prominence - negotiated charge amount (95%) ------------------------> $2,470.00
All other insurances - non-negotiated charge amount (100%) ------------------------> $2,600.00

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4390110</td>
<td>HEAD W/O/W CONTRAST</td>
<td>70470</td>
<td>350</td>
<td></td>
<td>$2,547.00</td>
</tr>
<tr>
<td>4391967</td>
<td>IV CONTRAST UP TO 100CC</td>
<td>&quot;Q9967,ME&quot;</td>
<td>636</td>
<td></td>
<td>$226.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $2,773.00

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**CT Scan**

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------->

Minimum negotiated charge amount (93%) -----------------> $2,578.89
Maximum negotiated charge amount (95%) -----------------> $2,634.35

Aetna - negotiated charge amount (93%) -----------------> $2,578.89
Anthem Blue Cross - negotiated charge amount (95%) -----> $2,634.35
Hometown Health - negotiated charge amount (95%) -----> $2,634.35
Prominence - negotiated charge amount (95%) -----> $2,634.35
All other insurances - non-negotiated charge amount (100%) -----> $2,773.00

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>70450</td>
<td>350</td>
<td></td>
<td>$1,737.00</td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full) → $868.50
Minimum negotiated charge amount (93%) → $1,615.41
Maximum negotiated charge amount (95%) → $1,650.15

Aetna - negotiated charge amount (93%) → $1,615.41
Anthem Blue Cross - negotiated charge amount (95%) → $1,650.15
Hometown Health - negotiated charge amount (95%) → $1,650.15
Prominence - negotiated charge amount (95%) → $1,650.15
All other insurances - non-negotiated charge amount (100%) → $1,737.00

For patients with insurance who have a patient balance after insurance has paid → 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage → 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Shoppable Service Report - Table II

#### CMS-1717-F2

**Mt. Grant General Hospital**

**Shoppable Services Report - Table II**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4390161 LUMBAR SPINE W/O CONTRAST</strong></td>
<td>LUMBAR SPINE W/O CONTRAST</td>
<td>72131</td>
<td>350</td>
<td>$2,311.00</td>
<td></td>
</tr>
</tbody>
</table>

**RADIOLOGIST** - not provided by facility (will be billed separately by the radiology group)

**Total of Standard Charges:**

$2,311.00

---

**Self-pay/Cash Price (50% of charges, if balance is paid in full)**

$1,155.50

**Minimum negotiated charge amount (93%)**

$2,149.23

**Maximum negotiated charge amount (95%)**

$2,195.45

**Aetna - negotiated charge amount (93%)**

$2,149.23

**Anthem Blue Cross - negotiated charge amount (95%)**

$2,195.45

**Hometown Health - negotiated charge amount (95%)**

$2,195.45

**Prominence - negotiated charge amount (95%)**

$2,195.45

**All other insurances - non-negotiated charge amount (100%)**

$2,311.00

---

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

---

**CT Scan**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOWER EXTREMITY RT W/O C</td>
<td>LOWER EXTREMITY RT W/O C</td>
<td>4390200</td>
<td>73700</td>
<td>350</td>
<td>$1,621.00</td>
</tr>
</tbody>
</table>

**CT Scan**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

**Total of Standard Charges:** $1,621.00

- Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $810.50
- Minimum negotiated charge amount (93%) ------------------> $1,507.53
- Maximum negotiated charge amount (95%) ------------------> $1,539.95
- Aetna - negotiated charge amount (93%) ------------------> $1,507.53
- Anthem Blue Cross - negotiated charge amount (95%) ------------------> $1,539.95
- Hometown Health - negotiated charge amount (95%) ------------------> $1,539.95
- Prominence - negotiated charge amount (95%) ------------------> $1,539.95
- All other insurances - non-negotiated charge amount (100%) ------------------> $1,621.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self-pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4390230 MAXILLOFACIAL W/O C</td>
<td></td>
<td>70486</td>
<td>350</td>
<td></td>
<td>$1,621.00</td>
</tr>
<tr>
<td>CT Scan</td>
<td>Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total of Standard Charges: $1,621.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) $810.50

Minimum negotiated charge amount (93%) $1,507.53

Maximum negotiated charge amount (95%) $1,539.95

Aetna - negotiated charge amount (93%) $1,507.53

Anthem Blue Cross - negotiated charge amount (95%) $1,539.95

Hometown Health - negotiated charge amount (95%) $1,539.95

Prominence - negotiated charge amount (95%) $1,539.95

All other insurances - non-negotiated charge amount (100%) $1,621.00

---

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4390231 CT--SINUSES--MULTISECTION CORONAL SAGITTAL</td>
<td>CT--SINUSES--MULTISECTION CORONAL SAGITTAL</td>
<td>&quot;70486,TC&quot;</td>
<td>350</td>
<td>$2,154.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $2,154.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) --> $1,077.00

Minimum negotiated charge amount (93%) --> $2,003.22

Maximum negotiated charge amount (95%) --> $2,046.30

Aetna - negotiated charge amount (93%) --> $2,003.22

Anthem Blue Cross - negotiated charge amount (95%) --> $2,046.30

Hometown Health - negotiated charge amount (95%) --> $2,046.30

Prominence - negotiated charge amount (95%) --> $2,046.30

All other insurances - non-negotiated charge amount (100%) --> $2,154.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid --> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage --> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit**
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4390270 NECK SOFT TISSUE W C</td>
<td>NECK SOFT TISSUE W C</td>
<td>70491</td>
<td>350</td>
<td>70491</td>
<td>$2,043.00</td>
</tr>
<tr>
<td>4391967 IV CONTRAST UP TO 100CC</td>
<td>&quot;Q9967,ME&quot;</td>
<td>&quot;Q9967,ME&quot;</td>
<td>636</td>
<td>&quot;Q9967,ME&quot;</td>
<td>$226.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $2,269.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) --> $1,134.50
Minimum negotiated charge amount (93%) --> $2,110.17
Maximum negotiated charge amount (95%) --> $2,155.55

Aetna - negotiated charge amount (93%) --> $2,110.17
Anthem Blue Cross - negotiated charge amount (95%) --> $2,155.55
Hometown Health - negotiated charge amount (95%) --> $2,155.55
Prominence - negotiated charge amount (95%) --> $2,155.55
All other insurances - non-negotiated charge amount (100%) --> $2,269.00

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

-----------------------------

**CT Scan**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

-----------------------------

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid --> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage --> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4390280   NECK SOFT TISSUE W/O C</td>
<td>4390280 NECK SOFT TISSUE W/O C</td>
<td>70490</td>
<td>350</td>
<td></td>
<td>$ 1,504.00</td>
</tr>
<tr>
<td></td>
<td>RADILOGIST - not provided by facility (will be billed separately by the radiology group)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 1,504.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 752.00
- **Minimum negotiated charge amount (93%)**: $ 1,398.72
- **Maximum negotiated charge amount (95%)**: $ 1,428.80
- **Aetna - negotiated charge amount (93%)**: $ 1,398.72
- **Anthem Blue Cross - negotiated charge amount (95%)**: $ 1,428.80
- **Hometown Health - negotiated charge amount (95%)**: $ 1,428.80
- **Prominence - negotiated charge amount (95%)**: $ 1,428.80
- **All other insurances - non-negotiated charge amount (100%)**: $ 1,504.00

**CT Scan**

- Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

- **For patients with insurance who have a patient balance after insurance has paid**: 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- **For patients who do not have insurance coverage**: 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4390330 PELVIS W CONTRAST</td>
<td>PELVIS W CONTRAST</td>
<td>72193</td>
<td>350</td>
<td>$2,037.00</td>
<td></td>
</tr>
<tr>
<td>4391967 IV CONTRAST UP TO 100CC</td>
<td>&quot;Q9967,ME&quot;</td>
<td>636</td>
<td>$226.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $2,263.00

**CMS-Specified Shoppable Service - CT Scan:**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS:**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

### Mt. Grant General Hospital

**Shoppable Service**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4390340</td>
<td></td>
<td>72192</td>
<td>$1,852.00</td>
</tr>
</tbody>
</table>

**Primary Service and Ancillary Services**

- **PELVIS W/O CONTRAST**

**RADIOLOGIST** - not provided by facility (will be billed separately by the radiology group)

**CT Scan**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)-----------------> $926.00

Minimum negotiated charge amount (93%) -----------------> $1,722.36
Maximum negotiated charge amount (95%) -----------------> $1,759.40

Aetna - negotiated charge amount (93%) -----------------> $1,722.36
Anthem Blue Cross - negotiated charge amount (95%) -----------------> $1,759.40
Hometown Health - negotiated charge amount (95%) -----------------> $1,759.40
Prominence - negotiated charge amount (95%) -----------------> $1,759.40
All other insurances - non-negotiated charge amount (100%) -----------------> $1,852.00

**Total of Standard Charges**: $1,852.00

**NOTE**: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4390361  THORACIC SPINE W/O CONTRAST</td>
<td></td>
<td>72128</td>
<td>350</td>
<td></td>
<td>$2,298.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**CT Scan**

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $1,149.00

Minimum negotiated charge amount (93%) ------------------> $2,137.14

Maximum negotiated charge amount (95%) ------------------> $2,183.10

Aetna - negotiated charge amount (93%) ------------------> $2,137.14

Anthem Blue Cross - negotiated charge amount (95%) ------------------> $2,183.10

Hometown Health - negotiated charge amount (95%) ------------------> $2,183.10

Prominence - negotiated charge amount (95%) ------------------> $2,183.10

All other insurances - non-negotiated charge amount (100%) ------------------> $2,298.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
## Mt. Grant General Hospital

### Shoppable Services Report - Table II

* CMS-1717-F2 *

#### Mt. Grant General Hospital

#### Date Printed: 01/04/2022

#### Last Update: 01/04/2022

### INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4390420</strong> BONE DENSITY SPINE / HIP</td>
<td></td>
<td></td>
<td>&quot;77078,TC&quot;</td>
<td>350</td>
<td><strong>$ 485.00</strong></td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

**Total of Standard Charges:**

**$ 485.00**

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 242.50
- **Minimum negotiated charge amount (93%)**: $ 451.05
- **Maximum negotiated charge amount (95%)**: $ 460.75
- **Aetna - negotiated charge amount (93%)**: $ 451.05
- **Anthem Blue Cross - negotiated charge amount (95%)**: $ 460.75
- **Hometown Health - negotiated charge amount (95%)**: $ 460.75
- **Prominence - negotiated charge amount (95%)**: $ 460.75
- **All other insurances - non-negotiated charge amount (100%)**: $ 485.00

**CT Scan**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4391275 CTA CHEST W/O/W CONTR W/IMAGE</td>
<td>CTA CHEST WO/W CONTR W/IMAGE</td>
<td>71275</td>
<td>350</td>
<td></td>
<td>$2,755.00</td>
</tr>
<tr>
<td>4391967 IV CONTRAST UP TO 100CC</td>
<td>&quot;Q9967,ME&quot;</td>
<td></td>
<td>636</td>
<td></td>
<td>$226.00</td>
</tr>
</tbody>
</table>

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

CT Scan

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)-----------------> $1,490.50
Minimum negotiated charge amount (93%) -----------------> $2,772.33
Maximum negotiated charge amount (95%) -----------------> $2,831.95
Aetna - negotiated charge amount (93%) -----------------> $2,772.33
Anthem Blue Cross - negotiated charge amount (95%) -----------------> $2,831.95
Hometown Health - negotiated charge amount (95%) -----------------> $2,831.95
Prominence - negotiated charge amount (95%) -----------------> $2,831.95
All other insurances - non-negotiated charge amount (100%) -----------------> $2,981.00

Total of Standard Charges: $2,981.00

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT ABD PELVIS W / O CONTRAST</td>
<td>CT ABD PELVIS W / O CONTRAST</td>
<td>4394176</td>
<td>74176</td>
<td>350</td>
<td>$3,329.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $3,329.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $1,664.50
Minimum negotiated charge amount (93%) ------------------> $3,095.97
Maximum negotiated charge amount (95%) ------------------> $3,162.55
Aetna - negotiated charge amount (93%) ------------------> $3,095.97
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $3,162.55
Hometown Health - negotiated charge amount (95%) ------------------> $3,162.55
Prominence - negotiated charge amount (95%) ------------------> $3,162.55
All other insurances - non-negotiated charge amount (100%) ------------------> $3,329.00

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
# Mt. Grant General Hospital

### Shoppable Services Report - Table II

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOWER EXTREMITY LT W/O C</strong></td>
<td>4399200</td>
<td>73700</td>
<td>350</td>
<td>$1,621.00</td>
<td></td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

Total of Standard Charges: $1,621.00

<table>
<thead>
<tr>
<th></th>
<th>Self-pay/Cash Price (50% of charges, if balance is paid in full)</th>
<th>Minimum negotiated charge amount (93%)</th>
<th>Maximum negotiated charge amount (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>$810.50</td>
<td>$1,507.53</td>
<td>$1,539.95</td>
</tr>
<tr>
<td>Anthem Blue Cross</td>
<td></td>
<td>$1,507.53</td>
<td>$1,539.95</td>
</tr>
<tr>
<td>Hometown Health</td>
<td></td>
<td>$1,539.95</td>
<td>$1,539.95</td>
</tr>
<tr>
<td>Prominence</td>
<td></td>
<td>$1,539.95</td>
<td>$1,539.95</td>
</tr>
<tr>
<td>All other insurances</td>
<td></td>
<td>$1,621.00</td>
<td>$1,621.00</td>
</tr>
</tbody>
</table>

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4420025 ABDOMEN MRI</td>
<td>4420025 ABDOMEN MRI</td>
<td>74181</td>
<td>610</td>
<td>$ 2,315.00</td>
<td>$ 2,315.00</td>
</tr>
</tbody>
</table>

**MRI**

**Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.**

Self-pay/Cash Price (50% of charges, if balance is paid in full)--------> $ 1,157.50

Minimum negotiated charge amount (93%) --------> $ 2,152.95

Maximum negotiated charge amount (95%) --------> $ 2,199.25

Aetna - negotiated charge amount (93%) --------> $ 2,152.95

Anthem Blue Cross - negotiated charge amount (95%) --------> $ 2,199.25

Hometown Health - negotiated charge amount (95%) --------> $ 2,199.25

Prominence - negotiated charge amount (95%) --------> $ 2,199.25

All other insurances - non-negotiated charge amount (100%) --------> $ 2,315.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II
### (CMS-1717-F2)

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>70553</td>
<td>611</td>
<td></td>
<td>$2,906.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $2,906.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)--> $1,453.00
Minimum negotiated charge amount (93%) --> $2,702.58
Maximum negotiated charge amount (95%) --> $2,760.70
Aetna - negotiated charge amount (93%) --> $2,702.58
Anthem Blue Cross - negotiated charge amount (95%) --> $2,760.70
Hometown Health - negotiated charge amount (95%) --> $2,760.70
Prominence - negotiated charge amount (95%) --> $2,760.70
All other insurances - non-negotiated charge amount (100%) --> $2,906.00

---

**MT. GRANT GENERAL HOSPITAL -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4420125 BRAIN WO CONTRAST MRI</td>
<td>4420125 BRAIN WO CONTRAST MRI</td>
<td>70551</td>
<td>611</td>
<td></td>
<td>$2,281.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

**MRI**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

| Self-pay/Cash Price (50% of charges, if balance is paid in full) | $1,140.50 |
| Minimum negotiated charge amount (93%) | $2,121.33 |
| Maximum negotiated charge amount (95%) | $2,166.95 |
| Aetna - negotiated charge amount (93%) | $2,121.33 |
| Anthem Blue Cross - negotiated charge amount (95%) | $2,166.95 |
| Hometown Health - negotiated charge amount (95%) | $2,166.95 |
| Prominence - negotiated charge amount (95%) | $2,166.95 |
| All other insurances - non-negotiated charge amount (100%) | $2,281.00 |

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4420200</td>
<td>C SPINE WO CONTRAST MRI</td>
<td>72141</td>
<td>612</td>
<td></td>
<td>$2,281.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $1,140.50
Minimum negotiated charge amount (93%) ------------------> $2,121.33
Maximum negotiated charge amount (95%) ------------------> $2,166.95
Aetna - negotiated charge amount (93%) ------------------> $2,121.33
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $2,166.95
Hometown Health - negotiated charge amount (95%) ------------------> $2,166.95
Prominence - negotiated charge amount (95%) ------------------> $2,166.95
All other insurances - non-negotiated charge amount (100%) ------------------> $2,281.00

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
## Shoppable Service Report - Table II

### Mt. Grant General Hospital

**Shoppable Service Report**

**MT. GRANT GENERAL HOSPITAL**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>L SPINE WO CONTRAST MRI</td>
<td>L SPINE WO CONTRAST MRI</td>
<td>4420300</td>
<td>72148</td>
<td>612</td>
<td><strong>$2,315.00</strong></td>
</tr>
</tbody>
</table>

**CMS-Specified Shoppable Service**

- **MRI**

**Use CTRL-F to SEARCH**

- **INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY**

- **RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

**Total of Standard Charges:**

**$2,315.00**

**Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------>**

**$1,157.50**

**Minimum negotiated charge amount (93%) ------------------>**

**$2,152.95**

**Maximum negotiated charge amount (95%) ------------------>**

**$2,199.25**

**Aetna - negotiated charge amount (93%) ------------------>**

**$2,152.95**

**Anthem Blue Cross - negotiated charge amount (95%) ------------------>**

**$2,199.25**

**Hometown Health - negotiated charge amount (95%) ------------------>**

**$2,199.25**

**Prominence - negotiated charge amount (95%) ------------------>**

**$2,199.25**

**All other insurances - non-negotiated charge amount (100%) ------------------>**

**$2,315.00**

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4420325 LE RT JNT WO CONTR</td>
<td></td>
<td>73721</td>
<td>610</td>
<td>$2,050.00</td>
<td></td>
</tr>
</tbody>
</table>

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

<table>
<thead>
<tr>
<th>CMS-Specified Shoppable Service</th>
<th>MRI</th>
</tr>
</thead>
</table>

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $1,025.00
Minimum negotiated charge amount (93%) ------------------> $1,906.50
Maximum negotiated charge amount (95%) ------------------> $1,947.50
Aetna - negotiated charge amount (93%) ------------------> $1,906.50
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $1,947.50
Hometown Health - negotiated charge amount (95%) ------------------> $1,947.50
Prominence - negotiated charge amount (95%) ------------------> $1,947.50
All other insurances - non-negotiated charge amount (100%) ------------------> $2,050.00

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4420510 T SPINE WO CONTRAST MRI</td>
<td>T SPINE WO CONTRAST MRI</td>
<td>72146</td>
<td>612</td>
<td></td>
<td>$2,315.00</td>
</tr>
</tbody>
</table>

**INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY**

4420510 T SPINE WO CONTRAST MRI

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

**Total of Standard Charges:**

$2,315.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------>** $1,157.50

**Minimum negotiated charge amount (93%) ------------------>** $2,152.95

**Maximum negotiated charge amount (95%) ------------------>** $2,199.25

**Aetna - negotiated charge amount (93%) ------------------>** $2,152.95

**Anthem Blue Cross - negotiated charge amount (95%) ---------------->** $2,199.25

**Hometown Health - negotiated charge amount (95%) ---------------->** $2,199.25

**Prominence - negotiated charge amount (95%) ---------------->** $2,199.25

**All other insurances - non-negotiated charge amount (100%) ---------------->** $2,315.00

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
## Shoppable Services Report - Table II

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4420550 UE RT JOINT WO CONTRAST</td>
<td>MRI</td>
<td>73221</td>
<td>610</td>
<td>$2,315.00</td>
<td>Total of Standard Charges: $2,315.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

| Self-pay/Cash Price (50% of charges, if balance is paid in full) | $1,157.50 |
| Minimum negotiated charge amount (93%) | $2,152.95 |
| Maximum negotiated charge amount (95%) | $2,199.25 |
| Aetna - negotiated charge amount (93%) | $2,152.95 |
| Anthem Blue Cross - negotiated charge amount (95%) | $2,199.25 |
| Hometown Health - negotiated charge amount (95%) | $2,199.25 |
| Prominence - negotiated charge amount (95%) | $2,199.25 |
| All other insurances - non-negotiated charge amount (100%) | $2,315.00 |

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>LE LT JOINT WO CONTR</td>
<td>4429325</td>
<td>73721</td>
<td>610</td>
<td>$ 2,050.00</td>
<td></td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

**CMS-Specified Shoppable Service**

**MRI**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)----------------> $ 1,025.00

Minimum negotiated charge amount (93%) ----------------> $ 1,906.50

Maximum negotiated charge amount (95%) ----------------> $ 1,947.50

Aetna - negotiated charge amount (93%) ----------------> $ 1,906.50

Anthem Blue Cross - negotiated charge amount (95%) ----------------> $ 1,947.50

Hometown Health - negotiated charge amount (95%) ----------------> $ 1,947.50

Prominence - negotiated charge amount (95%) ----------------> $ 1,947.50

All other insurances - non-negotiated charge amount (100%) ----------------> $ 2,050.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4429550</td>
<td>UE LT JNT WO CONTR</td>
<td>73221</td>
<td>610</td>
<td></td>
<td>$2,315.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Total of Standard Charges:** $2,315.00

- Self-pay/Cash Price (50% of charges, if balance is paid in full) $1,157.50
- Minimum negotiated charge amount (93%) $2,152.95
- Maximum negotiated charge amount (95%) $2,199.25
- Aetna - negotiated charge amount (93%) $2,152.95
- Anthem Blue Cross - negotiated charge amount (95%) $2,199.25
- Hometown Health - negotiated charge amount (95%) $2,199.25
- Prominence - negotiated charge amount (95%) $2,199.25
- All other insurances - non-negotiated charge amount (100%) $2,315.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Mt. Grant General Hospital

**Shoppable Services Report - Table II**

*(CMS-1717-F2)*

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPLETE ABDOMEN U S</td>
<td>COMPLETE ABDOMEN U S</td>
<td>76700</td>
<td>402</td>
<td>402</td>
<td>$643.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

- Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $321.50
- Minimum negotiated charge amount (93%) ------------------> $597.99
- Maximum negotiated charge amount (95%) ------------------> $610.85
- Aetna - negotiated charge amount (93%) ------------------> $597.99
- Anthem Blue Cross - negotiated charge amount (95%) ------------------> $610.85
- Hometown Health - negotiated charge amount (95%) ------------------> $610.85
- Prominence - negotiated charge amount (95%) ------------------> $610.85
- All other insurances - non-negotiated charge amount (100%) ------------------> $643.00

**Total of Standard Charges:** $643.00

---

### CMS-Specified Shoppable Service

Ultrasound

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

### Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
# Shoppable Services Report - Table II

**Mt. Grant General Hospital**

**Shoppable Services Report - Table II**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LIMITED ABDOMEN U S</strong></td>
<td><strong>LIMITED ABDOMEN U S</strong></td>
<td>4450020 76705</td>
<td>402</td>
<td></td>
<td>$573.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $286.50

Minimum negotiated charge amount (93%) ------------------> $532.89

Maximum negotiated charge amount (95%) ------------------> $544.35

Aetna - negotiated charge amount (93%) ------------------> $532.89

Anthem Blue Cross - negotiated charge amount (95%) ------------------> $544.35

Hometown Health - negotiated charge amount (95%) ------------------> $544.35

Prominence - negotiated charge amount (95%) ------------------> $544.35

All other insurances - non-negotiated charge amount (100%) ------------------> $573.00

---

**Ultrasound**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
# Shoppable Services Report - Table II

## Mt. Grant General Hospital

### CPT Code: 76770

RENAL ULTRA SOUND

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Description</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4450080</td>
<td>RENAL ULTRA SOUND</td>
<td>402</td>
<td>$ 573.00</td>
</tr>
</tbody>
</table>

### Total of Standard Charges: $ 573.00

**Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.**

**Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------>** $ 286.50

**Minimum negotiated charge amount (93%) ---------------->** $ 532.89

**Maximum negotiated charge amount (95%) ------------------->** $ 544.35

**Aetna - negotiated charge amount (93%) ---------------->** $ 532.89

**Anthem Blue Cross - negotiated charge amount (95%) ---------------->** $ 544.35

**Hometown Health - negotiated charge amount (95%) ---------------->** $ 544.35

**Prominence - negotiated charge amount (95%) ---------------->** $ 544.35

**All other insurances - non-negotiated charge amount (100%) ---------------->** $ 573.00

---

**NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit**
## Shoppable Services Report - Table II

### Mt. Grant General Hospital

#### Shoppable Services

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4450090</td>
<td>PELVIS NON OB ULTRA SOUND</td>
<td>76856</td>
<td>402</td>
<td></td>
<td>$ 573.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST** - not provided by facility (will be billed separately by the radiology group)

---

**Ultrasound**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.

---

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 286.50
Minimum negotiated charge amount (93%) ------------------> $ 532.89
Maximum negotiated charge amount (95%) ------------------> $ 544.35
Aetna - negotiated charge amount (93%) ------------------> $ 532.89
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 544.35
Hometown Health - negotiated charge amount (95%) ------------------> $ 544.35
Prominence - negotiated charge amount (95%) ------------------> $ 544.35
All other insurances - non-negotiated charge amount (100%) ------------------> $ 573.00
### Mt. Grant General Hospital

**Shoppable Services Report - Table II**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4450100 LIMITED VENOUS STUDIES US</strong></td>
<td></td>
<td>93971</td>
<td>921</td>
<td></td>
<td>$ 608.00</td>
</tr>
<tr>
<td>4450100 LIMITED VENOUS STUDIES US</td>
<td></td>
<td>93971</td>
<td>921</td>
<td></td>
<td>$ 608.00</td>
</tr>
<tr>
<td><strong>RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ultrasound</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Shoppable Services Report - Table II (CMS-1717-F2)

### Mt. Grant General Hospital

#### Shoppable Service

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultrasound</td>
<td></td>
</tr>
</tbody>
</table>

**INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY**

#### 4450120  S T NECK

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>76536</td>
<td>402</td>
<td></td>
<td>$ 568.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 284.00

Minimum negotiated charge amount (93%) ------------------> $ 284.24

Maximum negotiated charge amount (95%) ------------------> $ 293.60

Aetna - negotiated charge amount (93%) ------------------> $ 284.24

Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 293.60

Hometown Health - negotiated charge amount (95%) ------------------> $ 293.60

Prominence - negotiated charge amount (95%) ------------------> $ 293.60

All other insurances - non-negotiated charge amount (100%)------------------> $ 568.00

**Total of Standard Charges:** $ 568.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4450130 SCROTUM ULTRASOUND</td>
<td>SCROTUM ULTRASOUND</td>
<td>76870</td>
<td>402</td>
<td></td>
<td>$568.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

**Ultrasound**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)-----------------> $284.00

Minimum negotiated charge amount (93%) -----------------> $528.24

Maximum negotiated charge amount (95%) -----------------> $539.60

Aetna - negotiated charge amount (93%) -----------------> $528.24

Anthem Blue Cross - negotiated charge amount (95%) -----------------> $539.60

Hometown Health - negotiated charge amount (95%) -----------------> $539.60

Prominence - negotiated charge amount (95%) -----------------> $539.60

All other insurances - non-negotiated charge amount (100%) -----------------> $568.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit**
## Mt. Grant General Hospital

**Shoppable Services Report - Table II**  
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4450140 TRANSVAGINAL ULTRA SOUND</td>
<td>TRANSVAGINAL ULTRA SOUND</td>
<td>76830</td>
<td>402</td>
<td>$318.00</td>
<td></td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

Self-pay/Cash Price (50% of charges, if balance is paid in full) --> $159.00

Minimum negotiated charge amount (93%) --> $295.74

Maximum negotiated charge amount (95%) --> $302.10

Aetna - negotiated charge amount (93%) --> $295.74

Anthem Blue Cross - negotiated charge amount (95%) --> $302.10

Hometown Health - negotiated charge amount (95%) --> $302.10

Prominence - negotiated charge amount (95%) --> $302.10

All other insurances - non-negotiated charge amount (100%) --> $318.00

**CMS-Specified Shoppable Service**

**Ultrasound**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid --> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage --> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4453306 ECHOCARDIOGRAM, COMPLETE</td>
<td></td>
<td>93306</td>
<td>483</td>
<td></td>
<td>$1,995.00</td>
</tr>
<tr>
<td>4453306 ECHOCARDIOGRAM, COMPLETE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-ultrasound-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $997.50
Minimum negotiated charge amount (93%) ------------> $1,855.35
Maximum negotiated charge amount (95%) ------------> $1,895.25
Aetna - negotiated charge amount (93%) ------------> $1,855.35
Anthem Blue Cross - negotiated charge amount (95%) ------------> $1,895.25
Hometown Health - negotiated charge amount (95%) ------------> $1,895.25
Prominence - negotiated charge amount (95%) ------------> $1,895.25
All other insurances - non-negotiated charge amount (100%) ------------> $1,995.00

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
**Mt. Grant General Hospital**

**Shoppable Services Report - Table II**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultrasound</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Use CTRL-F to SEARCH**

**Ultrasound**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>445308 ECHOCARDIOGRAM, LIMITED</td>
<td>ECHOCARDIOGRAM, LIMITED</td>
<td>93308</td>
<td>483</td>
<td></td>
<td>$ 893.00</td>
</tr>
</tbody>
</table>

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>445308 ECHOCARDIOGRAM, LIMITED</td>
<td>ECHOCARDIOGRAM, LIMITED</td>
<td>93308</td>
<td>483</td>
<td></td>
<td>$ 893.00</td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 446.50

Minimum negotiated charge amount (93%) ------------------> $ 830.49

Maximum negotiated charge amount (95%) ------------------> $ 848.35

Aetna - negotiated charge amount (93%) ------------------> $ 830.49

Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 848.35

Hometown Health - negotiated charge amount (95%) ------------------> $ 848.35

Prominence - negotiated charge amount (95%) ------------------> $ 848.35

All other insurances - non-negotiated charge amount (100%) ------------------> $ 893.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit**
### Shoppable Service

**Shoppable Services Report - Table II**  
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOPPLER SCAN XCRANIAL BILAT (CAROTID)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4453880</td>
<td>93880</td>
<td>921</td>
<td>$781.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**  
$781.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**  
  $390.50

- **Minimum negotiated charge amount (93%)**  
  $726.33

- **Maximum negotiated charge amount (95%)**  
  $741.95

- **Aetna - negotiated charge amount (93%)**  
  $726.33

- **Anthem Blue Cross - negotiated charge amount (95%)**  
  $741.95

- **Hometown Health - negotiated charge amount (95%)**  
  $741.95

- **Prominence - negotiated charge amount (95%)**  
  $741.95

- **All other insurances - non-negotiated charge amount (100%)**  
  $781.00

---

**Use CTRL-F to SEARCH**

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid  
------ 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage  
------ 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4453925</td>
<td>BILAT DOPPLER LOW EXT ARTERY</td>
<td>93925</td>
<td>402</td>
<td></td>
<td>$815.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**
  - $407.50
- **Minimum negotiated charge amount (93%)**
  - $757.95
- **Maximum negotiated charge amount (95%)**
  - $774.25
- **Aetna - negotiated charge amount (93%)**
  - $757.95
- **Anthem Blue Cross - negotiated charge amount (95%)**
  - $774.25
- **Hometown Health - negotiated charge amount (95%)**
  - $774.25
- **Prominence - negotiated charge amount (95%)**
  - $774.25
- **All other insurances - non-negotiated charge amount (100%)**
  - $815.00

**Use CTRL-F to SEARCH**

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

- For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
## Shoppable Service Report - Table II

### Mt. Grant General Hospital

**Date Printed:** 01/04/2022  
**Last Update:** 01/04/2022  

### Shoppable Service

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4453926 UNI DUPLEX LOW EXT RT ARTERY</td>
<td>4453926 UNI DUPLEX LOW EXT RT ARTERY</td>
<td>93926</td>
<td>402</td>
<td>402</td>
<td>$534.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

**Total of Standard Charges:** $534.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full):** $267.00

**Minimum negotiated charge amount (93%):** $496.62

**Maximum negotiated charge amount (95%):** $507.30

**Aetna - negotiated charge amount (93%):** $496.62

**Anthem Blue Cross - negotiated charge amount (95%):** $507.30

**Hometown Health - negotiated charge amount (95%):** $507.30

**Prominence - negotiated charge amount (95%):** $507.30

**All other insurances - non-negotiated charge amount (100%):** $534.00

---

### Ultrasound

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

### Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>93970</td>
<td>402</td>
<td>402</td>
<td>$1,147.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $1,147.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $573.50
- **Minimum negotiated charge amount (93%):** $1,066.71
- **Maximum negotiated charge amount (95%):** $1,089.65
- **Aetna - negotiated charge amount (93%):** $1,066.71
- **Anthem Blue Cross - negotiated charge amount (95%):** $1,089.65
- **Hometown Health - negotiated charge amount (95%):** $1,089.65
- **Prominence - negotiated charge amount (95%):** $1,089.65
- **All other insurances - non-negotiated charge amount (100%):** $1,147.00

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY</td>
<td>RENAL Doppler US - COMPLETE</td>
<td>4453975</td>
<td>93975</td>
<td>921</td>
<td>$1,155.00</td>
</tr>
<tr>
<td></td>
<td>RENAL Doppler US - COMPLETE</td>
<td>4453975</td>
<td>93975</td>
<td>921</td>
<td>$1,155.00</td>
</tr>
<tr>
<td></td>
<td>RADILOGIST - not provided by facility (will be billed separately by the radiology group)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total of Standard Charges: $1,155.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $577.50

Minimum negotiated charge amount (93%) ------------------> $1,074.15

Maximum negotiated charge amount (95%) ------------------> $1,097.25

Aetna - negotiated charge amount (93%) ------------------> $1,074.15

Anthem Blue Cross - negotiated charge amount (95%) ------------------> $1,097.25

Prominence - negotiated charge amount (95%) ------------------> $1,097.25

All other insurances - non-negotiated charge amount (100%) ------------------> $1,155.00

---

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4453976</strong> RENAL DOPPLER US - LIMITED</td>
<td>RENAL DOPPLER US - LIMITED</td>
<td>93976</td>
<td>921</td>
<td></td>
<td>$998.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

**Total of Standard Charges:** $998.00

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-pay/Cash Price (50% of charges, if balance is paid in full)</td>
<td>$499.00</td>
</tr>
<tr>
<td>Minimum negotiated charge amount (93%)</td>
<td>$928.14</td>
</tr>
<tr>
<td>Maximum negotiated charge amount (95%)</td>
<td>$948.10</td>
</tr>
<tr>
<td>Aetna - negotiated charge amount (93%)</td>
<td>$928.14</td>
</tr>
<tr>
<td>Anthem Blue Cross - negotiated charge amount (95%)</td>
<td>$948.10</td>
</tr>
<tr>
<td>Hometown Health - negotiated charge amount (95%)</td>
<td>$948.10</td>
</tr>
<tr>
<td>Prominence - negotiated charge amount (95%)</td>
<td>$948.10</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$998.00</td>
</tr>
</tbody>
</table>

**Ultrasound**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4456770 ABDOMINAL AORTA ULTRASOUND</td>
<td>ABDOMINAL AORTA ULTRASOUND</td>
<td>76770</td>
<td>402</td>
<td></td>
<td>$ 541.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Total of Standard Charges:** $ 541.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 270.50
Minimum negotiated charge amount (93%) ---------------> $ 503.13
Maximum negotiated charge amount (95%) --------------> $ 513.95
Aetna - negotiated charge amount (93%) ---------------> $ 503.13
Anthem Blue Cross - negotiated charge amount (95%) --------------> $ 513.95
Hometown Health - negotiated charge amount (95%) --------------> $ 513.95
Prominence - negotiated charge amount (95%) --------------> $ 513.95
All other insurances - non-negotiated charge amount (100%) --------------> $ 541.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Mt. Grant General Hospital

**Shoppable Services Report - Table II**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4457680 S.T. BACK</td>
<td>S.T. BACK</td>
<td>76800</td>
<td>402</td>
<td></td>
<td>$522.00</td>
</tr>
</tbody>
</table>

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

| Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. |

**Total of Standard Charges:** $522.00

- Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $261.00
- Minimum negotiated charge amount (93%) ----------------> $485.46
- Maximum negotiated charge amount (95%) ----------------> $495.90
- Aetna - negotiated charge amount (93%) ----------------> $485.46
- Anthem Blue Cross - negotiated charge amount (95%) ----------------> $495.90
- Hometown Health - negotiated charge amount (95%) ----------------> $495.90
- Prominence - negotiated charge amount (95%) ----------------> $495.90
- All other insurances - non-negotiated charge amount (100%) ----------------> $522.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4458964</td>
<td>EXTREMITY, NON-VASCULAR, LIMITED U/S</td>
<td>76882</td>
<td>402</td>
<td></td>
<td>$ 507.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 507.00

**Copays, deductibles and co-insurances are not factored into these charge amounts since each patient's insurance plan is unique.**

- Self-pay/Cash Price (50% of charges, if balance is paid in full) $ 253.50
- Minimum negotiated charge amount (93%) $ 471.51
- Maximum negotiated charge amount (95%) $ 481.65
- Aetna - negotiated charge amount (93%) $ 471.51
- Anthem Blue Cross - negotiated charge amount (95%) $ 481.65
- Hometown Health - negotiated charge amount (95%) $ 481.65
- Prominence - negotiated charge amount (95%) $ 481.65
- All other insurances - non-negotiated charge amount (100%) $ 507.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>93926</td>
<td>402</td>
<td></td>
<td>$534.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $534.00

---

**Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.**

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ---> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ---> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4480165</strong></td>
<td>ADENOSINE 6 MG/SYR (3 MG/ML), J0153 - INJECTION, PER 1 MG</td>
<td>J0153</td>
<td>636</td>
<td></td>
<td>$ 18.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>96374</td>
<td>260</td>
<td></td>
<td>$ 168.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Total of Standard Charges:</strong> $ 186.00</td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 93.00

Minimum negotiated charge amount (93%) ------------------> $ 172.98

Maximum negotiated charge amount (95%) ------------------> $ 176.70

Aetna - negotiated charge amount (93%) ------------------> $ 172.98

Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 176.70

Hometown Health - negotiated charge amount (95%) ------------------> $ 176.70

Prominence - negotiated charge amount (95%) ------------------> $ 176.70

All other insurances - non-negotiated charge amount (100%) ------------------> $ 186.00

---

Pharmacy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

---

Mt. Grant General Hospital

Shoppable Services Report - Table II (CMS-1717-F2)
### Mt. Grant General Hospital

#### Shoppable Services Report - Table II

(CMS-1717-F2)

Shoppable Service | Primary Service and Ancillary Services | CPT Code | HCPCS Code | Revenue Code | Standard Charge
---|---|---|---|---|---
**OUTPATIENT**

4480283 AMIODARONE 450 MG/9 ML, J0282 - INJECTION, PER 30 MG

| 4480283 | AMIODARONE 450 MG/9 ML, J0282 - INJECTION, PER 30 MG | J0282 | 636 | $2.50 |
| 4480284 | SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML | J0282 | 258 | $57.00 |
| 4657365 | THERAPEUTIC 16-60 MIN | 96365 | 260 | $362.00 |

Total of Standard Charges: $421.50

| 4480283 | AMIODARONE 450 MG/9 ML, J0282 - INJECTION, PER 30 MG | J0282 | 636 | $2.50 |
| 4480284 | SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML | J0282 | 258 | $57.00 |
| 4657365 | THERAPEUTIC 16-60 MIN | 96365 | 260 | $362.00 |

Total of Standard Charges: $421.50

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $210.75

Minimum negotiated charge amount (93%) ------------------> $392.00

Maximum negotiated charge amount (95%) ------------------> $400.43

Aetna - negotiated charge amount (93%) ------------------> $392.00

Anthem Blue Cross - negotiated charge amount (95%) ------------------> $400.43

Hometown Health - negotiated charge amount (95%) ------------------> $400.43

Prominence - negotiated charge amount (95%) ------------------> $400.43

All other insurances - non-negotiated charge amount (100%) ------------------> $421.50

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTPATIENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4480295</td>
<td>AMPICILLIN/SULBACTAM 3G/VIAL, J0295 - INJECTION, PER 1.5 GM</td>
<td>J0295</td>
<td>636</td>
<td></td>
<td>$37.00</td>
</tr>
<tr>
<td>4487084F</td>
<td>SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML</td>
<td>4487084F</td>
<td>258</td>
<td></td>
<td>$57.00</td>
</tr>
<tr>
<td>4657365</td>
<td>THERAPEUTIC 16-60 MIN</td>
<td>4657365</td>
<td>96365</td>
<td>260</td>
<td>$362.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$456.00</td>
</tr>
<tr>
<td></td>
<td><strong>Total of Standard Charges:</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$456.00</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Self-pay/Cash Price (50% of charges, if balance is paid in full)</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$228.00</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Minimum negotiated charge amount (93%)</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$424.08</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Maximum negotiated charge amount (95%)</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$433.20</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Aetna - negotiated charge amount (93%)</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$424.08</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Anthem Blue Cross - negotiated charge amount (95%)</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$433.20</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Hometown Health - negotiated charge amount (95%)</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$433.20</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Prominence - negotiated charge amount (95%)</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$433.20</strong></td>
</tr>
<tr>
<td></td>
<td><strong>All other insurances - non-negotiated charge amount (100%)</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$456.00</strong></td>
</tr>
</tbody>
</table>

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

### CPT Code | HCPCS Code | Revenue Code | Standard Charge
---|---|---|---
302 | 391 | | 

### Shoppable Service

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J0897</td>
<td>DENOSUMAB 1 MG INJ</td>
</tr>
<tr>
<td>4480897</td>
<td>A quantity of 100MG will be charged for this medication -- the pricing shown is for a 1MG injection</td>
</tr>
<tr>
<td>4487084F</td>
<td>SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML</td>
</tr>
<tr>
<td>4657365</td>
<td>THERAPEUTIC 16-60 MIN</td>
</tr>
<tr>
<td>96365</td>
<td></td>
</tr>
</tbody>
</table>

### Pharmacy

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

<table>
<thead>
<tr>
<th></th>
<th>Self-pay/Cash Price (50% of charges, if balance is paid in full)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ 230.50</td>
</tr>
<tr>
<td></td>
<td>Minimum negotiated charge amount (93%)</td>
</tr>
<tr>
<td></td>
<td>$ 428.73</td>
</tr>
<tr>
<td></td>
<td>Maximum negotiated charge amount (95%)</td>
</tr>
<tr>
<td></td>
<td>$ 437.95</td>
</tr>
<tr>
<td></td>
<td>Aetna - negotiated charge amount (93%)</td>
</tr>
<tr>
<td></td>
<td>$ 428.73</td>
</tr>
<tr>
<td></td>
<td>Anthem Blue Cross - negotiated charge amount (95%)</td>
</tr>
<tr>
<td></td>
<td>$ 437.95</td>
</tr>
<tr>
<td></td>
<td>Hometown Health - negotiated charge amount (95%)</td>
</tr>
<tr>
<td></td>
<td>$ 437.95</td>
</tr>
<tr>
<td></td>
<td>Prominence - negotiated charge amount (95%)</td>
</tr>
<tr>
<td></td>
<td>$ 437.95</td>
</tr>
<tr>
<td></td>
<td>All other insurances - non-negotiated charge amount (100%)</td>
</tr>
<tr>
<td></td>
<td>$ 461.00</td>
</tr>
</tbody>
</table>

### Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ------ 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ------ 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.

Mt. Grant General Hospital
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEFAZOLIN 1 GM/VIAL, J0690 - INJECTION, PER 500 MG</td>
<td>4480972</td>
<td>J0690</td>
<td>636</td>
<td>28.00</td>
<td></td>
</tr>
<tr>
<td>SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML</td>
<td>4487084F</td>
<td>57</td>
<td>258</td>
<td>57.00</td>
<td></td>
</tr>
<tr>
<td>THERAPEUTIC 16-60 MIN</td>
<td>4657365</td>
<td>96365</td>
<td>260</td>
<td>362.00</td>
<td></td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 447.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 223.50
Minimum negotiated charge amount (93%) ------------------> $ 415.71
Maximum negotiated charge amount (95%) ------------------> $ 424.65

Aetna - negotiated charge amount (93%) ------------------> $ 415.71
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 424.65
Hometown Health - negotiated charge amount (95%) ------------------> $ 424.65
Prominence - negotiated charge amount (95%) ------------------> $ 424.65
All other insurances - non-negotiated charge amount (100%) ------------------> $ 447.00

Pharmacy:

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Mt. Grant General Hospital

#### Shoppable Services Report - Table II

**CMS-1717-F2**

**Mt. Grant General Hospital**

**Date Printed:** 01/04/2022  
**Last Update:** 01/04/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4481012</td>
<td>CEFTRIAXONE 25 MG/VIAL, J0696 - INJECTION, PER 250 MG</td>
<td>4481012</td>
<td>J0696</td>
<td>636</td>
<td>$7.50</td>
</tr>
<tr>
<td>4652015</td>
<td>PHARMACY INJ FEE</td>
<td>4652015</td>
<td>96372</td>
<td>260</td>
<td>$32.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $39.50

---

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

### Patient Discount Programs

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ——— 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ——— 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Mt. Grant General Hospital

**Shoppable Services Report - Table II**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
</tr>
</tbody>
</table>

### 4481350  J1100 - INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG

The quantity of this injection will be at least 4MG, but can be up to 10MG -- pricing is for a 1MG injection

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>J1100</td>
<td>636</td>
<td>391</td>
<td>$ 7.50</td>
</tr>
<tr>
<td>96372</td>
<td>260</td>
<td></td>
<td>$ 32.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 39.50

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 19.75
Minimum negotiated charge amount (93%) ------------------> $ 36.74
Maximum negotiated charge amount (95%) ------------------> $ 37.53
Aetna - negotiated charge amount (93%) ------------------> $ 36.74
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 37.53
Hometown Health - negotiated charge amount (95%) ------------------> $ 37.53
Prominence - negotiated charge amount (95%) ------------------> $ 37.53
All other insurances - non-negotiated charge amount (100%) ------------------> $ 39.50

---

### Pharmacy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4481630</td>
<td>J3360 - INJECTION, DIAZEPAM, UP TO 5 MG</td>
<td>J3360</td>
<td>636</td>
<td>260</td>
<td>$ 13.00</td>
</tr>
<tr>
<td>4652015</td>
<td>PHARMACY INJ FEE</td>
<td>96372</td>
<td></td>
<td>320</td>
<td>$ 32.00</td>
</tr>
<tr>
<td></td>
<td><strong>Total of Standard Charges:</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$ 45.00</strong></td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 22.50
Minimum negotiated charge amount (93%) ------------------> $ 41.85
Maximum negotiated charge amount (95%) ------------------> $ 42.75
Aetna - negotiated charge amount (93%) ------------------> $ 41.85
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 42.75
Hometown Health - negotiated charge amount (95%) ------------------> $ 42.75
Prominance - negotiated charge amount (95%) ------------------> $ 42.75
All other insurances - non-negotiated charge amount (100%) ------------------> $ 45.00

Pharmacy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4481830</td>
<td>J1200 - INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG</td>
<td>J1200</td>
<td>636</td>
<td></td>
<td>$ 20.00</td>
</tr>
<tr>
<td>4652015</td>
<td>PHARMACY INJ FEE</td>
<td>96372</td>
<td>260</td>
<td></td>
<td>$ 32.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 52.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 26.00
- **Minimum negotiated charge amount (93%)**: $ 48.36
- **Maximum negotiated charge amount (95%)**: $ 49.40
- **Aetna - negotiated charge amount (93%)**: $ 48.36
- **Anthem Blue Cross - negotiated charge amount (95%)**: $ 49.40
- **Hometown Health - negotiated charge amount (95%)**: $ 49.40
- **Prominence - negotiated charge amount (95%)**: $ 49.40
- **All other insurances - non-negotiated charge amount (100%)**: $ 52.00

*Pharmacy*

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Mt. Grant General Hospital
### Shoppable Services Report - Table II
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4481950 J1265</td>
<td>INJECTION, DOPAMINE HCL, 40 MG</td>
<td>J1265</td>
<td>636</td>
<td></td>
<td>$78.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>96365</td>
<td>260</td>
<td></td>
<td>$362.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Total of Standard Charges:</strong> $440.00</td>
</tr>
</tbody>
</table>

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $220.00
- **Minimum negotiated charge amount (93%)**: $409.20
- **Maximum negotiated charge amount (95%)**: $418.00
- **Aetna - negotiated charge amount (93%)**: $409.20
- **Anthem Blue Cross - negotiated charge amount (95%)**: $418.00
- **Hometown Health - negotiated charge amount (95%)**: $418.00
- **Prominence - negotiated charge amount (95%)**: $418.00
- **All other insurances - non-negotiated charge amount (100%)**: $440.00

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ---> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ---> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
**Mt. Grant General Hospital**

**Shoppable Services Report - Table II**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4481953</td>
<td>LEVETIRACETAM INJ 10 MG</td>
<td>J1953</td>
<td>636</td>
<td></td>
<td>$ 1.50</td>
</tr>
<tr>
<td>4487084F</td>
<td>SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML</td>
<td>96365</td>
<td>260</td>
<td></td>
<td>$ 362.00</td>
</tr>
</tbody>
</table>

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

<table>
<thead>
<tr>
<th></th>
<th>Self-pay/Cash Price (50% of charges, if balance is paid in full)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimum negotiated charge amount (93%)</td>
</tr>
<tr>
<td></td>
<td>Maximum negotiated charge amount (95%)</td>
</tr>
<tr>
<td>Aetna</td>
<td>$ 391.07</td>
</tr>
<tr>
<td>Anthem Blue Cross</td>
<td>$ 399.48</td>
</tr>
<tr>
<td>Hometown Health</td>
<td>$ 399.48</td>
</tr>
<tr>
<td>Prominence</td>
<td>$ 399.48</td>
</tr>
<tr>
<td>All other insurances</td>
<td>$ 420.50</td>
</tr>
</tbody>
</table>

**Pharmacy**

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid: 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage: 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

**Mt. Grant General Hospital**

**Shoppable Services Report - Table II**

(CMS-1717-F2)

### Shoppable Service

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>J2060</td>
<td>636</td>
<td>4482062</td>
<td>$18.00</td>
</tr>
<tr>
<td>96372</td>
<td>260</td>
<td>4652015</td>
<td>$32.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

$50.00

---

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4482130 J0171 - INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG</td>
<td>J0171 - INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG</td>
<td>J0171</td>
<td>636</td>
<td>$ 8.50</td>
<td></td>
</tr>
<tr>
<td>4652015 PHARMACY INJ FEE</td>
<td></td>
<td>96372</td>
<td>260</td>
<td>$ 32.00</td>
<td></td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 40.50

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------> $ 20.25
Minimum negotiated charge amount (93%) ------------> $ 37.67
Maximum negotiated charge amount (95%) ------------> $ 38.48
Aetna - negotiated charge amount (93%) ------------> $ 37.67
Anthem Blue Cross - negotiated charge amount (95%) ------------> $ 38.48
Hometown Health - negotiated charge amount (95%) ------------> $ 38.48
Prominence - negotiated charge amount (95%) ------------> $ 38.48
All other insurances - non-negotiated charge amount (100%) ------------> $ 40.50

Pharmacy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4482185 MEROPENEM 100MG IV</td>
<td></td>
<td>J2185</td>
<td>636</td>
<td></td>
<td>$ 17.00</td>
</tr>
<tr>
<td>4487084F SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML</td>
<td></td>
<td>258</td>
<td>96365</td>
<td>260</td>
<td>$ 57.00</td>
</tr>
<tr>
<td>4657365 THERAPEUTIC 16-60 MIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 362.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 436.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 218.00
Minimum negotiated charge amount (93%) ------------------> $ 405.48
Maximum negotiated charge amount (95%) ------------------> $ 414.20
Aetna - negotiated charge amount (93%) ------------------> $ 405.48
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 414.20
Hometown Health - negotiated charge amount (95%) ------------------> $ 414.20
Prominence - negotiated charge amount (95%) ------------------> $ 414.20
All other insurances - non-negotiated charge amount (100%) ------------------> $ 436.00

Pharmacy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4482350</td>
<td>J3010 - INJECTION, FENTANYL CITRATE, 0.1 MG</td>
<td>J3010</td>
<td>636</td>
<td></td>
<td>$ 97.00</td>
</tr>
<tr>
<td>4657374</td>
<td>IV PUSH INITIAL</td>
<td>96374</td>
<td>260</td>
<td></td>
<td>$ 168.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 265.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) $ 132.50
Minimum negotiated charge amount (93%) $ 246.45
Maximum negotiated charge amount (95%) $ 251.75
Aetna - negotiated charge amount (93%) $ 246.45
Anthem Blue Cross - negotiated charge amount (95%) $ 251.75
Hometown Health - negotiated charge amount (95%) $ 251.75
Prominence - negotiated charge amount (95%) $ 251.75
All other insurances - non-negotiated charge amount (100%) $ 265.00

Pharmacy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

- For patients with insurance who have a patient balance after insurance has paid, 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- For patients who do not have insurance coverage, 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

### Mt. Grant General Hospital

**CMS-1717-F2**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4482543</td>
<td>J2543 - INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)</td>
<td>636</td>
<td>258</td>
<td>260</td>
<td>$34.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>96365</td>
<td>260</td>
<td></td>
<td>$57.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$362.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Total of Standard Charges:</strong> $453.00</td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $226.50
Minimum negotiated charge amount (93%) ---------------> $421.29
Maximum negotiated charge amount (95%) --------------> $430.35
Aetna - negotiated charge amount (93%) --------------> $421.29
Anthem Blue Cross - negotiated charge amount (95%) -----> $430.35
Hometown Health - negotiated charge amount (95%) -------> $430.35
Prominence - negotiated charge amount (95%) -----------> $430.35
All other insurances - non-negotiated charge amount (100%) -----> $453.00

Pharmacy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ---> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ---> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4482800 J1630 - INJECTION, HALOPERIDOL, UP TO 5MG</td>
<td>J1630 - INJECTION, HALOPERIDOL, UP TO 5MG</td>
<td>J1630</td>
<td>636</td>
<td>260</td>
<td>$ 51.00</td>
</tr>
<tr>
<td>4482800 PHARMACY INJ FEE</td>
<td>96372</td>
<td>$ 32.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4652015 PHARMACY INJ FEE</td>
<td>260</td>
<td>$ 83.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total of Standard Charges: **$ 83.00**

Self-pay/Cash Price (50% of charges, if balance is paid in full)-----------------> **$ 41.50**

Minimum negotiated charge amount (93%) -----------------> **$ 77.19**

Maximum negotiated charge amount (95%) -----------------> **$ 78.85**

Aetna - negotiated charge amount (93%) -----------------> **$ 77.19**

Anthem Blue Cross - negotiated charge amount (95%) -----------------> **$ 78.85**

Hometown Health - negotiated charge amount (95%) -----------------> **$ 78.85**

Prominence - negotiated charge amount (95%) -----------------> **$ 78.85**

All other insurances - non-negotiated charge amount (100%) -----------------> **$ 83.00**

---

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Service Report - Table II (CMS-1717-F2)

### Mt. Grant General Hospital

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4483030</td>
<td>J1170 - INJECTION, HYDROMORPHONE, UP TO 4MG</td>
<td>J1170</td>
<td>636</td>
<td>578</td>
<td>$ 29.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>96372</td>
<td>260</td>
<td></td>
<td>$ 32.00</td>
</tr>
<tr>
<td><strong>Total of Standard Charges:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$ 61.00</strong></td>
</tr>
</tbody>
</table>

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4483210</td>
<td>REGULAR INSULIN (HUMULIN-R), J1815 - INJECTION, PER 5 UNITS</td>
<td>J1815</td>
<td>636</td>
<td></td>
<td>$ 5.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 5.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 2.50
Minimum negotiated charge amount (93%) ------------------> $ 4.65
Maximum negotiated charge amount (95%) ------------------> $ 4.75
Aetna - negotiated charge amount (93%) ------------------> $ 4.65
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 4.75
Hometown Health - negotiated charge amount (95%) ------------------> $ 4.75
Prominence - negotiated charge amount (95%) ------------------> $ 4.75
All other insurances - non-negotiated charge amount (100%) ------------------> $ 5.00

Pharmacy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>J1815</td>
<td>636</td>
<td></td>
<td>$17.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $17.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) $8.50

Minimum negotiated charge amount (93%) $15.81

Maximum negotiated charge amount (95%) $16.15

Aetna - negotiated charge amount (93%) $15.81

Anthem Blue Cross - negotiated charge amount (95%) $16.15

Hometown Health - negotiated charge amount (95%) $16.15

Prominence - negotiated charge amount (95%) $16.15

All other insurances - non-negotiated charge amount (100%) $17.00

---

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
### Shoppable Service Report - Table II

**Mt. Grant General Hospital**

**Shoppable Services Report - Table II**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4483336</td>
<td>SULFAMETHOXAZOLE 800 MG-TRIMETHOPRIM 160 MG TABLET</td>
<td>S0039</td>
<td>636</td>
<td></td>
<td>$ 18.00</td>
</tr>
</tbody>
</table>

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Pharmacy**

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 9.00

Minimum negotiated charge amount (93%) ------------------> $ 16.74

Maximum negotiated charge amount (95%) ------------------> $ 17.10

- Aetna - negotiated charge amount (93%) ------------------> $ 16.74
- Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 17.10
- Hometown Health - negotiated charge amount (95%) ------------------> $ 17.10
- Prominence - negotiated charge amount (95%) ------------------> $ 17.10
- All other insurances - non-negotiated charge amount (100%) ------------------> $ 18.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

**Mt. Grant General Hospital**

### Shoppable Service

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
</tr>
</tbody>
</table>

### CPT Code <OR> HCPCS Code  
Revenue Code | Standard Charge
---|-------------------|

<table>
<thead>
<tr>
<th>J1650 - INJECTION, ENOXAPARIN SODIUM, 10 MG</th>
</tr>
</thead>
</table>

| J1650 | 636 | $20.00 |
| 96372 | 260 | $32.00 |

Total of Standard Charges: $52.00

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ---> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ---> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>J3475 - INJECTION, MAGNESIUM SULFATE, PER 500 MG</td>
<td>J3475 - INJECTION, MAGNESIUM SULFATE, PER 500 MG</td>
<td>J3475</td>
<td>636</td>
<td>$ 13.00</td>
<td></td>
</tr>
<tr>
<td>SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML</td>
<td>J3475 - INJECTION, MAGNESIUM SULFATE, PER 500 MG</td>
<td>J3475</td>
<td>258</td>
<td>$ 57.00</td>
<td></td>
</tr>
<tr>
<td>THERAPEUTIC 16-60 MIN</td>
<td>J3475 - INJECTION, MAGNESIUM SULFATE, PER 500 MG</td>
<td>J3475</td>
<td>96365</td>
<td>$ 362.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 432.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) $ 216.00

Minimum negotiated charge amount (93%) $ 401.76

Maximum negotiated charge amount (95%) $ 410.40

Aetna - negotiated charge amount (93%) $ 401.76

Anthem Blue Cross - negotiated charge amount (95%) $ 410.40

Hometown Health - negotiated charge amount (95%) $ 410.40

Prominence - negotiated charge amount (95%) $ 410.40

All other insurances - non-negotiated charge amount (100%) $ 432.00

---

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Shoppable Services Report - Table II

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4483791</td>
<td>SOLU-MEDROL (PF) 125 MG/2 ML SOLUTION FOR INJECTION</td>
<td>J2930</td>
<td>636</td>
<td></td>
<td>$ 56.00</td>
</tr>
<tr>
<td>4483791</td>
<td>SOLU-MEDROL (PF) 125 MG/2 ML SOLUTION FOR INJECTION</td>
<td>96374</td>
<td>260</td>
<td></td>
<td>$ 168.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 224.00

---

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
### Mt. Grant General Hospital

#### Shoppable Services Report - Table II

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4483810 METOCLOPRAMIDE 5 MG/ML INJECTION SOLUTION</td>
<td>METOCLOPRAMIDE 5 MG/ML INJECTION SOLUTION</td>
<td>J2765</td>
<td>636</td>
<td></td>
<td>$ 42.00</td>
</tr>
<tr>
<td>4657374 IV PUSH INITIAL</td>
<td></td>
<td>96374</td>
<td>260</td>
<td></td>
<td>$ 168.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 210.00

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4483900</td>
<td>J2250 - INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG</td>
<td>J2250</td>
<td>636</td>
<td></td>
<td>$18.00</td>
</tr>
<tr>
<td></td>
<td>PHARMACY INJ FEE</td>
<td>96372</td>
<td>260</td>
<td></td>
<td>$32.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $50.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $25.00
- **Minimum negotiated charge amount (93%):** $46.50
- **Maximum negotiated charge amount (95%):** $47.50
- **Aetna - negotiated charge amount (93%):** $46.50
- **Anthem Blue Cross - negotiated charge amount (95%):** $47.50
- **Hometown Health - negotiated charge amount (95%):** $47.50
- **Prominence - negotiated charge amount (95%):** $47.50
- **All other insurances - non-negotiated charge amount (100%):** $50.00

---

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>CPT Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>J2310 - INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG</td>
<td>J2310</td>
<td>636</td>
<td>$ 30.00</td>
</tr>
<tr>
<td>4484070</td>
<td>96374</td>
<td>260</td>
<td>$ 168.00</td>
</tr>
<tr>
<td>4657374</td>
<td>IV PUSH INITIAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Outpatient**

CPT Code: 4484070

**J2310 - INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>J2310</td>
<td>636</td>
<td>$ 30.00</td>
</tr>
<tr>
<td>96374</td>
<td>260</td>
<td>$ 168.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

$ 198.00

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
# Shoppable Services Report - Table II

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4484310</td>
<td>J2360 - INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG</td>
<td>J2360</td>
<td>636</td>
<td></td>
<td>$66.00</td>
</tr>
<tr>
<td>4487084F</td>
<td>SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML</td>
<td></td>
<td></td>
<td></td>
<td>$57.00</td>
</tr>
<tr>
<td>4657365</td>
<td>THERAPEUTIC 16-60 MIN</td>
<td></td>
<td></td>
<td></td>
<td>$362.00</td>
</tr>
</tbody>
</table>

| Total of Standard Charges: | $485.00 |

**Outpatient**

Self-pay/Cash Price (50% of charges, if balance is paid in full)----------> $242.50
Minimum negotiated charge amount (93%) --------------> $451.05
Maximum negotiated charge amount (95%) --------------> $460.75
Aetna - negotiated charge amount (93%) --------------> $451.05
Anthem Blue Cross - negotiated charge amount (95%) --------------> $460.75
Hometown Health - negotiated charge amount (95%) --------------> $460.75
Prominence - negotiated charge amount (95%) --------------> $460.75
All other insurances - non-negotiated charge amount (100%) --------------> $485.00

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4484360 APLISOL (PPD/TB TEST) 0.1 ML/DOSE, 86580 - INTRADERMAL INJECTION SOLUTION</td>
<td>APLISOL (PPD/TB TEST) 0.1 ML/DOSE, 86580 - INTRADERMAL INJECTION SOLUTION</td>
<td>86580</td>
<td>636</td>
<td></td>
<td>$12.00</td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full)--------------------------> $6.00  
Minimum negotiated charge amount (93%) -----------------------> $11.16  
Maximum negotiated charge amount (95%) -----------------------> $11.40  
Aetna - negotiated charge amount (93%) -----------------------> $11.16  
Anthem Blue Cross - negotiated charge amount (95%) -----------------------> $11.40  
Hometown Health - negotiated charge amount (95%) -----------------------> $11.40  
Prominence - negotiated charge amount (95%) -----------------------> $11.40  
All other insurances - non-negotiated charge amount (100%) -----------------------> $12.00  

Pharmacy  
Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS  
For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.  
For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.  

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
### Shoppable Service Report - Table II

**Mt. Grant General Hospital**  
Shoppable Services Report - Table II  
(CMS-1717-F2)  

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4484559</td>
<td>J3535 - DRUG ADMINISTERED THROUGH A METERED DOSE INHALER</td>
<td>J3535</td>
<td>636</td>
<td>$116.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**  
$116.00

---

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>329</td>
<td>391</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J3480</td>
<td></td>
<td>636</td>
<td>$6.50</td>
</tr>
<tr>
<td>J7030</td>
<td></td>
<td>258</td>
<td>$73.00</td>
</tr>
<tr>
<td>96360</td>
<td></td>
<td>260</td>
<td>$326.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $405.50

**Self-pay/Cash Price (50% of charges, if balance is paid in full)**

- $202.75

**Minimum negotiated charge amount (93%)**

- $377.12

**Maximum negotiated charge amount (95%)**

- $385.23

**Aetna - negotiated charge amount (93%)**

- $377.12

**Anthem Blue Cross - negotiated charge amount (95%)**

- $385.23

**Hometown Health - negotiated charge amount (95%)**

- $385.23

**Prominence - negotiated charge amount (95%)**

- $385.23

**All other insurances - non-negotiated charge amount (100%)**

- $405.50

---

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit**
## Shoppable Services Report - Table II

**Mt. Grant General Hospital**

**CMS-1717-F2**

### Shoppable Service

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4484840</td>
<td>PREDNISONE 5 MG TABLET</td>
<td>J7599</td>
<td>636</td>
<td></td>
<td>$ 8.50</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 8.50

---

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $ 4.25
- **Minimum negotiated charge amount (93%):** $ 7.91
- **Maximum negotiated charge amount (95%):** $ 8.08
- **Aetna - negotiated charge amount (93%):** $ 7.91
- **Anthem Blue Cross - negotiated charge amount (95%):** $ 8.08
- **Hometown Health - negotiated charge amount (95%):** $ 8.08
- **Prominence - negotiated charge amount (95%):** $ 8.08
- **All other insurances - non-negotiated charge amount (100%):** $ 8.50

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid, 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage, 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4484967</td>
<td>J3486 - INJECTION, ZIPRASIDONE MESYLATE, 10 MG</td>
<td>J3486</td>
<td>636</td>
<td>260</td>
<td>$19.00</td>
</tr>
<tr>
<td>4484967</td>
<td>PHARMACY INJ FEE</td>
<td>96372</td>
<td>260</td>
<td></td>
<td>$32.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $51.00

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Pharmacy**

- Self-pay/Cash Price (50% of charges, if balance is paid in full) $25.50
- Minimum negotiated charge amount (93%) $47.43
- Maximum negotiated charge amount (95%) $48.45
- Aetna - negotiated charge amount (93%) $47.43
- Anthem Blue Cross - negotiated charge amount (95%) $48.45
- Hometown Health - negotiated charge amount (95%) $48.45
- Prominence - negotiated charge amount (95%) $48.45
- All other insurances - non-negotiated charge amount (100%) $51.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4485015 J2550</td>
<td>INJECTION, PROMETHAZINE HCL, UP TO 50 MG</td>
<td>J2550</td>
<td>636</td>
<td>96372</td>
<td>$ 9.50</td>
</tr>
<tr>
<td>4652015</td>
<td>PHARMACY INJ FEE</td>
<td></td>
<td></td>
<td></td>
<td>$ 32.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 41.50

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $ 20.75
- **Minimum negotiated charge amount (93%):** $ 38.60
- **Maximum negotiated charge amount (95%):** $ 39.43
- **Aetna - negotiated charge amount (93%):** $ 38.60
- **Anthem Blue Cross - negotiated charge amount (95%):** $ 39.43
- **Hometown Health - negotiated charge amount (95%):** $ 39.43
- **Prominence - negotiated charge amount (95%):** $ 39.43
- **All other insurances - non-negotiated charge amount (100%):** $ 41.50

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Shoppable Services Report - Table II

#### MT. GRANT GENERAL HOSPITAL

**Date Printed:** 01/04/2022  
**Last Update:** 01/04/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4485025</th>
<th>J2704 - INJECTION, PROPOFOL, 10 MG</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4485025</th>
<th>J2704 - INJECTION, PROPOFOL, 10 MG</th>
</tr>
</thead>
<tbody>
<tr>
<td>4657374</td>
<td>IV PUSH INITIAL</td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 91.50
Minimum negotiated charge amount (93%) ------------------> $ 170.19
Maximum negotiated charge amount (95%) ------------------> $ 173.85

Aetna - negotiated charge amount (93%) ------------------> $ 170.19
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 173.85
Hometown Health - negotiated charge amount (95%) ------------------> $ 173.85
Prominence - negotiated charge amount (95%) ------------------> $ 173.85
All other insurances - non-negotiated charge amount (100%) ------------------> $ 183.00

**Total of Standard Charges:** $ 183.00

---

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Outpatient

**4485310** INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20MG

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>J0330</td>
<td>636</td>
<td>96374</td>
<td>$9.50</td>
</tr>
<tr>
<td>96374</td>
<td>260</td>
<td></td>
<td>$168.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $177.50

**Self-pay/Cash Price (50% of charges, if balance is paid in full)**

$88.75

**Minimum negotiated charge amount (93%)**

$165.08

**Maximum negotiated charge amount (95%)**

$168.63

**Aetna - negotiated charge amount (93%)**

$165.08

**Anthem Blue Cross - negotiated charge amount (95%)**

$168.63

**Hometown Health - negotiated charge amount (95%)**

$168.63

**Prominence - negotiated charge amount (95%)**

$168.63

**All other insurances - non-negotiated charge amount (100%)**

$177.50

---

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

- For patients with insurance who have a patient balance after insurance has paid **-----** 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- For patients who do not have insurance coverage **-----** 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Service Report - Table II

- **Mt. Grant General Hospital**
- **CMS-1717-F2**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4485600</strong></td>
<td>ADMINISTRATION OF INFLUENZA VIRUS VACCINE</td>
<td>4485600</td>
<td>G0008</td>
<td>771</td>
<td><strong>$ 29.00</strong></td>
</tr>
</tbody>
</table>

Total of Standard Charges: **$ 29.00**

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: **$ 14.50**
- **Minimum negotiated charge amount (93%)**: **$ 26.97**
- **Maximum negotiated charge amount (95%)**: **$ 27.55**
- **Aetna - negotiated charge amount (93%)**: **$ 26.97**
- **Anthem Blue Cross - negotiated charge amount (95%)**: **$ 27.55**
- **Hometown Health - negotiated charge amount (95%)**: **$ 27.55**
- **Prominence - negotiated charge amount (95%)**: **$ 27.55**
- **All other insurances - non-negotiated charge amount (100%)**: **$ 29.00**

---

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid: 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage: 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4485772</td>
<td>J3301 - INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG</td>
<td>J3301</td>
<td>636</td>
<td></td>
<td>$15.00</td>
</tr>
<tr>
<td>4652015</td>
<td>PHARMACY INJ FEE</td>
<td>96372</td>
<td>260</td>
<td></td>
<td>$32.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $47.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)----------------> $23.50
Minimum negotiated charge amount (93%) ----------------> $43.71
Maximum negotiated charge amount (95%) ----------------> $44.65
Aetna - negotiated charge amount (93%) ----------------> $43.71
Anthem Blue Cross - negotiated charge amount (95%) ----------------> $44.65
Hometown Health - negotiated charge amount (95%) ----------------> $44.65
Prominence - negotiated charge amount (95%) ----------------> $44.65
All other insurances - non-negotiated charge amount (100%) ----------------> $47.00

Pharmacy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
## Shoppable Services Report - Table II

### (CMS-1717-F2)

**Mt. Grant General Hospital**

Shoppable Services Report - Table II

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4486615</td>
<td>J3370 - INJECTION, VANCOMYCIN HCL, 500 MG</td>
<td>J3370</td>
<td>636</td>
<td></td>
<td>$15.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J7050</td>
<td>258</td>
<td></td>
<td>$57.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>96365</td>
<td>260</td>
<td></td>
<td>$362.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $434.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $217.00
Minimum negotiated charge amount (93%) ------------------> $403.62
Maximum negotiated charge amount (95%) ------------------> $412.30
Aetna - negotiated charge amount (93%) ------------------> $403.62
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $412.30
Hometown Health - negotiated charge amount (95%) ------------------> $412.30
Prominence - negotiated charge amount (95%) ------------------> $412.30
All other insurances - non-negotiated charge amount (100%) ------------------> $434.00

Pharmacy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self-pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
## Shoppable Service Report - Table II

**Mt. Grant General Hospital**

Shoppable Services Report - Table II  
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4489322</td>
<td>S0030 - INJECTION, METRONIDAZOLE, 500 MG</td>
<td>338</td>
<td>391</td>
<td>636</td>
<td>$16.00</td>
</tr>
<tr>
<td>4489322</td>
<td>S0030 - INJECTION, METRONIDAZOLE, 500 MG</td>
<td>96365</td>
<td>260</td>
<td></td>
<td>$362.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $378.00

---

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

---

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
### Mt. Grant General Hospital

Shoppable Services Report - Table II

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>339953</td>
<td>0164</td>
<td>636</td>
<td>$ 98.00</td>
</tr>
<tr>
<td>341374</td>
<td>96374</td>
<td>260</td>
<td>$ 168.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 266.00

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
# Mt. Grant General Hospital

## Shoppable Services Report - Table II

(CMS-1717-F2)

### Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

---

### Outpatient Services

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4489502</td>
<td>ADACEL (TDAP) 0.5 ML/SYRINGE, 90715 - INJECTION, 7 YRS AND OLDER</td>
<td>90715</td>
<td>636</td>
<td></td>
<td>$93.00</td>
</tr>
<tr>
<td>4465247</td>
<td>VACCINE ADMIN 1ST</td>
<td>90471</td>
<td>771</td>
<td></td>
<td>$32.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $125.00

---

### Pharmacy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $62.50

Minimum negotiated charge amount (93%) ------------------> $116.25

Maximum negotiated charge amount (95%) ------------------> $118.75

Aetna - negotiated charge amount (93%) ------------------> $116.25

Anthem Blue Cross - negotiated charge amount (95%) ------------------> $118.75

Hometown Health - negotiated charge amount (95%) ------------------> $118.75

Prominence - negotiated charge amount (95%) ------------------> $118.75

All other insurances - non-negotiated charge amount (100%) ------------------> $125.00
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4489513</td>
<td>ATROPINE SULFATE 1 MG/10 ML (0.1 MG/ML), J0461 - INJECTION, 0.01 MG</td>
<td>J0461</td>
<td>636</td>
<td></td>
<td>$ 1.50</td>
</tr>
<tr>
<td>4657374</td>
<td>IV PUSH INITIAL</td>
<td>96374</td>
<td>260</td>
<td></td>
<td>$ 168.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 169.50

Self-pay/Cash Price (50% of charges, if balance is paid in full) --> $ 84.75
Minimum negotiated charge amount (93%) --> $ 157.64
Maximum negotiated charge amount (95%) --> $ 161.03

Aetna - negotiated charge amount (93%) --> $ 157.64
Anthem Blue Cross - negotiated charge amount (95%) --> $ 161.03
Hometown Health - negotiated charge amount (95%) --> $ 161.03
Promincence - negotiated charge amount (95%) --> $ 161.03
All other insurances - non-negotiated charge amount (100%) --> $ 169.50

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid --> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage --> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>J0561</td>
<td>636</td>
<td>96372</td>
<td>$34.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $66.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $33.00
- **Minimum negotiated charge amount (93%):** $61.38
- **Maximum negotiated charge amount (95%):** $62.70
- **Aetna - negotiated charge amount (93%):** $61.38
- **Anthem Blue Cross - negotiated charge amount (95%):** $62.70
- **Hometown Health - negotiated charge amount (95%):** $62.70
- **Prominence - negotiated charge amount (95%):** $62.70
- **All other insurances - non-negotiated charge amount (100%):** $66.00

**Pharmacy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
**Outpatient**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4489575</td>
<td>J1885</td>
<td>636</td>
<td>$9.50</td>
</tr>
<tr>
<td>4652015</td>
<td>96372</td>
<td>260</td>
<td>$32.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $41.50

Self-pay/Cash Price (50% of charges, if balance is paid in full) $20.75

Minimum negotiated charge amount (93%) $38.60

Maximum negotiated charge amount (95%) $39.43

- Aetna - negotiated charge amount (93%) $38.60
- Anthem Blue Cross - negotiated charge amount (95%) $39.43
- Hometown Health - negotiated charge amount (95%) $39.43
- Prominence - negotiated charge amount (95%) $39.43
- All other insurances - non-negotiated charge amount (100%) $41.50

Pharmacy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVOFLOXACIN</td>
<td>J1956</td>
<td>636</td>
<td>260</td>
<td>$ 42.00</td>
</tr>
<tr>
<td>LEVOFLOXACIN</td>
<td>96365</td>
<td></td>
<td></td>
<td>$ 362.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 404.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) $ 202.00
Minimum negotiated charge amount (93%) $ 375.72
Maximum negotiated charge amount (95%) $ 383.80
Aetna - negotiated charge amount (93%) $ 375.72
Anthem Blue Cross - negotiated charge amount (95%) $ 383.80
Hometown Health - negotiated charge amount (95%) $ 383.80
Prominence - negotiated charge amount (95%) $ 383.80
All other insurances - non-negotiated charge amount (100%) $ 404.00

Pharmacy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ---> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ---> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4489618 J2405</td>
<td>J2405 - INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG</td>
<td>J2405</td>
<td>636</td>
<td>636</td>
<td>$27.00</td>
</tr>
<tr>
<td></td>
<td>IV PUSH INITIAL</td>
<td>96374</td>
<td>260</td>
<td></td>
<td>$168.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $195.00

- Self-pay/Cash Price (50% of charges, if balance is paid in full): $97.50
- Minimum negotiated charge amount (93%): $181.35
- Maximum negotiated charge amount (95%): $185.25
- Aetna - negotiated charge amount (93%): $181.35
- Anthem Blue Cross - negotiated charge amount (95%): $185.25
- Hometown Health - negotiated charge amount (95%): $185.25
- Prominence - negotiated charge amount (95%): $185.25
- All other insurances - non-negotiated charge amount (100%): $195.00

Pharmacy:

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid: 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage: 50% patient discount if the self-pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4600090</td>
<td>FUNCTIONAL ACT TRAIN</td>
<td>97530</td>
<td>420</td>
<td></td>
<td>$ 79.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 79.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) --> $ 39.50
Minimum negotiated charge amount (93%) --> $ 73.47
Maximum negotiated charge amount (95%) --> $ 75.05
Aetna - negotiated charge amount (93%) --> $ 73.47
Anthem Blue Cross - negotiated charge amount (95%) --> $ 75.05
Hometown Health - negotiated charge amount (95%) --> $ 75.05
Prominence - negotiated charge amount (95%) --> $ 75.05
All other insurances - non-negotiated charge amount (100%) --> $ 79.00

**PhysTherapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
# Shoppable Services Report - Table II

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4600110 MANUAL THERAPY</td>
<td>4600110 MANUAL THERAPY</td>
<td>97140</td>
<td>421</td>
<td></td>
<td>$87.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $87.00

**PhysTherapy**

**Use CTRL-F to SEARCH**

**Mt. Grant General Hospital**

**Shoppable Services Report - Table II**

**CMS-1717-F2**

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** *For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*
### Mt. Grant General Hospital

**Shoppable Services Report - Table II**  
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4600190</td>
<td>THERAPEUTIC EXERCISE</td>
<td>97110</td>
<td>422</td>
<td></td>
<td>$82.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $82.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $41.00
- **Minimum negotiated charge amount (93%)**: $76.26
- **Maximum negotiated charge amount (95%)**: $77.90
- **Aetna - negotiated charge amount (93%)**: $76.26
- **Anthem Blue Cross - negotiated charge amount (95%)**: $77.90
- **Hometown Health - negotiated charge amount (95%)**: $77.90
- **Prominence - negotiated charge amount (95%)**: $77.90
- **All other insurances - non-negotiated charge amount (100%)**: $82.00

---

**PhysTherapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

### Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid: 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage: 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

### (CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4608010</td>
<td>PT SCHOOL CHARGE - 1 HR</td>
<td>4608010</td>
<td>420</td>
<td>420</td>
<td>$ 88.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 88.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full)---** $ 44.00

**Minimum negotiated charge amount (93%) ---** $ 81.84

**Maximum negotiated charge amount (95%) ---** $ 83.60

**Aetna - negotiated charge amount (93%) ---** $ 81.84

**Anthem Blue Cross - negotiated charge amount (95%) ---** $ 83.60

**Hometown Health - negotiated charge amount (95%) ---** $ 83.60

**Prominence - negotiated charge amount (95%) ---** $ 83.60

**All other insurances - non-negotiated charge amount (100%) ---** $ 88.00

---

**PhysTherapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

---

### Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>99281</td>
<td>450</td>
<td></td>
<td>$168.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $168.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) $84.00
Minimum negotiated charge amount (93%) $156.24
Maximum negotiated charge amount (95%) $159.60
Aetna - negotiated charge amount (93%) $156.24
Anthem Blue Cross - negotiated charge amount (95%) $159.60
Hometown Health - negotiated charge amount (95%) $159.60
Prominence - negotiated charge amount (95%) $159.60
All other insurances - non-negotiated charge amount (100%) $168.00

EmerRoom

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

### Mt. Grant General Hospital

### Shoppable Service: 4630030 OUTPATIENT

**EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY**

In addition, ER physician fees will be added to the ER visit based on the level of care provided.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>99282</td>
<td>450</td>
<td></td>
<td>$221.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $221.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $110.50
- **Minimum negotiated charge amount (93%):** $205.53
- **Maximum negotiated charge amount (95%):** $209.95
- **Aetna - negotiated charge amount (93%):** $205.53
- **Anthem Blue Cross - negotiated charge amount (95%):** $209.95
- **Hometown Health - negotiated charge amount (95%):** $209.95
- **Prominence - negotiated charge amount (95%):** $209.95
- **All other insurances - non-negotiated charge amount (100%):** $221.00

---

**EmerRoom**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

- For patients with insurance who have a patient balance after insurance has paid: 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- For patients who do not have insurance coverage: 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTPATIENT</td>
<td></td>
<td>4630040</td>
<td>99283</td>
<td>450</td>
<td>$371.00</td>
</tr>
</tbody>
</table>

In addition, ER physician fees will be added to the ER visit based on the level of care provided.

---

**EmerRoom**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4630050</td>
<td>EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY</td>
<td>99284</td>
<td>450</td>
<td></td>
<td>$ 608.00</td>
</tr>
</tbody>
</table>

In addition, ER physician fees will be added to the ER visit based on the level of care provided.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 304.00
Minimum negotiated charge amount (93%) --------------> $ 655.44
Maximum negotiated charge amount (95%) --------------> $ 577.60
Aetna - negotiated charge amount (93%) --------------> $ 655.44
Anthem Blue Cross - negotiated charge amount (95%) --------------> $ 577.60
Hometown Health - negotiated charge amount (95%) --------------> $ 577.60
Prominence - negotiated charge amount (95%) --------------> $ 577.60
All other insurances - non-negotiated charge amount (100%) --------------> $ 608.00

EmerRoom

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

**Mt. Grant General Hospital**  
_Shoppable Services Report - Table II_  
_(CMS-1717-F2)_

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>354</td>
<td></td>
<td>450</td>
<td>$805.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Shoppable Service</strong></th>
<th><strong>Primary Service and Ancillary Services</strong></th>
<th><strong>CPT Code</strong></th>
<th><strong>HCPCS Code</strong></th>
<th><strong>Revenue Code</strong></th>
<th><strong>Standard Charge</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4630060</strong></td>
<td><strong>EMERGENCY DEPT VISIT HIGH SEVERITY &amp; THREAT FUNCJ</strong></td>
<td>99285</td>
<td>450</td>
<td></td>
<td>$805.00</td>
</tr>
</tbody>
</table>

In addition, ER physician fees will be added to the ER visit based on the level of care provided.

**Total of Standard Charges:** $805.00

---

**EmerRoom**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

| **Self-pay/Cash Price (50% of charges, if balance is paid in full)** | $402.50 |
| **Minimum negotiated charge amount (93%)** | $748.65 |
| **Maximum negotiated charge amount (95%)** | $764.75 |
| **Aetna - negotiated charge amount (93%)** | $748.65 |
| **Anthem Blue Cross - negotiated charge amount (95%)** | $764.75 |
| **Hometown Health - negotiated charge amount (95%)** | $764.75 |
| **Prominence - negotiated charge amount (95%)** | $764.75 |
| **All other insurances - non-negotiated charge amount (100%)** | $805.00 |

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
### Mt. Grant General Hospital
**Shoppable Services Report - Table II**
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4630070</td>
<td>CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN</td>
<td>99291</td>
<td>450</td>
<td></td>
<td>$2,084.00</td>
</tr>
<tr>
<td>4805450</td>
<td>CRITCARE, 1ST HR, PROFEE</td>
<td>99291</td>
<td>981</td>
<td></td>
<td>$532.00</td>
</tr>
<tr>
<td>4805460</td>
<td>CRITCARE, ADD 30 MIN, PROFEE</td>
<td>99292</td>
<td>981</td>
<td></td>
<td>$284.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $2,900.00

---

**EmerRoom**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4633600</td>
<td>CONTROL NASAL HEMMOR SMP</td>
<td>30901</td>
<td>450</td>
<td></td>
<td>$333.00</td>
</tr>
<tr>
<td>4633600</td>
<td>CONTROL NASAL HEMMOR SMP*</td>
<td>30901</td>
<td>981</td>
<td></td>
<td>$197.00</td>
</tr>
<tr>
<td>4803600</td>
<td>** ProFee ** CONTROL NASAL HEMMOR SMP</td>
<td></td>
<td></td>
<td></td>
<td>$530.00</td>
</tr>
</tbody>
</table>

**OUTPATIENT**

This procedure will also have an ER facility fee and an ER professional fee added to it.

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $265.00
- **Minimum negotiated charge amount (93%)**: $492.90
- **Maximum negotiated charge amount (95%)**: $503.50
- **Aetna - negotiated charge amount (93%)**: $492.90
- **Anthem Blue Cross - negotiated charge amount (95%)**: $503.50
- **Hometown Health - negotiated charge amount (95%)**: $503.50
- **Prominence - negotiated charge amount (95%)**: $503.50
- **All other insurances - non-negotiated charge amount (100%)**: $530.00

**EmerRoom**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

- For patients with insurance who have a patient balance after insurance has paid: 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- For patients who do not have insurance coverage: 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4636360</td>
<td>IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR</td>
<td>96360</td>
<td>260</td>
<td></td>
<td>$ 326.00</td>
</tr>
<tr>
<td>4636361</td>
<td>IV INFUSION HYDRATION EACH ADDITIONAL HOUR</td>
<td>96361</td>
<td>260</td>
<td></td>
<td>$ 102.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 428.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full)** $ 214.00

**Minimum negotiated charge amount (93%)** $ 398.04

**Maximum negotiated charge amount (95%)** $ 406.60

**Aetna - negotiated charge amount (93%)** $ 398.04

**Anthem Blue Cross - negotiated charge amount (95%)** $ 406.60

**Hometown Health - negotiated charge amount (95%)** $ 406.60

**Prominence - negotiated charge amount (95%)** $ 406.60

**All other insurances - non-negotiated charge amount (100%)** $ 428.00

**EmerRoom**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> **35% patient discount on patient balances if the entire patient account or family account is paid in full.**

For patients who do not have insurance coverage ----> **50% patient discount if the self pay balance on the entire patient account or family account is paid in full.**

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4636365</td>
<td>IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR</td>
<td>96365</td>
<td>260</td>
<td></td>
<td>$ 362.00</td>
</tr>
<tr>
<td>4636366</td>
<td>IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR</td>
<td>96366</td>
<td>260</td>
<td></td>
<td>$ 149.00</td>
</tr>
<tr>
<td>4636367</td>
<td>IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR</td>
<td>96367</td>
<td>260</td>
<td></td>
<td>$ 149.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 660.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) $ 330.00
Minimum negotiated charge amount (93%) $ 613.80
Maximum negotiated charge amount (95%) $ 627.00
Aetna - negotiated charge amount (93%) $ 613.80
Anthem Blue Cross - negotiated charge amount (95%) $ 627.00
Hometown Health - negotiated charge amount (95%) $ 627.00
Prominence - negotiated charge amount (95%) $ 627.00
All other insurances - non-negotiated charge amount (100%) $ 660.00

EmerRoom

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
### Mt. Grant General Hospital

**Shopable Services Report - Table II**  
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4636368</td>
<td>IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS</td>
<td>96368</td>
<td>450</td>
<td></td>
<td>$149.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $149.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $74.50
- **Minimum negotiated charge amount (93%):** $138.57
- **Maximum negotiated charge amount (95%):** $141.55
  - **Aetna - negotiated charge amount (93%):** $138.57
  - **Anthem Blue Cross - negotiated charge amount (95%):** $141.55
  - **Hometown Health - negotiated charge amount (95%):** $141.55
  - **Prominence - negotiated charge amount (95%):** $141.55
  - **All other insurances - non-negotiated charge amount (100%):** $149.00

---

**EmerRoom**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

- For patients with insurance who have a patient balance after insurance has paid: 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- For patients who do not have insurance coverage: 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

### Mt. Grant General Hospital

**Shoppable Service**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4636372 THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM</td>
<td>THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM</td>
<td>96372</td>
<td>260</td>
<td>987</td>
<td>$32.00</td>
</tr>
<tr>
<td>4636372 ** ProFee **</td>
<td>INJECT, SUBQ OR INTRAMUSC</td>
<td>96372</td>
<td>987</td>
<td></td>
<td>$9.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $41.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

---

**EmerRoom**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.
# Shoppable Services Report - Table II

### Mt. Grant General Hospital

#### (CMS-1717-F2)

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid  

--- 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage  

--- 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4636374</td>
<td>THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG</td>
<td>96374</td>
<td>260</td>
<td></td>
<td>$168.00</td>
</tr>
</tbody>
</table>

- Self-pay/Cash Price (50% of charges, if balance is paid in full) −−−−−−−−→ $84.00
- Minimum negotiated charge amount (93%) −−−−−−−−−−−−−−→ $156.24
- Maximum negotiated charge amount (95%) −−−−−−−−−−−→ $159.60
- Aetna - negotiated charge amount (93%) −−−−−−−−−−→ $156.24
- Anthem Blue Cross - negotiated charge amount (95%) −−−−−−−−→ $159.60
- Hometown Health - negotiated charge amount (95%) −−−−−−−−→ $159.60
- Prominence - negotiated charge amount (95%) −−−−−−−−→ $159.60
- All other insurances - non-negotiated charge amount (100%) −−−−−−−−−−−→ $168.00

---

**EmerRoom**

Coproys, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

Total of Standard Charges: $168.00
## Shoppable Services Report - Table II

### Mt. Grant General Hospital

#### Shoppable Services Report

**CPT Code** | **HCPCS Code** | **Revenue Code** | **Standard Charge**
--- | --- | --- | ---
362 | 391 | | 

### OUTPATIENT

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>4636375</td>
<td>THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>96375</td>
<td>260</td>
<td></td>
<td>$ 92.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 92.00

---

**Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.**

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.  
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

---

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.  
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

---

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4636376</td>
<td>THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC</td>
<td>96376</td>
<td>260</td>
<td></td>
<td>$ 92.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 92.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) $ 46.00
Minimum negotiated charge amount (93%) $ 85.56
Maximum negotiated charge amount (95%) $ 87.40
Aetna - negotiated charge amount (93%) $ 85.60
Anthem Blue Cross - negotiated charge amount (95%) $ 87.40
Hometown Health - negotiated charge amount (95%) $ 87.40
Prominence - negotiated charge amount (95%) $ 87.40
All other insurances - non-negotiated charge amount (100%) $ 92.00

---

**EmerRoom**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4636800 I&amp;D DEEP ABSCESS</td>
<td>I&amp;D DEEP ABSCESS</td>
<td>10060</td>
<td>450</td>
<td>981</td>
<td>$333.00</td>
</tr>
<tr>
<td>4806800 ** ProFee ** I&amp;D DEEP ABSCESS</td>
<td>I&amp;D DEEP ABSCESS</td>
<td>10060</td>
<td>981</td>
<td>950</td>
<td>$205.00</td>
</tr>
<tr>
<td>4636800 I&amp;D DEEP ABSCESS</td>
<td>I&amp;D DEEP ABSCESS</td>
<td>10060</td>
<td>981</td>
<td>950</td>
<td>$538.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $538.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $269.00
Minimum negotiated charge amount (93%) ------------------> $500.34
Maximum negotiated charge amount (95%) ------------------> $511.10
Aetna - negotiated charge amount (93%) ------------------> $500.34
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $511.10
Hometown Health - negotiated charge amount (95%) ------------------> $511.10
Prominence - negotiated charge amount (95%) ------------------> $511.10
All other insurances - non-negotiated charge amount (100%) ------------------> $538.00

EmerRoom

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Mt. Grant General Hospital
### Shoppable Services Report - Table II
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4636850</td>
<td>REPAIR SUP WOUNDS &lt;2.5CM</td>
<td>12001</td>
<td>450</td>
<td></td>
<td>$333.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12001</td>
<td>981</td>
<td></td>
<td>$203.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $536.00

This procedure will also have an ER facility fee and an ER professional fee added to it.

- Self-pay/Cash Price (50% of charges, if balance is paid in full) $268.00
- Minimum negotiated charge amount (93%) $498.48
- Maximum negotiated charge amount (95%) $509.20
- Aetna - negotiated charge amount (93%) $498.48
- Anthem Blue Cross - negotiated charge amount (95%) $509.20
- Hometown Health - negotiated charge amount (95%) $509.20
- Prominence - negotiated charge amount (95%) $509.20
- All other insurances - non-negotiated charge amount (100%) $536.00

*Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.*

---

**EmerRoom**

EmerRoom

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4636860 REPAIR WOUND 2.6-7.5 CM*</td>
<td>** ProFee ** REPAIR WOUND 2.6-7.5 CM*</td>
<td>450</td>
<td>12002</td>
<td>4806860</td>
<td>$ 221.00</td>
</tr>
<tr>
<td>4636860 REPAIR WOUND 2.6-7.5 CM</td>
<td>REPAIR WOUND 2.6-7.5 CM</td>
<td>12002</td>
<td>450</td>
<td>$ 333.00</td>
<td></td>
</tr>
<tr>
<td>4636860** ProFee ** REPAIR WOUND 2.6-7.5 CM*</td>
<td></td>
<td>12002</td>
<td>981</td>
<td>$ 554.00</td>
<td></td>
</tr>
</tbody>
</table>

This procedure will also have an ER facility fee and an ER professional fee added to it.

<table>
<thead>
<tr>
<th></th>
<th>Self-pay/Cash Price (50% of charges, if balance is paid in full)</th>
<th>Minimum negotiated charge amount (93%)</th>
<th>Maximum negotiated charge amount (95%)</th>
<th>Aetna - negotiated charge amount (93%)</th>
<th>Anthem Blue Cross - negotiated charge amount (95%)</th>
<th>Hometown Health - negotiated charge amount (95%)</th>
<th>Prominance - negotiated charge amount (95%)</th>
<th>All other insurances - non-negotiated charge amount (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ 277.00</td>
<td>$ 515.22</td>
<td>$ 526.30</td>
<td>$ 515.22</td>
<td>$ 526.30</td>
<td>$ 526.30</td>
<td>$ 526.30</td>
<td>$ 554.00</td>
</tr>
</tbody>
</table>

| EmerRoom |

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4636900</td>
<td>REPAIR SIMPLE &lt;2.5 CM*</td>
<td>12011</td>
<td>450</td>
<td></td>
<td>$333.00</td>
</tr>
<tr>
<td>4636900</td>
<td>REPAIR SIMPLE &lt;2.5 CM*</td>
<td>12011</td>
<td>981</td>
<td></td>
<td>$208.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $541.00

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

EmerRoom

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid --- > 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage --- > 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBSERVATION ROOM TRANSFER</td>
<td>OBSERVATION ROOM TRANSFER</td>
<td>G0378</td>
<td>762</td>
<td>$71.00</td>
<td></td>
</tr>
</tbody>
</table>

This is a PER HOUR observation room rate

Total of Standard Charges: $71.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) $35.50
Minimum negotiated charge amount (93%) $66.03
Maximum negotiated charge amount (95%) $67.45
Aetna - negotiated charge amount (93%) $66.03
Anthem Blue Cross - negotiated charge amount (95%) $67.45
Hometown Health - negotiated charge amount (95%) $67.45
Prominence - negotiated charge amount (95%) $67.45
All other insurances - non-negotiated charge amount (100%) $71.00

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
## Shoppable Services Report - Table II

### Mt. Grant General Hospital

#### (CMS-1717-F2)

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTPATIENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4642001</td>
<td>OBSERVATION DIRECT ENTRY</td>
<td>G0379</td>
<td>762</td>
<td></td>
<td>$ 71.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>This is a PER HOUR observation room rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total of Standard Charges:</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$ 71.00</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.**
### Shoppable Services Report - Table II

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRESSING CHANGE COMPLEX</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This dressing change does not include additional charges for any associated dressing supplies.

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>4651122</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT Code</td>
<td>99211</td>
</tr>
<tr>
<td>HCPCS Code</td>
<td>761</td>
</tr>
<tr>
<td>Standard Charge</td>
<td>$ 87.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 87.00

- Self-pay/Cash Price (50% of charges, if balance is paid in full) $ 43.50
- Minimum negotiated charge amount (93%) $ 80.91
- Maximum negotiated charge amount (95%) $ 82.65
- Aetna - negotiated charge amount (93%) $ 80.91
- Anthem Blue Cross - negotiated charge amount (95%) $ 82.65
- Hometown Health - negotiated charge amount (95%) $ 82.65
- Prominence - negotiated charge amount (95%) $ 82.65
- All other insurances - non-negotiated charge amount (100%) $ 87.00

**Outpatient**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRESSING CHANGE SIMPLE</td>
<td></td>
<td>4651123</td>
<td>&quot;99211,DC&quot;</td>
<td>761</td>
<td>$ 28.00</td>
</tr>
</tbody>
</table>

This dressing change does not include additional charges for any associated dressing supplies.

Outpatient

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)-----------------> $ 14.00
Minimum negotiated charge amount (93%) -----------------> $ 26.04
Maximum negotiated charge amount (95%) -----------------> $ 26.60

Aetna - negotiated charge amount (93%) -----------------> $ 26.04
Anthem Blue Cross - negotiated charge amount (95%) -----------------> $ 26.60
Hometown Health - negotiated charge amount (95%) -----------------> $ 26.60
Prominence - negotiated charge amount (95%) -----------------> $ 26.60
All other insurances - non-negotiated charge amount (100%) -----------------> $ 28.00

=============================================================================================================================================================================
## Shoppable Service Report

### Mt. Grant General Hospital

**Shoppable Services Report - Table II**

*(CMS-1717-F2)*

---

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 204.00</td>
</tr>
<tr>
<td>4651702</td>
<td>BLADDERS CATH TEMP INDWELL</td>
<td>51702</td>
<td>761</td>
<td></td>
<td>$ 204.00</td>
</tr>
</tbody>
</table>

Conversely:

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 102.00
- **Minimum negotiated charge amount (93%)**: $ 189.72
- **Maximum negotiated charge amount (95%)**: $ 193.80
- **Aetna - negotiated charge amount (93%)**: $ 189.72
- **Anthem Blue Cross - negotiated charge amount (95%)**: $ 193.80
- **Hometown Health - negotiated charge amount (95%)**: $ 193.80
- **Prominence - negotiated charge amount (95%)**: $ 193.80
- **All other insurances - non-negotiated charge amount (100%)**: $ 204.00

*Outpatient*

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

- For patients with insurance who have a patient balance after insurance has paid → **35% patient discount on patient balances if the entire patient account or family account is paid in full.**
- For patients who do not have insurance coverage → **50% patient discount if the self pay balance on the entire patient account or family account is paid in full.**

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4652040 PHLEBOTOMY THERAPEUTIC</strong></td>
<td>4652040 PHLEBOTOMY THERAPEUTIC</td>
<td>99195</td>
<td>940</td>
<td></td>
<td>$ 96.00</td>
</tr>
</tbody>
</table>

**Outpatient**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

- Self-pay/Cash Price (50% of charges, if balance is paid in full) -> $ 48.00
- Minimum negotiated charge amount (93%) -> $ 89.28
- Maximum negotiated charge amount (95%) -> $ 91.20
- Aetna - negotiated charge amount (93%) -> $ 89.28
- Anthem Blue Cross - negotiated charge amount (95%) -> $ 91.20
- Hometown Health - negotiated charge amount (95%) -> $ 91.20
- Prominence - negotiated charge amount (95%) -> $ 91.20
- All other insurances - non-negotiated charge amount (100%) -> $ 96.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Mt. Grant General Hospital

### Shoppable Services Report - Table II

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4657360</td>
<td>HYDRATION 31-60 MIN</td>
<td>96360</td>
<td>260</td>
<td></td>
<td>$ 326.00</td>
</tr>
<tr>
<td>4657361</td>
<td>HYDRA EA AD HR&gt;30 MIN</td>
<td>96361</td>
<td>260</td>
<td></td>
<td>$ 102.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Total of Standard Charges:</strong> $ 428.00</td>
</tr>
</tbody>
</table>

**Outpatient**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)-------------------> $ 214.00
Minimum negotiated charge amount (93%) -------------------> $ 398.04
Maximum negotiated charge amount (95%) -------------------> $ 406.60

Aetna - negotiated charge amount (93%) -------------------> $ 398.04
Anthem Blue Cross - negotiated charge amount (95%) -------------------> $ 406.60
Hometown Health - negotiated charge amount (95%) -------------------> $ 406.60
Prominence - negotiated charge amount (95%) -------------------> $ 406.60
All other insurances - non-negotiated charge amount (100%) -------------------> $ 428.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4657365</td>
<td>THERAPEUTIC 16-60 MIN</td>
<td>96365</td>
<td>260</td>
<td></td>
<td>$ 362.00</td>
</tr>
<tr>
<td>4657366</td>
<td>THER. EA ADD HR&gt;30MIN</td>
<td>96366</td>
<td>260</td>
<td></td>
<td>$ 149.00</td>
</tr>
<tr>
<td>4657367</td>
<td>THER ADDL DRUG X1 ONLY</td>
<td>96367</td>
<td>260</td>
<td></td>
<td>$ 149.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 660.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 330.00
Minimum negotiated charge amount (93%) ------------------> $ 613.80
Maximum negotiated charge amount (95%) ------------------> $ 627.00
Aetna - negotiated charge amount (93%) ------------------> $ 613.80
Anthem Blue Cross - negotiated charge amount (95%) ------------------> $ 627.00
Hometown Health - negotiated charge amount (95%) ------------------> $ 627.00
Prominence - negotiated charge amount (95%) ------------------> $ 627.00
All other insurances - non-negotiated charge amount (100%) ------------------> $ 660.00

Outpatient

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
## Outpatient

### 4657374  IV PUSH INITIAL

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4657374</td>
<td>IV PUSH INITIAL</td>
<td>96374</td>
<td>260</td>
<td></td>
<td>$168.00</td>
</tr>
<tr>
<td>4657375</td>
<td>IV PUSH NEW SUBSTANCE</td>
<td>96375</td>
<td>260</td>
<td></td>
<td>$92.00</td>
</tr>
<tr>
<td>4657376</td>
<td>IV PUSH SAME SUBSTANCE</td>
<td>96376</td>
<td>260</td>
<td></td>
<td>$92.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $352.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) $176.00

Minimum negotiated charge amount (93%) $327.36

Maximum negotiated charge amount (95%) $334.40

Aetna - negotiated charge amount (93%) $327.36

Anthem Blue Cross - negotiated charge amount (95%) $334.40

Hometown Health - negotiated charge amount (95%) $334.40

Prominence - negotiated charge amount (95%) $334.40

All other insurances - non-negotiated charge amount (100%) $352.00

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

### Patient Discount Programs

- **Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**
  - For patients with insurance who have a patient balance after insurance has paid: 35% patient discount on patient balances if the entire patient account or family account is paid in full.
  - For patients who do not have insurance coverage: 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4657802</td>
<td>MNT; INIT ASSESSMENT &amp; INTERVENTION, INDIVIDUAL, FACE-TO-FACE W/ PATIENT, EACH 15 MIN</td>
<td>4657802</td>
<td>97802</td>
<td>942</td>
<td>$63.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $63.00

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Outpatient**

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid --> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage --> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
## Shoppable Services Report - Table II
(CMS-1717-F2)

### Mt. Grant General Hospital

### Outpatient

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4657803</td>
<td>MNT; REASSESSMENT &amp; INTERVENTION, INDIVIDUAL, FACE-TO-FACE W/PATIENT, EACH 15 MIN</td>
<td>97803</td>
<td>942</td>
<td></td>
<td>$53.00</td>
</tr>
</tbody>
</table>

### Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

### Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ---> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ---> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4659623</td>
<td>IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS</td>
<td>96523</td>
<td>761</td>
<td>379</td>
<td>$ 87.00</td>
</tr>
</tbody>
</table>

This service will usually include 1 to 5 units of 4489644 HEPARIN, PORCINE (PF) 100 UNIT/ML at an additional cost.

Self-pay/Cash Price (50% of charges, if balance is paid in full) --------> $ 43.50
Minimum negotiated charge amount (93%) --------> $ 80.91
Maximum negotiated charge amount (95%) --------> $ 82.65
Aetna - negotiated charge amount (93%) --------> $ 80.91
Anthem Blue Cross - negotiated charge amount (95%) --------> $ 82.65
Hometown Health - negotiated charge amount (95%) --------> $ 82.65
Prominence - negotiated charge amount (95%) --------> $ 82.65
All other insurances - non-negotiated charge amount (100%) --------> $ 87.00

Outpatient

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Mt. Grant General Hospital

**Shoppable Services Report - Table II**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td>465980</td>
<td>Q3014</td>
<td>780</td>
<td>$ 87.00</td>
</tr>
</tbody>
</table>

#### 4659800  TELEHEALTH ORIGINATING SITE FEE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>CPT Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4659800</td>
<td>TELEHEALTH ORIGINATING SITE FEE</td>
<td>Q3014</td>
<td>780</td>
<td>$ 87.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 87.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)** $ 43.50
- **Minimum negotiated charge amount (93%)** $ 80.91
- **Maximum negotiated charge amount (95%)** $ 82.65
- **Aetna - negotiated charge amount (93%)** $ 80.91
- **Anthem Blue Cross - negotiated charge amount (95%)** $ 82.65
- **Hometown Health - negotiated charge amount (95%)** $ 82.65
- **Prominence - negotiated charge amount (95%)** $ 82.65
- **All other insurances - non-negotiated charge amount (100%)** $ 87.00

---

**Outpatient**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4725010</td>
<td>OFFICE VISIT, NEW, EXPANDED</td>
<td>99202</td>
<td>521</td>
<td></td>
<td>$134.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $134.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $67.00
- **Minimum negotiated charge amount (93%):** $124.62
- **Maximum negotiated charge amount (95%):** $127.30
- **Aetna - negotiated charge amount (93%):** $124.62
- **Anthem Blue Cross - negotiated charge amount (95%):** $127.30
- **Hometown Health - negotiated charge amount (95%):** $127.30
- **Prominence - negotiated charge amount (95%):** $127.30
- **All other insurances - non-negotiated charge amount (100%):** $134.00

---

**Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.**

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid, **35%** patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage, **50%** patient discount if the self-pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

### Mt. Grant General Hospital

#### CMS-Specified Shoppable Service

**Clinic**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4725020 OFFICE VISIT, NEW, DETAILED</td>
<td>OFFICE VISIT, NEW, DETAILED</td>
<td>99203</td>
<td>521</td>
<td></td>
<td>$185.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $185.00

---

**Self-pay/Cash Price (50% of charges, if balance is paid in full)-->** $92.50

**Minimum negotiated charge amount (93%) -->** $172.05

**Maximum negotiated charge amount (95%) -->** $175.75

- Aetna - negotiated charge amount (93%) --> $172.05
- Anthem Blue Cross - negotiated charge amount (95%) --> $175.75
- Hometown Health - negotiated charge amount (95%) --> $175.75
- Prominence - negotiated charge amount (95%) --> $175.75
- All other insurances - non-negotiated charge amount (100%) --> $185.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

**For patients with insurance who have a patient balance after insurance has paid --> 35% patient discount on patient balances if the entire patient account or family account is paid in full.**

**For patients who do not have insurance coverage --> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.**

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4725030</td>
<td>OFFICE VISIT, NEW, MOD COMP</td>
<td>99204</td>
<td>521</td>
<td></td>
<td>$259.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $259.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $129.50
- **Minimum negotiated charge amount (93%)**: $240.87
- **Maximum negotiated charge amount (95%)**: $246.05
- **Aetna - negotiated charge amount (93%)**: $240.87
- **Anthem Blue Cross - negotiated charge amount (95%)**: $246.05
- **Hometown Health - negotiated charge amount (95%)**: $246.05
- **Prominence - negotiated charge amount (95%)**: $246.05
- **All other insurances - non-negotiated charge amount (100%)**: $259.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

- **For patients with insurance who have a patient balance after insurance has paid**: 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- **For patients who do not have insurance coverage**: 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>384</td>
<td>CLINIC</td>
<td>4725040</td>
<td>99205</td>
<td>521</td>
<td>$ 344.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 344.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) $ 172.00
Minimum negotiated charge amount (93%) $ 319.92
Maximum negotiated charge amount (95%) $ 326.80
Aetna - negotiated charge amount (93%) $ 319.92
Anthem Blue Cross - negotiated charge amount (95%) $ 326.80
Hometown Health - negotiated charge amount (95%) $ 326.80
Prominence - negotiated charge amount (95%) $ 326.80
All other insurances - non-negotiated charge amount (100%) $ 344.00

CPT Code - <OR>

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**
For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.

CPT Code (CMS-1717-F2)
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4729385</td>
<td>INIT CMP PRV EXAM 18-39YR</td>
<td>99385</td>
<td>521</td>
<td></td>
<td>$161.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $161.00

---

**CMS-Specified Shoppable Service**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

---

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $80.50

Minimum negotiated charge amount (93%) ----------------> $149.73

Maximum negotiated charge amount (95%) ----------------> $152.95

Aetna - negotiated charge amount (93%) ----------------> $149.73

Anthem Blue Cross - negotiated charge amount (95%) ----------------> $152.95

Hometown Health - negotiated charge amount (95%) ----------------> $152.95

Prominence - negotiated charge amount (95%) ----------------> $152.95

All other insurances - non-negotiated charge amount (100%) ----------------> $161.00
### Mt. Grant General Hospital

#### Shoppable Services Report - Table II
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INIT CMP PRV EXAM 40-64YR</strong></td>
<td>INIT CMP PRV EXAM 40-64YR</td>
<td>4729386</td>
<td>99386</td>
<td>$197.00</td>
<td>521</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $197.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $98.50
- **Minimum negotiated charge amount (93%)**: $183.21
- **Maximum negotiated charge amount (95%)**: $187.15
- **Aetna - negotiated charge amount (93%)**: $183.21
- **Anthem Blue Cross - negotiated charge amount (95%)**: $187.15
- **Hometown Health - negotiated charge amount (95%)**: $187.15
- **Prominence - negotiated charge amount (95%)**: $187.15
- **All other insurances - non-negotiated charge amount (100%)**: $197.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Mt. Grant General Hospital

**Shoppable Services Report - Table II**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SPECIALTY CLINIC</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4740804 PSYCH 30 MIN</td>
<td></td>
<td>90832</td>
<td>900</td>
<td></td>
<td>$133.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $133.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $66.50
- **Minimum negotiated charge amount (93%)**: $123.69
- **Maximum negotiated charge amount (95%)**: $126.35
- **Aetna - negotiated charge amount (93%)**: $123.69
- **Anthem Blue Cross - negotiated charge amount (95%)**: $126.35
- **Hometown Health - negotiated charge amount (95%)**: $126.35
- **Prominence - negotiated charge amount (95%)**: $126.35
- **All other insurances - non-negotiated charge amount (100%)**: $133.00

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid --> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage --> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

---

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid --> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage --> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>90834</td>
<td>900</td>
<td></td>
<td>$193.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $193.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full)**

- $96.50

**Minimum negotiated charge amount (93%)**

- $179.49

**Maximum negotiated charge amount (95%)**

- $183.35

**Aetna - negotiated charge amount (93%)**

- $179.49

**Anthem Blue Cross - negotiated charge amount (95%)**

- $183.35

**Hometown Health - negotiated charge amount (95%)**

- $183.35

**Prominence - negotiated charge amount (95%)**

- $183.35

**All other insurances - non-negotiated charge amount (100%)**

- $193.00

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid, 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage, 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
# Shoppable Services Report - Table II

**Mt. Grant General Hospital**

## Shoppable Service

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>4740808 PSYCH 60 MIN</td>
<td>PSYCH 60 MIN</td>
</tr>
</tbody>
</table>

### CMS-Specified Shoppable Service

- **Clinic**

**SPECIALTY CLINIC**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>90837</td>
<td>900</td>
<td></td>
<td>$255.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

$255.00

---

**Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.**

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

- **For patients with insurance who have a patient balance after insurance has paid** --- 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- **For patients who do not have insurance coverage** --- 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
### Shoppable Service Report - Table II

**Mt. Grant General Hospital**

Shoppable Services Report - Table II  
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4740847 PSYCH FAMILY 1HR</td>
<td>4740847 PSYCH FAMILY 1HR</td>
<td>90847</td>
<td>900</td>
<td>$208.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**  
$208.00

---

**Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.**

**CMS-Specified Shoppable Service**

**Clinic**

---

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid  
----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage  
----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Shoppable Service</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>90846</td>
<td>Family psychotherapy, not including patient, 50 min</td>
<td></td>
</tr>
<tr>
<td>90853</td>
<td>Group psychotherapy</td>
<td></td>
</tr>
<tr>
<td>99243</td>
<td>Patient office consultation, typically 40 min</td>
<td></td>
</tr>
<tr>
<td>99244</td>
<td>Patient office consultation, typically 60 min</td>
<td></td>
</tr>
<tr>
<td>80055</td>
<td>Obstetric blood test panel</td>
<td></td>
</tr>
<tr>
<td>81000</td>
<td>Manual urinalysis test with examination using microscope (includes 81001)</td>
<td></td>
</tr>
<tr>
<td>76805</td>
<td>Abdominal ultrasound of pregnant uterus (greater of equal to 14 weeks 0 days) single or first fetus</td>
<td></td>
</tr>
<tr>
<td>77065</td>
<td>Mammography of one breast</td>
<td></td>
</tr>
<tr>
<td>77066</td>
<td>Mammography of both breasts</td>
<td></td>
</tr>
<tr>
<td>77087</td>
<td>Mammography, screening, bilateral</td>
<td></td>
</tr>
<tr>
<td>216</td>
<td>Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities</td>
<td></td>
</tr>
<tr>
<td>460</td>
<td>Spinal fusion except cervical without major comorbid conditions or complications (MCC)</td>
<td></td>
</tr>
<tr>
<td>470</td>
<td>Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC)</td>
<td></td>
</tr>
<tr>
<td>473</td>
<td>Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC).</td>
<td></td>
</tr>
<tr>
<td>743</td>
<td>Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC)</td>
<td></td>
</tr>
<tr>
<td>19120</td>
<td>Removal of 1 or more breast growth, open procedure</td>
<td></td>
</tr>
<tr>
<td>29826</td>
<td>Shaving of shoulder bone using an endoscope</td>
<td></td>
</tr>
<tr>
<td>29881</td>
<td>Removal of one knee cartilage using an endoscope</td>
<td></td>
</tr>
<tr>
<td>42820</td>
<td>Removal of tonsils and adenoid glands patient younger than age 12</td>
<td></td>
</tr>
<tr>
<td>45391</td>
<td>Ultrasound examination of lower large bowel using an endoscope</td>
<td></td>
</tr>
<tr>
<td>47562</td>
<td>Removal of gallbladder using an endoscope</td>
<td></td>
</tr>
<tr>
<td>47580</td>
<td>Repair of groin hernia patient age 5 years or older</td>
<td></td>
</tr>
<tr>
<td>55700</td>
<td>Biopsy of prostate gland</td>
<td></td>
</tr>
<tr>
<td>55866</td>
<td>Surgical removal of prostate and surrounding lymph nodes using an endoscope</td>
<td></td>
</tr>
<tr>
<td>59400</td>
<td>Routine obstetric care for vaginal delivery, including pre-and post-delivery care</td>
<td></td>
</tr>
<tr>
<td>59510</td>
<td>Routine obstetric care for cesarean delivery, including pre-and post-delivery care</td>
<td></td>
</tr>
<tr>
<td>59610</td>
<td>Routine obstetric care for vaginal delivery after prior cesarean delivery including pre-and post-delivery care</td>
<td></td>
</tr>
<tr>
<td>62322</td>
<td>Injection of substance into spinal canal of lower back or sacrum using imaging guidance (includes HCPCS 62323)</td>
<td></td>
</tr>
<tr>
<td>64483</td>
<td>Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance</td>
<td></td>
</tr>
<tr>
<td>66821</td>
<td>Removal of recurring cataract in lens capsule using laser</td>
<td></td>
</tr>
<tr>
<td>66984</td>
<td>Removal of cataract with insertion of lens</td>
<td></td>
</tr>
<tr>
<td>93452</td>
<td>Insertion of catheter into left heart for diagnosis</td>
<td></td>
</tr>
<tr>
<td>95810</td>
<td>Sleep study</td>
<td></td>
</tr>
</tbody>
</table>

**Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS**

For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.

For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.

**NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit**