### Mt. Grant General Hospital

**Shoppable Services Report - Table II**

**Mt. Grant General Hospital**

**CPT Code**  **HCPCS Code**  **Revenue Code**  **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>INPATIENT, SWING BED and SNF ROOMS (these are PER DAY rates)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3000005</td>
<td>MED/SURG ROOM</td>
<td></td>
<td>120</td>
<td>$ 1,703.00</td>
<td></td>
</tr>
<tr>
<td>3050010</td>
<td>PEDIATRIC ROOM</td>
<td></td>
<td>123</td>
<td>$ 1,703.00</td>
<td></td>
</tr>
<tr>
<td>3100015</td>
<td>ISOLATION ROOM</td>
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<td>110</td>
<td>$ 2,067.00</td>
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</tr>
<tr>
<td>3150020</td>
<td>TELEMETRY ROOM</td>
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<td>110</td>
<td>$ 2,067.00</td>
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<tr>
<td>3200025</td>
<td>CARDIAC ROOM</td>
<td></td>
<td>110</td>
<td>$ 2,067.00</td>
<td></td>
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<tr>
<td>3250035</td>
<td>SWING BED</td>
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<td>129</td>
<td>$ 1,500.00</td>
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</tr>
<tr>
<td>3300030</td>
<td>SNF ROOM</td>
<td></td>
<td>120</td>
<td>$ 350.00</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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>G0105</td>
<td>750</td>
<td></td>
<td>$3,357.00</td>
</tr>
<tr>
<td>G0105</td>
<td>710</td>
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<tr>
<td>G0105</td>
<td>975</td>
<td></td>
<td>$1,737.00</td>
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**SHoppable Service**

**Primary Service and Ancillary Services**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4010203</td>
<td>SCREENING MCARe HIGH RISK</td>
<td>4010203</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4100110</td>
<td>RECOVERY ROOM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4819123</td>
<td><strong>ProFee</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

#### SURGERY - 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) $2,677.00
- Minimum negotiated charge amount (87.1%) $4,663.33
- Maximum negotiated charge amount (95%) $5,086.30
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)** $5,086.30
- **Hometown Health - All Plans - negotiated charge amount (95%)** $5,086.30
- **Prominence - All Plans - negotiated charge amount (95%)** $5,086.30
- **Silver Summit - All Plans - negotiated charge amount (93%)** $4,979.22
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)** $5,086.30
- **Aetna - All Plans - negotiated charge amount (87.1%)** $4,663.33
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)** $2,355.76
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)** $2,355.76
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)** $2,355.76
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)** $2,355.76
- **All other insurances - non-negotiated charge amount (100%)** $5,354.00

**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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4010206</td>
<td>COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK</td>
<td>G0121</td>
<td>750</td>
<td></td>
<td>$3,357.00</td>
</tr>
<tr>
<td>4100110</td>
<td>RECOVERY ROOM</td>
<td>G0121</td>
<td>710</td>
<td></td>
<td>$260.00</td>
</tr>
<tr>
<td>4819126</td>
<td>SCREENING MCARE AVG RISK</td>
<td>G0121</td>
<td>975</td>
<td></td>
<td>$1,737.00</td>
</tr>
</tbody>
</table>

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

**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) -> $2,677.00
- Minimum negotiated charge amount (87.1%) -> $4,663.33
- Maximum negotiated charge amount (95%) -> $5,086.30

Anthem Blue Cross - All Plans - negotiated charge amount (95%) -> $5,086.30
Hometown Health - All Plans - negotiated charge amount (95%) -> $5,086.30
Prominence - All Plans - negotiated charge amount (95%) -> $5,086.30
Silver Summit - All Plans - negotiated charge amount (93%) -> $4,979.22
United Healthcare/UMR - All Plans - negotiated charge amount (95%) -> $5,086.30
Aetna - All Plans - negotiated charge amount (87.1%) -> $4,663.33
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) -> $2,355.76
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) -> $2,355.76
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) -> $2,355.76
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) -> $2,355.76

All other insurances - non-negotiated charge amount (100%) -> $5,354.00

---

**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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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**
--- | --- | --- | --- | --- | ---
4010209 | COLONOSCOPY, FLEXIBLE, WITH REMOVAL OF TUMOR(S), SNARE TECHNIQUE (PRIMARY) | 45385 | 750 | $3,357.00
4100110 | RECOVERY ROOM | | | 710 | $260.00
4819129 | **ProFee** | 45385 | 975 | $1,911.00

**Total of Standard Charges:** $5,528.00

---

**Surgery**

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

### CMS-Specified Shoppable Service

**Outpatient**

**4010209** COLONOSCOPY, FLEXIBLE, WITH REMOVAL OF TUMOR(S), SNARE TECHNIQUE (PRIMARY)

- **CPT Code:** 45385
- **HCPCS Code:** 750
- **Revenue Code:** 710
- **Standard Charge:** $3,357.00
- **Revenue Code:** 710
- **Standard Charge:** $260.00
- **Revenue Code:** 975
- **Standard Charge:** $1,911.00

**Total of Standard Charges:** $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.

For insurance in the Inpatient setting with Medicare Advantag, the insurance will pay up to $2526 per day, regardless of charges.

**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>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4010212 COLONOSCOPY</td>
<td></td>
<td>45378</td>
<td>750</td>
<td></td>
<td>$ 2,778.00</td>
</tr>
<tr>
<td>4010212</td>
<td></td>
<td>401</td>
<td></td>
<td>710</td>
<td>$ 260.00</td>
</tr>
<tr>
<td>4819120 COLONOSCOPY</td>
<td></td>
<td>45378</td>
<td>975</td>
<td></td>
<td>$ 1,621.00</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 (87.1%)------------------> $ 4,057.99

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

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

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

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

Silver Summit - All Plans - negotiated charge amount (93%)------------------> $ 4,332.87

United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $ 4,426.05

Aetna - All Plans - negotiated charge amount (87.1%)------------------> $ 4,057.99

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 2,049.96

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 2,049.96

OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 2,049.96

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 2,049.96

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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4010215</td>
<td>COLONOSCOPY, FLEXIBLE, WITH BIOPSY, SINGLE OR MULTIPLE (PRIMARY)</td>
<td>45380</td>
<td>750</td>
<td>710</td>
<td>$ 3,357.00</td>
</tr>
<tr>
<td>4010215</td>
<td>COLONOSCOPY, FLEXIBLE, WITH BIOPSY, SINGLE OR MULTIPLE (PRIMARY)</td>
<td>45380</td>
<td>975</td>
<td></td>
<td>$ 1,794.00</td>
</tr>
<tr>
<td>4100110</td>
<td>RECOVERY ROOM</td>
<td></td>
<td></td>
<td></td>
<td>$ 260.00</td>
</tr>
<tr>
<td>4819130 ** ProFee **</td>
<td>COLONOSCOPY WITH BIOPSY</td>
<td></td>
<td></td>
<td></td>
<td>$ 5,411.00</td>
</tr>
</tbody>
</table>

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

**Surgery**

- **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)**

- $ 2,705.50

**Minimum negotiated charge amount (87.1%)**

- $ 4,712.98

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

- $ 5,140.45

**Anthem Blue Cross - All Plans - negotiated charge amount (95%)**

- $ 5,140.45

**Hometown Health - All Plans - negotiated charge amount (95%)**

- $ 5,140.45

**Prominence - All Plans - negotiated charge amount (95%)**

- $ 5,140.45

**Silver Summit - All Plans - negotiated charge amount (93%)**

- $ 5,032.23

**United Healthcare/UMR - All Plans - negotiated charge amount (95%)**

- $ 5,140.45

**Aetna - All Plans - negotiated charge amount (87.1%)**

- $ 4,712.98

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**

- $ 2,380.84

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**

- $ 2,380.84

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**

- $ 2,380.84

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**

- $ 2,380.84

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

- $ 5,411.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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:** 05/31/2023  
**Last Update:** 05/31/2023

---

### Table

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and 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>4010218</strong> EGD, FLEXIBLE, TRANSORAL, WITH GUIDE WIRE, W_PASSAGE OF DILATOR(S)</td>
<td>EGD, FLEXIBLE, TRANSORAL, WITH GUIDE WIRE, W_PASSAGE OF DILATOR(S) THROUGH ESOPHAGUS (PRIMARY)</td>
<td>4010218</td>
<td>43248</td>
<td>700</td>
<td>$2,218.00</td>
</tr>
<tr>
<td><strong>4100110</strong> RECOVERY ROOM</td>
<td></td>
<td>4100110</td>
<td></td>
<td>710</td>
<td>$260.00</td>
</tr>
<tr>
<td><strong>4819140</strong> <strong>ProFee</strong></td>
<td></td>
<td>4819140</td>
<td></td>
<td>975</td>
<td>$1,448.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $3,926.00

---

**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) $1,963.00

Minimum negotiated charge amount (87.1%) $3,419.55

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

- **Anthem Blue Cross - All Plans** - negotiated charge amount (95%) $3,729.70
- **Hometown Health - All Plans** - negotiated charge amount (95%) $3,729.70
- **Prominence - All Plans** - negotiated charge amount (95%) $3,729.70
- **Silver Summit - All Plans** - negotiated charge amount (93%) $3,651.18
- **United Healthcare/UMR - All Plans** - negotiated charge amount (95%) $3,729.70
- **Aetna - All Plans** - negotiated charge amount (87.1%) $3,419.55
- **OP - Aetna - W/Med Adv. - negotiated charge amount (44%)** $1,727.44
- **OP - Optumcare - W/Med Adv. - negotiated charge amount (44%)** $1,727.44
- **OP - Humana - W/Med Adv. - negotiated charge amount (44%)** $1,727.44
- **OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%)** $1,727.44
- **All other insurances - non-negotiated charge amount (100%)** $3,926.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4010221  EGD, FLEXIBLE, TRANSORAL, WITH BAND LIGATION OF ESOPHAGEAL/GASTRIC VARICES (PRIMARY)</td>
<td>EGD, FLEXIBLE, TRANSORAL, WITH BAND LIGATION OF ESOPHAGEAL/GASTRIC VARICES (PRIMARY)</td>
<td>43244</td>
<td>750</td>
<td></td>
<td>$ 2,547.00</td>
</tr>
<tr>
<td>401021   RECOVERY ROOM</td>
<td>RECOVERY ROOM</td>
<td></td>
<td></td>
<td></td>
<td>$ 260.00</td>
</tr>
<tr>
<td>4819135  ** ProFee **</td>
<td>EGD W/BANDING VARICES</td>
<td>43244</td>
<td>710</td>
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<td>$ 1,448.00</td>
</tr>
</tbody>
</table>

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 (87.1%) $ 3,706.11
Maximum negotiated charge amount (95%) $ 4,042.25

Aetna - All Plans - negotiated charge amount (44%) $ 1,872.20
Anthem Blue Cross - All Plans - negotiated charge amount (95%) $ 4,042.25
Hometown Health - All Plans - negotiated charge amount (95%) $ 4,042.25
Prominence - All Plans - negotiated charge amount (95%) $ 4,042.25
Silver Summit - All Plans - negotiated charge amount (93%) $ 3,957.15
United Healthcare/UMR - All Plans - negotiated charge amount (95%) $ 4,042.25
Aetna - All Plans - negotiated charge amount (87.1%) $ 3,706.11
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) $ 1,872.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) $ 1,872.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) $ 1,872.20
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.
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<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4010224</td>
<td>EGD, FLEXIBLE, TRANSORAL, WITH BIOPSY, SINGLE OR MULTIPLE (PRIMARY)</td>
<td>43239</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>4819138</td>
<td>** ProFee ** EGD W/BIOPSY</td>
<td>43239</td>
<td>975</td>
<td></td>
<td>$ 1,158.00</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)

**Self-pay/Cash Price (50% of charges, if balance is paid in full)----->** $ 1,924.50

**Minimum negotiated charge amount (87.1%)----->** $ 3,352.48

**Maximum negotiated charge amount (95%)----->** $ 3,656.55

- **Anthem Blue Cross - All Plans** - negotiated charge amount (95%)-----> $ 3,656.55
- **Hometown Health - All Plans** - negotiated charge amount (95%)-----> $ 3,656.55
- **Prominence - All Plans** - negotiated charge amount (95%)-----> $ 3,656.55
- **Silver Summit - All Plans** - negotiated charge amount (93%)-----> $ 3,579.57
- **United Healthcare/UMR - All Plans** - negotiated charge amount (95%)-----> $ 3,656.55
- **Aetna - All Plans** - negotiated charge amount (87.1%)-----> $ 3,352.48
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**-----> $ 1,693.56
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**-----> $ 1,693.56
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**-----> $ 1,693.56
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**-----> $ 1,693.56
- **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.

For insurance in the Inpatient setting with Medicare Advantige, the insurance will pay up to $2526 per day, regardless of charges.

**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>4010233</td>
<td>FLEXIBLE SIGMOIDOSCOPY</td>
<td>45330</td>
<td>750</td>
<td>$1,331.00</td>
</tr>
<tr>
<td>4010233</td>
<td>FLEXIBLE SIGMOIDOSCOPY</td>
<td>45330</td>
<td>710</td>
<td>$260.00</td>
</tr>
<tr>
<td>4819180</td>
<td>FLEX SIG</td>
<td>45330</td>
<td>975</td>
<td>$926.00</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)

---

**Surgery**

Self-pay/Cash Price (50% of charges, if balance is paid in full)-----------------> $1,258.50
Minimum negotiated charge amount (87.1%) -----------------> $1,192.31
Maximum negotiated charge amount (95%) -----------------> $2,391.15

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)** -----------------> $2,391.15
- **Hometown Health - All Plans - negotiated charge amount (95%)** -----------------> $2,391.15
- **Prominence - All Plans - negotiated charge amount (95%)** -----------------> $2,391.15
- **Silver Summit - All Plans - negotiated charge amount (93%)** -----------------> $2,340.81
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)** -----------------> $2,391.15
- **Aetna - All Plans - negotiated charge amount (87.1%)** -----------------> $2,192.31
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)** -----------------> $1,107.48
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)** -----------------> $1,107.48
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)** -----------------> $1,107.48
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)** -----------------> $1,107.48
- **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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>SIGMOIDOSCOPY, FLEXIBLE, WITH BIOPSY, SINGLE OR MULTIPLE</td>
<td>4010236</td>
<td>45331</td>
<td>750</td>
<td></td>
<td>$1,737.00</td>
</tr>
<tr>
<td>RECOVERY ROOM</td>
<td>4100110</td>
<td>45331</td>
<td>710</td>
<td></td>
<td>$260.00</td>
</tr>
<tr>
<td>FLEX SIG W/BIPSY</td>
<td>4819144</td>
<td>45331</td>
<td>975</td>
<td>** ProFee **</td>
<td>$1,158.00</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)

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 (87.1%) :** $2,748.01
**Maximum negotiated charge amount (95%) :** $2,997.25

<table>
<thead>
<tr>
<th>Insurance</th>
<th>Negotiated Charge Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem Blue Cross - All Plans</td>
<td>$2,997.25</td>
</tr>
<tr>
<td>Hometown Health - All Plans</td>
<td>$2,997.25</td>
</tr>
<tr>
<td>Prominence - All Plans</td>
<td>$2,997.25</td>
</tr>
<tr>
<td>Silver Summit - All Plans</td>
<td>$2,934.15</td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans</td>
<td>$2,997.25</td>
</tr>
<tr>
<td>Aetna - All Plans</td>
<td>$2,748.01</td>
</tr>
<tr>
<td>OP - Aetna W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$1,388.20</td>
</tr>
<tr>
<td>OP - Optumcare W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$1,388.20</td>
</tr>
<tr>
<td>OP - Humana W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$1,388.20</td>
</tr>
<tr>
<td>OP - Healthplan Nevada/Sierra Health and Life W/ Med Adv. - negotitated charge amount (44%)</td>
<td>$1,388.20</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$3,155.00</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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4010240 <strong>UPPER GASTRO ENDOSCOPY</strong></td>
<td></td>
<td>4010240</td>
<td>43235</td>
<td>750</td>
<td>$ 2,027.00</td>
</tr>
<tr>
<td>4010240</td>
<td>UPPER GASTRO ENDOSCOPY</td>
<td>4010240</td>
<td>710</td>
<td>750</td>
<td>$ 260.00</td>
</tr>
<tr>
<td>4010240</td>
<td><strong>ProFee</strong></td>
<td>43235</td>
<td>975</td>
<td>750</td>
<td>$ 985.00</td>
</tr>
<tr>
<td>4100110</td>
<td>RECOVERY ROOM</td>
<td></td>
<td></td>
<td></td>
<td>$ 260.00</td>
</tr>
<tr>
<td>4819150</td>
<td>EGD</td>
<td></td>
<td></td>
<td></td>
<td>$ 260.00</td>
</tr>
<tr>
<td><strong>Total of Standard Charges:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$ 3,272.00</strong></td>
</tr>
</tbody>
</table>

**Surgery**

- **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)**-----------------> $ 1,636.00
- **Minimum negotiated charge amount (87.1%)**-----------------> $ 2,849.91
- **Maximum negotiated charge amount (95%)**-----------------> $ 3,108.40
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**-----------------> $ 3,108.40
- **Hometown Health - All Plans - negotiated charge amount (95%)**-----------------> $ 3,108.40
- **Prominence - All Plans - negotiated charge amount (95%)**-----------------> $ 3,108.40
- **Silver Summit - All Plans - negotiated charge amount (93%)**-----------------> $ 3,042.96
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**-----------------> $ 3,108.40
- **Aetna - All Plans - negotiated charge amount (87.1%)**-----------------> $ 2,849.91
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**-----------------> $ 1,439.68
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**-----------------> $ 1,439.68
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**-----------------> $ 1,439.68
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**-----------------> $ 1,439.68
- **All other insurances - non-negotiated charge amount (100%)**-----------------> $ 3,272.00

**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.
- For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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; DIAGNOSTIC</td>
<td>44360</td>
<td>750</td>
<td></td>
<td>$2,547.00</td>
</tr>
<tr>
<td>4100110</td>
<td>RECOVERY ROOM</td>
<td></td>
<td></td>
<td></td>
<td>$260.00</td>
</tr>
<tr>
<td>4814360</td>
<td>SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INC ILEUM; DIAGNOSTIC</td>
<td>44360</td>
<td>975</td>
<td></td>
<td>$1,448.00</td>
</tr>
</tbody>
</table>

**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 (87.1%)------------------> $3,706.11

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

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

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

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

Silver Summit - All Plans - negotiated charge amount (93%)------------------> $3,957.15

United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $4,042.25

Aetna - All Plans - negotiated charge amount (87.1%)------------------> $3,706.11

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $1,872.20

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $1,872.20

OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $1,872.20

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $1,872.20

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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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</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>
</tbody>
</table>

**Surgery**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and 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>4014380</strong></td>
<td>ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, INC COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OUTPATIENT - 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)**

- **Minimum negotiated charge amount (87.1%)** → $3,352.48
- **Maximum negotiated charge amount (95%)** → $3,656.55

**Anthem Blue Cross - All Plans - negotiated charge amount (87.1%)** → $3,656.55
**Prominence - All Plans - negotiated charge amount (95%)** → $3,656.55
**Silver Summit - All Plans - negotiated charge amount (95%)** → $3,656.55
**United Healthcare/UMR - All Plans - negotiated charge amount (95%)** → $3,656.55

**Aetna - All Plans - negotiated charge amount (87.1%)** → $3,352.48
**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)** → $1,693.56
**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)** → $1,693.56
**OP - Humana - W/ Med Adv. - negotiated charge amount (44%)** → $1,693.56
**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)** → $1,693.56

**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.
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**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><strong>OUTPATIENT</strong></td>
<td><strong>SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS</strong></td>
<td>401533</td>
<td>45333</td>
<td>750</td>
<td>$1,654.00</td>
</tr>
<tr>
<td>401533</td>
<td>SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS</td>
<td>401533</td>
<td>45333</td>
<td>710</td>
<td>$260.00</td>
</tr>
<tr>
<td>4100110</td>
<td>RECOVERY ROOM</td>
<td></td>
<td></td>
<td>710</td>
<td>$260.00</td>
</tr>
<tr>
<td>4819170</td>
<td>FLEX SIGMOID-REMOVE POLYP</td>
<td>45333</td>
<td>975</td>
<td></td>
<td>$1,103.00</td>
</tr>
<tr>
<td><strong>ProFee</strong></td>
<td><strong>FLEX SIGMOID-REMOVE POLYP</strong></td>
<td>45333</td>
<td>975</td>
<td></td>
<td>$3,017.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $3,017.00

---

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

- **$1,508.50**

**Minimum negotiated charge amount (87.1%)**

- **$2,627.81**

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

- **$2,866.15**

**Aetna - All Plans** - **negotiated charge amount (87.1%)**

- **$2,627.81**

**Humana - All Plans** - **negotiated charge amount (87.1%)**

- **$2,627.81**

**Silver Summit - All Plans** - **negotiated charge amount (93%)**

- **$2,805.81**

**OP - Aetna - W/ Med Adv.** - **negotiated charge amount (44%)**

- **$1,327.48**

**OP - Optumcare - W/ Med Adv.** - **negotiated charge amount (44%)**

- **$1,327.48**

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv.** - **negotiated charge amount (44%)**

- **$1,327.48**

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

- **$3,017.00**

---

**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.

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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4015338</td>
<td>SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR BY SNARE TECHNIQUE</td>
<td>45338</td>
<td>750</td>
<td></td>
<td>$1,621.00</td>
</tr>
<tr>
<td>4100110</td>
<td>RECOVERY ROOM</td>
<td></td>
<td></td>
<td></td>
<td>$260.00</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></td>
<td>$1,100.00</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)------------------> $1,490.50
Minimum negotiated charge amount (87.1%)------------------> $2,596.45
Maximum negotiated charge amount (95%)------------------> $2,831.95

Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $2,831.95
Hometown Health - All Plans - negotiated charge amount (95%)------------------> $2,831.95
Prominence - All Plans - negotiated charge amount (95%)------------------> $2,831.95
Silver Summit - All Plans - negotiated charge amount (93%)------------------> $2,772.33
United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $2,831.95
Aetna - All Plans - negotiated charge amount (87.1%)------------------> $2,596.45
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $1,311.64
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $1,311.64
OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $1,311.64
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $1,311.64
All other insurances - non-negotiated charge amount (100%)------------------> $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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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>SIGMODOCSOPHY, FLEXIBLE; WITH BAND LIGATION(S)</td>
<td></td>
<td>45350</td>
<td>750</td>
<td></td>
<td>$1,679.00</td>
</tr>
<tr>
<td>RECOVERY ROOM</td>
<td></td>
<td>4015350</td>
<td>45350</td>
<td>710</td>
<td>$260.00</td>
</tr>
<tr>
<td>SIGMODOCSOPHY, FLEXIBLE; WITH BAND LIGATION(S)</td>
<td></td>
<td>4815350</td>
<td>45350</td>
<td>975</td>
<td>$1,216.00</td>
</tr>
</tbody>
</table>

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

**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**

**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>4015381</td>
<td>COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE</td>
<td>45381</td>
<td>750</td>
<td>710</td>
<td>$3,056.00</td>
</tr>
<tr>
<td>4100110</td>
<td>RECOVERY ROOM</td>
<td></td>
<td></td>
<td></td>
<td>$260.00</td>
</tr>
<tr>
<td>4815381</td>
<td>COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE</td>
<td>45381</td>
<td>975</td>
<td>750</td>
<td>$1,783.00</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).

---

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

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

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

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4015384</td>
<td>COLONOSCOPY, FLEXIBLE, WITH REMOVAL OF TUMOR(S), POLYP(S), HOT BIOPSY (PRIMARY)</td>
<td>45384</td>
<td>750</td>
<td></td>
<td>$3,357.00</td>
</tr>
<tr>
<td>4100110</td>
<td>RECOVERY ROOM</td>
<td>45384</td>
<td>710</td>
<td></td>
<td>$260.00</td>
</tr>
<tr>
<td>4819132</td>
<td>COLON W/POLYP REMOV FORCP</td>
<td>45384</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 (87.1%)------------------> $4,814.89
Maximum negotiated charge amount (95%)------------------> $5,251.60

Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $5,251.60
Hometown Health - All Plans - negotiated charge amount (95%)------------------> $5,251.60
Prominence - All Plans - negotiated charge amount (95%)------------------> $5,251.60
Silver Summit - All Plans - negotiated charge amount (93%)------------------> $5,141.04
United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $5,251.60
Aetna - All Plans - negotiated charge amount (87.1%)------------------> $4,814.89
OP - Aetna - W/Med Adv. - negotiated charge amount (44%)------------------> $2,432.32
OP - Optumcare - W/Med Adv. - negotiated charge amount (44%)------------------> $2,432.32
OP - Humana - W/Med Adv. - negotiated charge amount (44%)------------------> $2,432.32
OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%)------------------> $2,432.32
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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4016946 EGD, FLEXIBLE, WITH TRANSENDOSCOPIC BALLOON DILATION OF ESOPHAGUS (PRIMARY)</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 RECOVERY ROOM</td>
<td>RECOVERY ROOM</td>
<td></td>
<td>710</td>
<td>$ 260.00</td>
<td></td>
</tr>
<tr>
<td>4816946 ** ProFee ** EGD BALLN DIL</td>
<td>EGD BALLN DIL</td>
<td>43249</td>
<td>975</td>
<td>$ 1,448.00</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)-----------> $ 2,127.50

Minimum negotiated charge amount (87.1%)-----------> $ 3,706.11

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

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

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

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

Silver Summit - All Plans - negotiated charge amount (93%)-----------> $ 3,957.15

United Healthcare/UMR - All Plans - negotiated charge amount (95%)-----------> $ 4,042.25

Aetna - All Plans - negotiated charge amount (87.1%)-----------> $ 3,706.11

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)-----------> $ 1,872.20

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)-----------> $ 1,872.20

OP - Humana - W/ Med Adv. - negotiated charge amount (44%)-----------> $ 1,872.20

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)-----------> $ 1,872.20

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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>EGD, FLEXIBLE, TRANSORAL, WITH REMOVAL OF TUMOR(S), POLYP(S) OR OTHER LESION(S) BY SNARE</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>RECOVERY ROOM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$260.00</td>
</tr>
<tr>
<td>EGD, FLEXIBLE, TRANSORAL, WITH REMOVAL OF TUMOR(S), POLYP(S) OR OTHER LESION(S) BY SNARE (PRIMARY)</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>

**ProFee** $3,488.00

Total of Standard Charges: $3,488.00

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)

| Surgery |

Self-pay/Cash Price (50% of charges, if balance is paid in full)-----------------> $1,744.00

Minimum negotiated charge amount (87.1%)-----------------> $3,038.05

Maximum negotiated charge amount (95%)-----------------> $3,313.60

Anthem Blue Cross - All Plans - negotiated charge amount (95%)-----------------> $3,313.60

Hometown Health - All Plans - negotiated charge amount (95%)-----------------> $3,313.60

Prominence - All Plans - negotiated charge amount (95%)-----------------> $3,313.60

Silver Summit - All Plans - negotiated charge amount (93%)-----------------> $3,243.84

United Healthcare/UMR - All Plans - negotiated charge amount (95%)-----------------> $3,313.60

Aetna - All Plans - negotiated charge amount (87.1%)-----------------> $3,038.05

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)-----------------> $1,534.72

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)-----------------> $1,534.72

OP - Humana - W/ Med Adv. - negotiated charge amount (44%)-----------------> $1,534.72

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)-----------------> $1,534.72

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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
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<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
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<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td></td>
<td>G0104</td>
<td>750</td>
<td></td>
<td>$1,331.00</td>
</tr>
<tr>
<td>391</td>
<td></td>
<td>G0104</td>
<td>710</td>
<td></td>
<td>$260.00</td>
</tr>
<tr>
<td>808</td>
<td></td>
<td>G0104</td>
<td>975</td>
<td></td>
<td>$926.00</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)-------------------> $1,258.50

**Minimum negotiated charge amount** (87.1%)-------------------> $2,192.31

**Maximum negotiated charge amount** (95%)-------------------> $2,391.15

Anthem Blue Cross - All Plans - negotiated charge amount (95%)-------------------> $2,391.15

Hometown Health - All Plans - negotiated charge amount (95%)-------------------> $2,391.15

Prominence - All Plans - negotiated charge amount (95%)-------------------> $2,391.15

Silver Summit - All Plans - negotiated charge amount (93%)-------------------> $2,340.81

United Healthcare/UMR - All Plans - negotiated charge amount (95%)-------------------> $2,391.15

Aetna - All Plans - negotiated charge amount (87.1%)-------------------> $2,192.31

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)-------------------> $1,107.48

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)-------------------> $1,107.48

OP - Humana - W/ Med Adv. - negotiated charge amount (44%)-------------------> $1,107.48

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)-------------------> $1,107.48

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

---------------------------------------------------------------------------------------------------------------------------

**Silver Summit** - All Plans - negotiated charge amount (93%)-------------------> $2,340.81

**OP - Aetna - W/ Med Adv.** - negotiated charge amount (44%)-------------------> $1,107.48

**OP - Optumcare - W/ Med Adv.** - negotiated charge amount (44%)-------------------> $1,107.48

**OP - Humana - W/ Med Adv.** - negotiated charge amount (44%)-------------------> $1,107.48

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv.** - negotiated charge amount (44%)-------------------> $1,107.48

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

---------------------------------------------------------------------------------------------------------------------------

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

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

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

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
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<tr>
<th>Shoppable Service</th>
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<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4019209 ** ProFee **</td>
<td>COLONOSCOPY, FLEXIBLE, WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE</td>
<td>45385</td>
<td>795</td>
<td>975</td>
<td>$ 927.00</td>
</tr>
</tbody>
</table>

**OUTPATIENT**

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>4019209</td>
<td>COLONOSCOPY, FLEXIBLE, WITH REMOVAL OF TUMOR(S), SNARE TECHNIQUE (2NDARY)</td>
<td>45385</td>
<td>750</td>
<td>975</td>
<td>$ 637.00</td>
</tr>
<tr>
<td>4810129</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>750</td>
<td>$ 290.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 927.00

**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) $ 463.50
- Minimum negotiated charge amount (87.1%) $ 807.42
- Maximum negotiated charge amount (95%) $ 880.65

- **Anthem Blue Cross** - All Plans - negotiated charge amount (95%) $ 880.65
- **Hometown Health - All Plans** - negotiated charge amount (95%) $ 880.65
- **Prominence - All Plans** - negotiated charge amount (95%) $ 880.65
- **Silver Summit - All Plans** - negotiated charge amount (93%) $ 862.11
- **United Healthcare/UMR** - All Plans - negotiated charge amount (95%) $ 880.65
- **Aetna - All Plans** - negotiated charge amount (87.1%) $ 807.42
- **OP - Aetna - W/ Med Adv.** - negotiated charge amount (44%) $ 407.88
- **OP - Optumcare - W/ Med Adv.** - negotiated charge amount (44%) $ 407.88
- **OP - Humana - W/ Med Adv.** - negotiated charge amount (44%) $ 407.88

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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**

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

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

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

For patients who do not have insurance coverage

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

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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

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<tr>
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<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4019215</td>
<td>COLONOSCOPY, FLEXIBLE, WITH BIOPSY, SINGLE OR MULTIPLE (2NDARY)</td>
<td>45380</td>
<td>750</td>
<td>45380</td>
<td>$637.00</td>
</tr>
<tr>
<td>4810130</td>
<td>COLONOSCOPY, FLEXIBLE, WITH BIOPSY, SINGLE OR MULTIPLE</td>
<td>4019215</td>
<td>740</td>
<td>975</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)

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

- **Minimum negotiated charge amount (87.1%)**
  - $706.38

- **Maximum negotiated charge amount (95%)**
  - $770.45

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**
  - $770.45

- **Hometown Health - All Plans - negotiated charge amount (95%)**
  - $770.45

- **Prominence - All Plans - negotiated charge amount (95%)**
  - $770.45

- **Silver Summit - All Plans - negotiated charge amount (93%)**
  - $754.23

- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**
  - $770.45

- **Aetna - All Plans - negotiated charge amount (87.1%)**
  - $706.38

- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**
  - $356.84

- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**
  - $356.84

- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**
  - $356.84

- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**
  - $356.84

- **All other insurances - non-negotiated charge amount (100%)**
  - $811.00

**Total of Standard Charges:**

$811.00

---

### Surgery

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.
## Shoppable Services 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>
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<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>
<tr>
<td>4019221</td>
<td>EGD, FLEXIBLE, TRANSORAL, WITH BAND LIGATION OF ESOPHAGEAL/GASTRIC VARICES (2NDARY)</td>
<td>43244</td>
<td>750</td>
<td>$463.00</td>
<td>750</td>
</tr>
<tr>
<td>4019221</td>
<td>EGD, FLEXIBLE, TRANSORAL, WITH BAND LIGATION OF ESOPHAGEAL/GASTRIC VARICES (2NDARY)</td>
<td>43244</td>
<td>975</td>
<td>$463.00</td>
<td>975</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.

**Surgery**

Some 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) -> $463.00
Minimum negotiated charge amount (87.1%) -> $806.55
Maximum negotiated charge amount (95%) -> $879.70

Anthem Blue Cross - All Plans - negotiated charge amount (95%) -> $879.70
Hometown Health - All Plans - negotiated charge amount (95%) -> $879.70
Prominence - All Plans - negotiated charge amount (95%) -> $879.70
Silver Summit - All Plans - negotiated charge amount (93%) -> $861.18
United Healthcare/UMR - All Plans - negotiated charge amount (95%) -> $879.70
Aetna - All Plans - negotiated charge amount (87.1%) -> $806.55
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) -> $407.44
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) -> $407.44
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) -> $407.44
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) -> $407.44
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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4019224 EGD, FLEXIBLE, TRANSORAL, WITH BIOPSY, SINGLE OR MULTIPLE (2NDARY)</td>
<td>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</td>
<td>43239</td>
<td>750</td>
<td>$307.00</td>
<td></td>
</tr>
<tr>
<td>4019224 EGD, FLEXIBLE, TRANSORAL, WITH BIOPSY, SINGLE OR MULTIPLE (2NDARY)</td>
<td></td>
<td>43239</td>
<td>975</td>
<td>$174.00</td>
<td></td>
</tr>
<tr>
<td><strong>SURGEON</strong></td>
<td>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>
</tr>
<tr>
<td><strong>ANESTHESIA</strong></td>
<td>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>
</tr>
<tr>
<td><strong>PATHOLOGIST</strong></td>
<td>not provided by facility (may be billed separately)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Self-pay/Cash Price (50% of charges, if balance is paid in full)</strong></td>
<td></td>
<td>481.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Minimum negotiated charge amount (87.1%)</strong></td>
<td></td>
<td>418.95</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maximum negotiated charge amount (95%)</strong></td>
<td></td>
<td>456.95</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Anthem Blue Cross - All Plans - negotiated charge amount (95%)</strong></td>
<td></td>
<td>456.95</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hometown Health - All Plans - negotiated charge amount (95%)</strong></td>
<td></td>
<td>456.95</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prominence - All Plans - negotiated charge amount (95%)</strong></td>
<td></td>
<td>456.95</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Silver Summit - All Plans - negotiated charge amount (93%)</strong></td>
<td></td>
<td>447.33</td>
<td></td>
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<tr>
<td><strong>United Healthcare/UMR - All Plans - negotiated charge amount (95%)</strong></td>
<td></td>
<td>456.95</td>
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<td></td>
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<tr>
<td><strong>Aetna - All Plans - negotiated charge amount (87.1%)</strong></td>
<td></td>
<td>418.95</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)</strong></td>
<td></td>
<td>211.64</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)</strong></td>
<td></td>
<td>211.64</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OP - Humana - W/ Med Adv. - negotiated charge amount (44%)</strong></td>
<td></td>
<td>211.64</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)</strong></td>
<td></td>
<td>211.64</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>All other insurances - non-negotiated charge amount (100%)</strong></td>
<td></td>
<td>481.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

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For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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**

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<tr>
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<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4019381</td>
<td>COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE (2NDARY)</td>
<td>45381</td>
<td>750</td>
<td>975</td>
<td>$ 278.00</td>
</tr>
<tr>
<td><strong>4819381</strong></td>
<td>COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE (2NDARY)</td>
<td>45381</td>
<td>750</td>
<td>975</td>
<td>$ 162.00</td>
</tr>
<tr>
<td><strong>ProFee</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 440.00</td>
</tr>
</tbody>
</table>

**OUTPATIENT**

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.

**Total of Standard Charges:** $ 440.00

**Surgery**

- Self-pay/Cash Price (50% of charges, if balance is paid in full) $ 220.00
- Minimum negotiated charge amount (87.1%) $ 383.24
- Maximum negotiated charge amount (95%) $ 418.00

- **Anthem Blue Cross - All Plans** - negotiated charge amount (95%) $ 418.00
- **Hometown Health - All Plans** - negotiated charge amount (95%) $ 418.00
- **Prominence - All Plans** - negotiated charge amount (95%) $ 418.00
- **Silver Summit - All Plans** - negotiated charge amount (93%) $ 409.20
- **United Healthcare/UMR - All Plans** - negotiated charge amount (95%) $ 418.00
- **Aetna - All Plans** - negotiated charge amount (87.1%) $ 383.24
- **OP - Aetna - W/ Med Adv.** - negotiated charge amount (44%) $ 193.60
- **OP - Optumcare - W/ Med Adv.** - negotiated charge amount (44%) $ 193.60
- **OP - Humana - W/ Med Adv.** - negotiated charge amount (44%) $ 193.60
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv.** - negotiated charge amount (44%) $ 193.60
- **All other insurances - non-negotiated charge amount (100%)** $ 440.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
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<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td>4019384</td>
<td>45384</td>
<td>750</td>
<td>$ 637.00</td>
</tr>
<tr>
<td><strong>4019384</strong> COLONOSCOPY, FLEXIBLE, WITH REMOVAL OF TUMOR(S), POLYP(S), HOT BIOPSY (2NDARY)</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td>$ 290.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4810132</td>
<td>45384</td>
<td>975</td>
<td>** ProFee ** $ 927.00</td>
</tr>
<tr>
<td></td>
<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>Total of Standard Charges: $ 927.00</td>
</tr>
<tr>
<td></td>
<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>
</tr>
<tr>
<td></td>
<td>PATHOLOGIST - not provided by facility (may be billed separately)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)-----------> $ 463.50
Minimum negotiated charge amount (87.1%)-----------> $ 807.42
Maximum negotiated charge amount (95%)-----------> $ 880.65

Anthem Blue Cross - All Plans - negotiated charge amount (95%)-----------> $ 880.65
Hometown Health - All Plans - negotiated charge amount (95%)-----------> $ 880.65
Prominence - All Plans - negotiated charge amount (95%)-----------> $ 880.65
Silver Summit - All Plans - negotiated charge amount (93%)-----------> $ 862.11
United Healthcare/UMR - All Plans - negotiated charge amount (95%)-----------> $ 880.65
Aetna - All Plans - negotiated charge amount (87.1%)-----------> $ 807.42

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)-----------> $ 407.88
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)-----------> $ 407.88
OP - Humana - W/ Med Adv. - negotiated charge amount (44%)-----------> $ 407.88
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)-----------> $ 407.88
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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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>
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<th>Primary Service and Ancillary Services</th>
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<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4019946 OUTPATIENT</td>
<td>EGD, FLEXIBLE, WITH TRANSENDOSCOPIC BALLOON DILATION OF ESOPHAGUS (2NDARY)</td>
<td>43249</td>
<td>750</td>
<td>750</td>
<td>$522.00</td>
</tr>
<tr>
<td>4019946 OUTPATIENT</td>
<td>EGD, FLEXIBLE, WITH TRANSENDOSCOPIC BALLOON DILATION OF ESOPHAGUS (2NDARY)</td>
<td>43249</td>
<td>795</td>
<td>975</td>
<td>$463.00</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.

**ProFee**: $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 (87.1%)**

- $857.94

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

- $935.75

- **Anthem Blue Cross - All Plans** - negotiated charge amount (95%)
- $935.75

- **Hometown Health - All Plans** - negotiated charge amount (95%)
- $935.75

- **Prominence - All Plans** - negotiated charge amount (95%)
- $935.75

- **Silver Summit - All Plans** - negotiated charge amount (93%)
- $916.05

- **United Healthcare/UMR - All Plans** - negotiated charge amount (95%)
- $935.75

- **Aetna - All Plans** - negotiated charge amount (87.1%)
- $857.94

- **OP - Aetna - W/ Med Adv.** - negotiated charge amount (44%)
- $433.40

- **OP - Optumcare - W/ Med Adv.** - negotiated charge amount (44%)
- $433.40

- **OP - Humana - W/ Med Adv.** - negotiated charge amount (44%)
- $433.40

- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv.** - negotiated charge amount (44%)
- $433.40

- **All other insurances - non-negotiated charge amount (100%)**
- $985.00

---

**Silver Summit - All Plans - negotiated charge amount (93%)**

- $916.05

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**

- $433.40

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**

- $433.40

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**

- $433.40

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**

- $433.40

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

- $985.00

---

**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.

**For insurance in the Inpatient setting with Medicare Advntage**: the insurance will pay up to $2526 per day, regardless of charges.

**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 Service**
- EKG WITH RHYTHM STRIP

<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>EKG WITH RHYTHM STRIP</td>
<td>EKG WITH RHYTHM STRIP</td>
<td>93005</td>
<td>730</td>
<td>$248.00</td>
</tr>
</tbody>
</table>

### Total of Standard Charges:

$248.00

**RespTherapy**

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) -> $124.00
- Minimum negotiated charge amount (87.1%) -> $216.01
- Maximum negotiated charge amount (95%) -> $235.60

- Anthem Blue Cross - All Plans - negotiated charge amount (95%) -> $235.60
- Hometown Health - All Plans - negotiated charge amount (95%) -> $235.60
- Prominence - All Plans - negotiated charge amount (95%) -> $235.60
- Silver Summit - All Plans - negotiated charge amount (93%) -> $230.64
- United Healthcare/UMR - All Plans - negotiated charge amount (95%) -> $235.60
- Aetna - All Plans - negotiated charge amount (87.1%) -> $216.01
- All other insurances - non-negotiated charge amount (100%) -> $248.00

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

---
# 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>EKG SERIAL</td>
<td></td>
<td>4140015</td>
<td>93000</td>
<td>739</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 (87.1%):** $ 141.10
- **Maximum negotiated charge amount (95%):** $ 153.90

**Respiratory Therapy**

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

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $ 153.90
- **Hometown Health - All Plans - negotiated charge amount (95%):** $ 153.90
- **Prominence - All Plans - negotiated charge amount (95%):** $ 153.90
- **Silver Summit - All Plans - negotiated charge amount (93%):** $ 150.66
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $ 153.90
- **Aetna - All Plans - negotiated charge amount (87.1%):** $ 141.10
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $ 71.28
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%):** $ 71.28
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%):** $ 71.28
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%):** $ 71.28
- **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.

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For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

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## Shoppable Services Report - Table II

### (CMS-1717-F2)

#### Mt. Grant General Hospital

**Shoppable Services Report**

**Date Printed:** 05/31/2023  
**Last Update:** 05/31/2023

### CPT Code | HCPCS Code | Standard Charge | Revenue Code
---|---|---|---
93225 | 731 | $275.00 | 
93226 | 731 | $197.00 | 

**Total of Standard Charges:** $472.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $236.00
- **Minimum negotiated charge amount (87.1%)**: $411.11
- **Maximum negotiated charge amount (95%)**: $448.40

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $448.40
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $448.40
- **Prominence - All Plans - negotiated charge amount (95%)**: $448.40
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $438.96
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $448.40
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $411.11
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $207.68
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $207.68
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $207.68
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $207.68
- **All other insurances - non-negotiated charge amount (100%)**: $472.00

---

### 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.

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## Shoppable Service Report - Table II

### Mt. Grant General Hospital

**Shoppable Services Report**

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</thead>
<tbody>
<tr>
<td>4160020 AEROSOL TREATMENT INITIAL</td>
<td>Aerosol treatments and inhalers will have PHARMACY charges added, and may have SUBSEQUENT TREATMENT charges added</td>
<td>94640</td>
<td>410</td>
<td></td>
<td>$75.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J7611</td>
<td>636</td>
<td></td>
<td>$3.50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J7644</td>
<td>636</td>
<td></td>
<td>$12.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $90.50

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $45.25
- **Minimum negotiated charge amount (87.1%):** $78.83
- **Maximum negotiated charge amount (95%):** $85.98
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $85.98
- **Hometown Health - All Plans - negotiated charge amount (95%):** $85.98
- **Prominence - All Plans - negotiated charge amount (95%):** $85.98
- **Silver Summit - All Plans - negotiated charge amount (93%):** $84.17
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $85.98
- **Aetna - All Plans - negotiated charge amount (87.1%):** $78.83
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $39.82
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%):** $39.82
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%):** $39.82
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%):** $39.82
- **All other insurances - non-negotiated charge amount (100%):** $90.50

**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)*

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<tbody>
<tr>
<td>4160050 ARTERIAL PUNCTURE</td>
<td>4160050 ARTERIAL PUNCTURE</td>
<td>36600</td>
<td>300</td>
<td>$130.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

$130.00

---

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):** $65.00
- **Minimum negotiated charge amount (87.1%):** $113.23
- **Maximum negotiated charge amount (95%):** $123.50

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $123.50
- **Hometown Health - All Plans - negotiated charge amount (95%):** $123.50
- **Prominence - All Plans - negotiated charge amount (95%):** $123.50
- **Silver Summit - All Plans - negotiated charge amount (93%):** $120.90
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $123.50
- **Aetna - All Plans - negotiated charge amount (87.1%):** $113.23
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $57.20
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%):** $57.20
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%):** $57.20
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%):** $57.20
- **All other insurances - non-negotiated charge amount (100%):** $130.00

---

**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.**

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4160180</td>
<td>INCENTIVE SPIROMETRY TX</td>
<td>94727</td>
<td>460</td>
<td>$ 50.00</td>
<td></td>
</tr>
</tbody>
</table>

**RespTherapy**

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 (87.1%)**: $ 43.55
- **Maximum negotiated charge amount (95%)**: $ 47.50

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.
## 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>4160190</td>
<td>MDI INHALER TX INITIAL</td>
<td>94640</td>
<td>410</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $75.00

### RespTherapy

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)**: $37.50

**Minimum negotiated charge amount (87.1%)**: $65.33

**Maximum negotiated charge amount (95%)**: $71.25

**Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $71.25

**Hometown Health - All Plans - negotiated charge amount (95%)**: $71.25

**Prominence - All Plans - negotiated charge amount (95%)**: $71.25

**Silver Summit - All Plans - negotiated charge amount (93%)**: $69.75

**United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $71.25

**Aetna - All Plans - negotiated charge amount (87.1%)**: $65.33

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $33.00

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $33.00

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $33.00

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $33.00

**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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4160400 OXIMETRY</td>
<td>OXIMETRY</td>
<td>4160400</td>
<td>94760</td>
<td>460</td>
<td>$108.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $108.00

---

**Self-pay/Cash Price (50% of charges, if balance is paid in full):** $54.00

**Minimum negotiated charge amount (87.1%):** $94.07

**Maximum negotiated charge amount (95%):** $102.60

- **Anthem Blue Cross - All Plans:** $102.60
- **Hometown Health - All Plans:** $102.60
- **Prominence - All Plans:** $102.60
- **Silver Summit - All Plans:** $100.44
- **United Healthcare/UMR - All Plans:** $102.60
- **Aetna - All Plans:** $94.07
- **OP - Aetna - W/ Med Adv.:** $47.52
- **OP - Optumcare - W/ Med Adv.:** $47.52
- **OP - Humana - W/ Med Adv.:** $47.52
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv.:** $47.52
- **All other insurances - non-negotiated charge amount (100%):** $108.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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**

(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</td>
<td>PFT COMPLETE</td>
<td>94060</td>
<td>460</td>
<td></td>
<td>$ 517.00</td>
</tr>
<tr>
<td>4487619</td>
<td>LEVALBUTEROL 1.25 MG/3 ML SOLUTION FOR NEBULIZATION</td>
<td>J7614</td>
<td>250</td>
<td></td>
<td>$ 19.00</td>
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</tbody>
</table>

**Total of Standard Charges:** $ 536.00

**RespTherapy**

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)**: $ 268.00
- **Minimum negotiated charge amount (87.1%)**: $ 466.86
- **Maximum negotiated charge amount (95%)**: $ 509.20
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $ 509.20
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $ 509.20
- **Prominence - All Plans - negotiated charge amount (95%)**: $ 509.20
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $ 498.48
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $ 509.20
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $ 466.86
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $ 235.84
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $ 235.84
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $ 235.84
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $ 235.84
- **All other insurances - non-negotiated charge amount (100%)**: $ 536.00

---

**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. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4163015</td>
<td>CARDIOVASC STRESS TEST</td>
<td>93015</td>
<td>482</td>
<td>435.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $435.00

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

<table>
<thead>
<tr>
<th>Insurance Provider</th>
<th>Negotiated Charge Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna - All Plans</td>
<td>$191.40</td>
</tr>
<tr>
<td>Anthem Blue Cross</td>
<td>$191.40</td>
</tr>
<tr>
<td>Hometown Health</td>
<td>$191.40</td>
</tr>
<tr>
<td>Prominence - All Plans</td>
<td>$191.40</td>
</tr>
<tr>
<td>Silver Summit - All Plans</td>
<td>$191.40</td>
</tr>
<tr>
<td>United Healthcare/UMR</td>
<td>$191.40</td>
</tr>
<tr>
<td>Aetna All Plans</td>
<td>$378.89</td>
</tr>
<tr>
<td>Anthem Blue Cross</td>
<td>$413.25</td>
</tr>
<tr>
<td>Hometown Health</td>
<td>$413.25</td>
</tr>
<tr>
<td>Prominence - All Plans</td>
<td>$413.25</td>
</tr>
<tr>
<td>Silver Summit - All Plans</td>
<td>$413.25</td>
</tr>
<tr>
<td>United Healthcare/UMR</td>
<td>$413.25</td>
</tr>
<tr>
<td>Aetna All Plans</td>
<td>$378.89</td>
</tr>
<tr>
<td>Anthem Blue Cross</td>
<td>$413.25</td>
</tr>
<tr>
<td>Hometown Health</td>
<td>$413.25</td>
</tr>
<tr>
<td>Prominence - All Plans</td>
<td>$413.25</td>
</tr>
<tr>
<td>Silver Summit - All Plans</td>
<td>$413.25</td>
</tr>
<tr>
<td>United Healthcare/UMR</td>
<td>$413.25</td>
</tr>
</tbody>
</table>

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

- $217.50

**Minimum negotiated charge amount (87.1%)**

- $378.89

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

- $413.25

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4163784 AMBUL BLOOD PRESS MONITOR</strong></td>
<td>AMBUL BLOOD PRESS MONITOR</td>
<td>93788</td>
<td>920</td>
<td>$ 202.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $202.00

---

**RespTherapy**

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)**: $101.00
- **Minimum negotiated charge amount (87.1%)**: $175.94
- **Maximum negotiated charge amount (95%)**: $191.90

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $191.90
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $191.90
- **Prominence - All Plans - negotiated charge amount (95%)**: $191.90
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $187.86
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $191.90
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $175.94
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $88.88
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $88.88
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $88.88
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $88.88
- **All other insurances - non-negotiated charge amount (100%)**: $202.00

---

**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.**

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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 Details:

**Shoppable Service:** Pulmonary Stress Testing (EG, 6-Minute Walk Test), including measurement of Heart Rate, Oximetry

**CPT Code:** 4164618

**HCPCS Code:** 94618

**Standard Charge:** $68.00

**Revenue Code:** 460

**Total of Standard Charges:** $68.00

### Copay and Discount Programs:

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $34.00
- **Minimum negotiated charge amount (87.1%):** $59.23
- **Maximum negotiated charge amount (95%):** $64.60
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $64.60
- **Hometown Health - All Plans - negotiated charge amount (95%):** $64.60
- **Prominence - All Plans - negotiated charge amount (95%):** $64.60
- **Silver Summit - All Plans - negotiated charge amount (93%):** $63.24
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $64.60
- **Aetna - All Plans - negotiated charge amount (87.1%):** $59.23
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $29.92
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%):** $29.92
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%):** $29.92
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%):** $29.92
- **All other insurances - non-negotiated charge amount (100%):** $68.00

### Patient Discount Programs:

- **For patients with insurance who have a patient balance after insurance has paid:** 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- **For patients who do not have insurance coverage:** 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.
- **For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.**

**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>4164667 FLUTTER VALVE INITIAL</td>
<td></td>
<td>94667</td>
<td>410</td>
<td></td>
<td>$ 182.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 182.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full)-->** $ 91.00

**Minimum negotiated charge amount (87.1%) -->** $ 158.52

**Maximum negotiated charge amount (95%) -->** $ 172.90

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%) -->** $ 172.90
- **Hometown Health - All Plans - negotiated charge amount (95%) -->** $ 172.90
- **Prominence - All Plans - negotiated charge amount (95%) -->** $ 172.90
- **Silver Summit - All Plans - negotiated charge amount (93%) -->** $ 169.26
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%) -->** $ 172.90
- **Aetna - All Plans - negotiated charge amount (87.1%) -->** $ 158.52
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) -->** $ 80.08
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) -->** $ 80.08
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%) -->** $ 80.08
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) -->** $ 80.08
- **All other insurances - non-negotiated charge amount (100%) -->** $ 182.00

**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 Service Report**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
<th>Primary Service and Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>4164762</td>
<td>94762</td>
<td>$416.00</td>
<td>460</td>
<td>OVERNIGHT OXIMETRY</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $416.00

---

**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.**

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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.

**RespTherapy**

---

Self-pay/Cash Price (50% of charges, if balance is paid in full) → $208.00

Minimum negotiated charge amount (87.1%) → $362.34

Maximum negotiated charge amount (95%) → $395.20

***Anthem Blue Cross - All Plans - negotiated charge amount (95%)*** → $395.20

***Homewood Health - All Plans - negotiated charge amount (95%)*** → $395.20

***Prominence - All Plans - negotiated charge amount (95%)*** → $395.20

***Silver Summit - All Plans - negotiated charge amount (93%)*** → $386.88

***United Healthcare/UMR - All Plans - negotiated charge amount (95%)*** → $395.20

***Aetna - All Plans - negotiated charge amount (87.1%)*** → $362.34

***OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)*** → $183.04

***OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)*** → $183.04

***OP - Humana - W/ Med Adv. - negotiated charge amount (44%)*** → $183.04

***OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)*** → $183.04

***All other insurances - non-negotiated charge amount (100%)*** → $416.00

---
**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>4200005</strong> ABO BLOOD TYPING</td>
<td></td>
<td></td>
<td></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

<table>
<thead>
<tr>
<th>Laboratory</th>
</tr>
</thead>
</table>

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 (87.1%)</td>
</tr>
<tr>
<td></td>
<td>Maximum negotiated charge amount (95%)</td>
</tr>
<tr>
<td>Anthem Blue Cross - All Plans - negotiated charge amount (95%)</td>
<td>$ 70.00</td>
</tr>
<tr>
<td>Hometown Health - All Plans - negotiated charge amount (95%)</td>
<td>$ 70.00</td>
</tr>
<tr>
<td>Prominece - All Plans - negotiated charge amount (95%)</td>
<td>$ 70.00</td>
</tr>
<tr>
<td>Silver Summit - All Plans - negotiated charge amount (93%)</td>
<td>$ 55.80</td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans - negotiated charge amount (95%)</td>
<td>$ 70.00</td>
</tr>
<tr>
<td>Aetna - All Plans - negotiated charge amount (87.1%)</td>
<td>$ 70.00</td>
</tr>
<tr>
<td>OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$ 26.40</td>
</tr>
<tr>
<td>OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$ 26.40</td>
</tr>
<tr>
<td>OP - Humana - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$ 26.40</td>
</tr>
<tr>
<td>OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$ 26.40</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$ 60.00</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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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**

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

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and 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>4200007 ACETAMINOPHEN</strong></td>
<td><strong>INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td>80329</td>
<td>301</td>
<td></td>
<td>$ 187.00</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><strong>Laboratory</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>4200007 ACETAMINOPHEN</strong></td>
<td><strong>VENIPUNCTURE</strong></td>
<td><strong>80329</strong></td>
<td><strong>301</strong></td>
<td><strong>$ 187.00</strong></td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 93.50

Minimum negotiated charge amount (87.1%)------------------> $ 162.88

Maximum negotiated charge amount (95%)------------------> $ 177.65

Anthem Blue Cross - All Plans - negotiated charge amount (95%)-------------> $ 177.65

Hometown Health - All Plans - negotiated charge amount (95%)-------------> $ 177.65

Prominence - All Plans - negotiated charge amount (95%)-------------> $ 177.65

Silver Summit - All Plans - negotiated charge amount (93%)-------------> $ 173.91

United Healthcare/UMR - All Plans - negotiated charge amount (95%)-------------> $ 177.65

Aetna - All Plans - negotiated charge amount (87.1%)-------------> $ 162.88

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)-------------> $ 82.28

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)-------------> $ 82.28

OP - Humana - W/ Med Adv. - negotiated charge amount (44%)-------------> $ 82.28

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)-------------> $ 82.28

All other insurances - non-negotiated charge amount (100%)-------------> $ 187.00

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

---

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

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

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.
## 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>KETONES</td>
<td>INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY</td>
<td>82009</td>
<td>301</td>
<td></td>
<td>$ 80.00</td>
</tr>
</tbody>
</table>

**Laboratory**

### USE CTRL-F TO SEARCH

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

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 40.00
- **Minimum negotiated charge amount (87.1%)**: $ 69.68
- **Maximum negotiated charge amount (95%)**: $ 76.00
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $ 76.00
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $ 76.00
- **Prominence - All Plans - negotiated charge amount (95%)**: $ 76.00
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $ 74.40
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $ 76.00
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $ 69.68
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $ 35.20
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $ 35.20
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $ 35.20
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $ 35.20
- **All other insurances - non-negotiated charge amount (100%)**: $ 80.00

---

**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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>ALBUMIN</td>
<td>ALBUMIN</td>
<td>82040</td>
<td>301</td>
<td></td>
<td>$ 53.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 53.00

---

**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.

For insurance in the Inpatient setting with Medicare AdVantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>PLATELET COUNT</td>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
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</tbody>
</table>

**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>85027</td>
<td>301</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 (87.1%)**: $ 58.36

**Maximum negotiated charge amount (95%)**: $ 63.65

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $ 63.65
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $ 63.65
- **Prominence - All Plans - negotiated charge amount (95%)**: $ 63.65
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $ 62.31
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $ 63.65
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $ 58.36
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $ 29.48
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $ 29.48
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $ 29.48
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $ 29.48
- **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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>
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<tbody>
<tr>
<td>4200069 RENAL PANEL</td>
<td>RENAL PANEL</td>
<td>4200069</td>
<td>80069</td>
<td>301</td>
<td>$203.00</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

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)------------------>$101.50
Minimum negotiated charge amount (87.1%)------------------>$176.81
Maximum negotiated charge amount (95%)------------------>$192.85
Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------>$192.85
Hometown Health - All Plans - negotiated charge amount (95%)------------------>$192.85
Prominence - All Plans - negotiated charge amount (95%)------------------>$192.85
Silver Summit - All Plans - negotiated charge amount (93%)------------------>$188.79
United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------>$192.85
Aetna - All Plans - negotiated charge amount (87.1%)------------------>$176.81
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------>$89.32
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------>$89.32
OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------>$89.32
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------>$89.32
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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

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

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>80320</td>
<td>301</td>
<td></td>
<td>$176.00</td>
</tr>
</tbody>
</table>

**Self-pay/Cash Price (50% of charges, if balance is paid in full):** $88.00

Minimum negotiated charge amount (87.1%): $153.30

Maximum negotiated charge amount (95%): $167.20

- **Anthem Blue Cross - All Plans:** $167.20
- **Hometown Health - All Plans:** $167.20
- **Prominence - All Plans:** $167.20
- **Silver Summit - All Plans:** $167.20
- **United Healthcare/UMR - All Plans:** $167.20
- **Aetna - All Plans:** $153.30
- **OP - Aetna - W/ Med Adv.:** $77.44
- **OP - Optumcare - W/ Med Adv.:** $77.44
- **OP - Humana - W/ Med Adv.:** $77.44
- **OP - Healthplan Nevada/Sierra Health and Life: W/ Med Adv.:** $77.44
- **All other insurances - non-negotiated charge amount (100%):** $176.00

---

**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.

---

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

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

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

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY</td>
<td>82150</td>
<td>301</td>
<td></td>
<td>$ 112.00</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.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 56.00

Minimum negotiated charge amount (87.1%)------------------> $ 97.55

Maximum negotiated charge amount (95%)------------------> $ 106.40

- **Anthem Blue Cross - All Plans** - negotiated charge amount (95%) ------------------> $ 106.40
- **Hometown Health - All Plans** - negotiated charge amount (95%) ------------------> $ 106.40
- **Prominence - All Plans** - negotiated charge amount (95%) ------------------> $ 106.40
- **Silver Summit - All Plans** - negotiated charge amount (93%) ------------------> $ 104.16
- **United Healthcare/UMR - All Plans** - negotiated charge amount (95%) ------------------> $ 106.40
- **Aetna - All Plans** - negotiated charge amount (87.1%) ------------------> $ 97.55
- **OP - Aetna - W/ Med Adv.** - negotiated charge amount (44%) ------------------> $ 49.28
- **OP - Optumcare - W/ Med Adv.** - negotiated charge amount (44%) ------------------> $ 49.28
- **OP - Humana - W/ Med Adv.** - negotiated charge amount (44%) ------------------> $ 49.28
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv.** - negotiated charge amount (44%) ------------------> $ 49.28

All other insurances - non-negotiated charge amount (100%) ------------------> $ 112.00

Total of Standard Charges: $ 112.00

---
<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>
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</thead>
<tbody>
<tr>
<td>4200220 ANTIBODY SCREEN</td>
<td>ANTIBODY SCREEN</td>
<td>86850</td>
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<td>$85.00</td>
</tr>
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</table>

**Laboratory**

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

<table>
<thead>
<tr>
<th>Insurance Plan</th>
<th>Negotiated Charge Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna - All Plans</td>
<td>$42.50</td>
</tr>
<tr>
<td>Anthem Blue Cross - All Plans</td>
<td>$74.04</td>
</tr>
<tr>
<td>Hometown Health - All Plans</td>
<td>$85.00</td>
</tr>
<tr>
<td>Silver Summit - All Plans</td>
<td>$74.04</td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans</td>
<td>$74.04</td>
</tr>
<tr>
<td>OP - Aetna - W/ Med Adv.</td>
<td>$37.40</td>
</tr>
<tr>
<td>OP - Optumcare - W/ Med Adv.</td>
<td>$37.40</td>
</tr>
<tr>
<td>OP - Humana - W/ Med Adv.</td>
<td>$37.40</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$85.00</td>
</tr>
</tbody>
</table>

**Minimum negotiated charge amount (87.1%):*** $74.04

**Maximum negotiated charge amount (95%):*** $80.75

**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.
- For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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

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

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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></td>
<td>$175.00</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)------------------>$87.50

Minimum negotiated charge amount (87.1%)------------------>$152.43

Maximum negotiated charge amount (95%)------------------>$166.25

Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------>$166.25

Hometown Health - All Plans - negotiated charge amount (95%)------------------>$166.25

Prominence - All Plans - negotiated charge amount (95%)------------------>$166.25

Silver Summit - All Plans - negotiated charge amount (95%)------------------>$166.25

United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------>$166.25

Aetna - All Plans - negotiated charge amount (87.1%)------------------>$152.43

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------>$77.00

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------>$77.00

OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------>$77.00

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------>$77.00

All other insurances - non-negotiated charge amount (100%)------------------>$175.00

---

Total of Standard Charges: $175.00
### 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>4200289 BASIC METABOLIC PANEL (BMP)</td>
<td></td>
<td>80048</td>
<td>301</td>
<td></td>
<td>$165.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $165.00

---

**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.

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $82.50
- **Minimum negotiated charge amount (87.1%):** $143.72
- **Maximum negotiated charge amount (95%):** $156.75

**Insurance Rates:**

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)** $156.75
- **Hometown Health - All Plans - negotiated charge amount (95%)** $156.75
- **Silver Summit - All Plans - negotiated charge amount (95%)** $153.45
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)** $156.75
- **Aetna - All Plans - negotiated charge amount (87.1%)** $143.72
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)** $72.60
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)** $72.60
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)** $72.60
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)** $72.60
- **All other insurances - non-negotiated charge amount (100%)** $165.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4200320 TOTAL BILIRUBIN</td>
<td></td>
<td>82247</td>
<td>301</td>
<td></td>
<td>$ 53.00</td>
</tr>
</tbody>
</table>

**Laboratory**

- Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 26.50
- Minimum negotiated charge amount (87.1%)------------------> $ 46.16
- Maximum negotiated charge amount (95%)------------------> $ 50.35
- Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $ 50.35
- Hometown Health - All Plans - negotiated charge amount (95%)------------------> $ 50.35
- Prominence - All Plans - negotiated charge amount (95%)------------------> $ 50.35
- Silver Summit - All Plans - negotiated charge amount (93%)------------------> $ 49.29
- United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $ 50.35
- Aetna - All Plans - negotiated charge amount (87.1%)------------------> $ 46.16
- OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 23.32
- OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 23.32
- OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 23.32
- OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 23.32
- All other insurances - non-negotiated charge amount (100%)------------------> $ 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.
- For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4200325 DIRECT BILIRUBIN</strong></td>
<td></td>
<td>82248</td>
<td>301</td>
<td></td>
<td><strong>$ 35.00</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.

**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)**: $17.50
- **Minimum negotiated charge amount (87.1%)**: $30.49
- **Maximum negotiated charge amount (95%)**: $33.25

**For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.**

**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.

- **Total of Standard Charges**: **$ 35.00**
### 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><strong>4200370</strong> CALCIUM TOTAL</td>
<td></td>
<td>82310</td>
<td>301</td>
<td></td>
<td>$ 57.00</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) $28.50
- Minimum negotiated charge amount (87.1%) $49.65
- Maximum negotiated charge amount (95%) $54.15
- Anthem Blue Cross - All Plans - negotiated charge amount (95%) $54.15
- Hometown Health - All Plans - negotiated charge amount (95%) $54.15
- Prominence - All Plans - negotiated charge amount (95%) $54.15
- Silver Summit - All Plans - negotiated charge amount (93%) $53.01
- United Healthcare/UMR - All Plans - negotiated charge amount (95%) $54.15
- Aetna - All Plans - negotiated charge amount (87.1%) $49.65
- OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) $25.08
- OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) $25.08
- OP - Humana - W/ Med Adv. - negotiated charge amount (44%) $25.08
- OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) $25.08
- All other insurances - non-negotiated charge amount (100%) $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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4200452   COMPLETE BLOOD COUNT (CBC)</td>
<td>85025 305</td>
<td>$136.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $136.00

| Self-pay/Cash Price (50% of charges, if balance is paid in full) | $68.00 |
| Minimum negotiated charge amount (87.1%) | $118.46 |
| Maximum negotiated charge amount (95%) | $129.20 |

- **Anthem Blue Cross - All Plans** - negotiated charge amount (95%) | $129.20 |
- **Hometown Health - All Plans** - negotiated charge amount (95%) | $129.20 |
- **Prominence - All Plans** - negotiated charge amount (95%) | $129.20 |
- **Silver Summit - All Plans** - negotiated charge amount (95%) | $129.20 |
- **United Healthcare/UMR - All Plans** - negotiated charge amount (95%) | $129.20 |
- **Aetna - All Plans** - negotiated charge amount (87.1%) | $118.46 |
- **OP - Aetna - W/ Med Adv.** - negotiated charge amount (44%) | $59.84 |
- **OP - Optumcare - W/Med Adv. - negotiated charge amount (44%)** | $59.84 |
- **OP - Humana - W/Med Adv. - negotiated charge amount (44%)** | $59.84 |
- **OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%)** | $59.84 |
- **All other insurances** - non-negotiated charge amount (100%) | $136.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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

---

**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.
## 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>82803</td>
<td>301</td>
<td></td>
<td>$ 214.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 214.00

---

### 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.
- **For insurance in the Inpatient setting with Medicare Advantage**, the insurance will pay up to $2526 per day, regardless of charges.

**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>CK (CPK) TOTAL</td>
<td></td>
<td>82550</td>
<td>301</td>
<td>$ 86.00</td>
<td></td>
</tr>
<tr>
<td>VENIPUNCTURE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Laboratory**

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 43.00
Minimum negotiated charge amount (87.1%)------------------> $ 74.91
Maximum negotiated charge amount (95%)------------------> $ 81.70
Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $ 81.70
Hometown Health - All Plans - negotiated charge amount (95%)------------------> $ 81.70
Promience - All Plans - negotiated charge amount (95%)------------------> $ 81.70
Silver Summit - All Plans - negotiated charge amount (93%)------------------> $ 79.98
United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $ 81.70
Aetna - All Plans - negotiated charge amount (87.1%)------------------> $ 74.91
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 37.84
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 37.84
OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 37.84
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 37.84
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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4200540 CK-MB</td>
<td>CK-MB</td>
<td>82553</td>
<td>301</td>
<td></td>
<td>$ 167.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 167.00

- **Laboratory**

  Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------>$ 83.50
- Minimum negotiated charge amount (87.1%)------------------>$ 145.46
- Maximum negotiated charge amount (95%)------------------>$ 158.65

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**------------------>$ 158.65
- **Hometown Health - All Plans - negotiated charge amount (95%)**------------------>$ 158.65
- **Prominence - All Plans - negotiated charge amount (95%)**------------------>$ 158.65
- **Silver Summit - All Plans - negotiated charge amount (93%)**------------------>$ 155.31
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**------------------>$ 158.65
- **Aetna - All Plans - negotiated charge amount (87.1%)**------------------>$ 145.46
- **OP - Aetna - W/Med Adv. - negotiated charge amount (44%)**------------------>$ 73.48
- **OP - Optumcare - W/Med Adv. - negotiated charge amount (44%)**------------------>$ 73.48
- **OP - Humana - W/Med Adv. - negotiated charge amount (44%)**------------------>$ 73.48
- **OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%)**------------------>$ 73.48
- **All other insurances - non-negotiated charge amount (100%)**------------------>$ 167.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>80053</td>
<td>301</td>
<td>$196.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $196.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full):** $98.00

**Minimum negotiated charge amount (87.1%):** $170.72

**Maximum negotiated charge amount (95%):** $186.20

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $186.20
- **Hometown Health - All Plans - negotiated charge amount (95%):** $186.20
- **Silver Summit - All Plans - negotiated charge amount (93%):** $182.28
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $186.20
- **Aetna - All Plans - negotiated charge amount (87.1%):** $170.72
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $86.24
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%):** $86.24
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%):** $86.24
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%):** $86.24
- **All other insurances - non-negotiated charge amount (100%):** $196.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4200559</strong> LIVER PANEL</td>
<td></td>
<td>80076</td>
<td>301</td>
<td></td>
<td>$133.00</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

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 (87.1%)------------------> $115.84

Maximum negotiated charge amount (95%)------------------> $126.35

- **Anthem Blue Cross - All Plans** - negotiated charge amount (95%) --------------- $126.35
- **Hometown Health - All Plans** - negotiated charge amount (95%) --------------- $126.35
- **Silver Summit - All Plans** - negotiated charge amount (93%) --------------- $123.69
- **United Healthcare/UMR - All Plans** - negotiated charge amount (95%) --------------- $126.35
- **Aetna - All Plans** - negotiated charge amount (87.1%) --------------- $115.84
- **OP - Aetna - W/ Med Adv.** - negotiated charge amount (44%) --------------- $58.52
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)** --------------- $58.52
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)** --------------- $58.52
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)** --------------- $58.52
- **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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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*

**Primary Service and Ancillary Services**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>4200595</td>
<td>CREATININE</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>82565</td>
<td>301</td>
<td></td>
<td>$ 62.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 62.00

---

**Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 31.00

**Minimum negotiated charge amount (87.1%)**: $ 4.00

**Maximum negotiated charge amount (95%)**: $ 58.90

**Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $ 58.90

**Hometown Health - All Plans - negotiated charge amount (95%)**: $ 58.90

**Silver Summit - All Plans - negotiated charge amount (93%)**: $ 57.66

**United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $ 58.90

**Aetna - All Plans - negotiated charge amount (87.1%)**: $ 4.00

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $ 27.28

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $ 27.28

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $ 27.28

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $ 27.28

**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.
- **For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.**

**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
---|---
**DIGOXIN**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4200660</td>
<td></td>
<td></td>
<td>$163.00</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) | $81.50 |
| Minimum negotiated charge amount (87.1%) | $141.97 |
| Maximum negotiated charge amount (95%) | $154.85 |
| Anthem Blue Cross - All Plans - negotiated charge amount (95%) | $154.85 |
| Hometown Health - All Plans - negotiated charge amount (95%) | $154.85 |
| Prominence - All Plans - negotiated charge amount (95%) | $154.85 |
| Silver Summit - All Plans - negotiated charge amount (93%) | $151.59 |
| United Healthcare/UMR - All Plans - negotiated charge amount (95%) | $154.85 |
| Aetna - All Plans - negotiated charge amount (87.1%) | $141.97 |
| OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) | $71.72 |
| OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) | $71.72 |
| OP - Humana - W/ Med Adv. - negotiated charge amount (44%) | $71.72 |
| OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) | $71.72 |
| All other insurances - non-negotiated charge amount (100%) | $163.00 |

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4200678 DRUGS OF ABUSE SCREEN (DAU)</td>
<td></td>
<td>80305</td>
<td>301</td>
<td>$ 255.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 255.00

---

**Laboratory**

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

### Patient Discount Programs

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

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

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

---

**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>4200822</td>
<td>GLUCOSE, FASTING</td>
<td>82947</td>
<td>301</td>
<td>$ 58.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 58.00

<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 (87.1%)</th>
<th>Maximum negotiated charge amount (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 29.00</td>
<td>$ 50.52</td>
<td>$ 55.10</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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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 Service**: Laboratory

### Shoppable Service Details

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLYCOHEMOGLOBIN</td>
<td></td>
<td>83036</td>
<td>301</td>
<td></td>
<td>$ 130.00</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>4200872 H. PYLORI</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>86677</td>
<td></td>
<td>300</td>
<td>$ 147.00</td>
</tr>
</tbody>
</table>

**Laboratory**

**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.
- For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**Note:** All copays, deductibles, and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.
## 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>HEMATOCRIT</strong></td>
<td></td>
<td>85014</td>
<td>305</td>
<td></td>
<td>$ 37.00</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) → $ 18.50

Minimum negotiated charge amount (87.1%) → $ 32.23

Maximum negotiated charge amount (95%) → $ 35.15

Anthem Blue Cross - All Plans - negotiated charge amount (95%) → $ 35.15

Hometown Health - All Plans - negotiated charge amount (95%) → $ 35.15

Prominence - All Plans - negotiated charge amount (95%) → $ 35.15

Silver Summit - All Plans - negotiated charge amount (93%) → $ 34.41

United Healthcare/UMR - All Plans - negotiated charge amount (95%) → $ 35.15

Aetna - All Plans - negotiated charge amount (87.1%) → $ 32.23

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) → $ 16.28

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) → $ 16.28

OP - Humana - W/ Med Adv. - negotiated charge amount (44%) → $ 16.28

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) → $ 16.28

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.

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**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
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<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>Self-pay/Cash Price (50% of charges, if balance is paid in full)</th>
<th>Minimum negotiated charge amount (87.1%)</th>
<th>Maximum negotiated charge amount (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4200880 HEMOGLOBIN</td>
<td>4200880 HEMOGLOBIN</td>
<td>85018</td>
<td>305</td>
<td>$37.00</td>
<td></td>
<td>$18.50</td>
<td>$32.23</td>
<td>$35.15</td>
</tr>
<tr>
<td></td>
<td>VENIPUNCTURE - a single minimal charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>will be added to a group of multiple</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>lab tests if a blood draw is necessary</td>
<td></td>
<td></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.

---

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

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

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<th>Primary Service and 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 HCG QUAL SERUM</td>
<td></td>
<td>81025</td>
<td>307</td>
<td></td>
<td>$107.00</td>
</tr>
</tbody>
</table>

<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) | $53.50 |
| Minimum negotiated charge amount (87.1%) | $93.20 |
| Maximum negotiated charge amount (95%) | $101.65 |
| Anthem Blue Cross - All Plans - negotiated charge amount (95%) | $101.65 |
| Hometown Health - All Plans - negotiated charge amount (95%) | $101.65 |
| Prominence - All Plans - negotiated charge amount (95%) | $101.65 |
| Silver Summit - All Plans - negotiated charge amount (93%) | $99.51 |
| United Healthcare/UMR - All Plans - negotiated charge amount (95%) | $101.65 |
| Aetna - All Plans - negotiated charge amount (87.1%) | $93.20 |
| OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) | $47.08 |
| OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) | $47.08 |
| OP - Humana - W/ Med Adv. - negotiated charge amount (44%) | $47.08 |
| OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) | $47.08 |
| All other insurances - non-negotiated charge amount (100%) | $107.00 |

---

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.

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<th>Primary Service and 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 HCG QUAL URINE</td>
<td></td>
<td>81025</td>
<td>307</td>
<td></td>
<td>$ 98.00</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></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) $ 49.00
Minimum negotiated charge amount (87.1%) $ 85.36
Maximum negotiated charge amount (95%) $ 93.10

Anthem Blue Cross - All Plans - negotiated charge amount (95%) $ 93.10
Hometown Health - All Plans - negotiated charge amount (95%) $ 93.10
Promincence - All Plans - negotiated charge amount (95%) $ 93.10
Silver Summit - All Plans - negotiated charge amount (93%) $ 91.14
United Healthcare/UMR - All Plans - negotiated charge amount (95%) $ 93.10
Aetna - All Plans - negotiated charge amount (87.1%) $ 85.36
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) $ 43.12
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) $ 43.12
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) $ 43.12
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) $ 43.12
All other insurances - non-negotiated charge amount (100%) $ 98.00

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.
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For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4201045 LIPASE</td>
<td>LIPASE</td>
<td>83690</td>
<td>301</td>
<td></td>
<td>$ 102.00</td>
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</tbody>
</table>

**Laboratory**

<table>
<thead>
<tr>
<th>Laboratory Service</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</td>
<td>- a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td>83690</td>
<td>301</td>
<td></td>
<td>$ 102.00</td>
</tr>
</tbody>
</table>

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 51.00
- **Minimum negotiated charge amount (87.1%)**: $ 88.84
- **Maximum negotiated charge amount (95%)**: $ 96.90
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $ 96.90
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $ 96.90
- **Prominence - All Plans - negotiated charge amount (95%)**: $ 96.90
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $ 94.86
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $ 96.90
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $ 88.84
- **Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $ 44.88
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $ 44.88
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $ 44.88
- **All other insurances - non-negotiated charge amount (100%)**: $ 102.00

**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.
- **For insurance in the Inpatient setting with Medicare Advantage**: the insurance will pay up to $2526 per day, regardless of charges.

**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

### Laboratory

**Shoppable Service**: LITHIUM

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>80178</td>
<td>301</td>
<td></td>
<td>$156.00</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. |

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### Total of Standard Charges:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$156.00</td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------>
Minimum negotiated charge amount (87.1%)------------------>
Maximum negotiated charge amount (95%)------------------>
$78.00
$135.88
$148.20

Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------>
Hometown Health - All Plans - negotiated charge amount (95%)------------------>
Prominence - All Plans - negotiated charge amount (95%)------------------>
Silver Summit - All Plans - negotiated charge amount (93%)------------------>
United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------>
Aetna - All Plans - negotiated charge amount (87.1%)------------------>
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------>
OP - Optumcare - W/Med Adv. - negotiated charge amount (44%)------------------>
OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------>
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------>
All other insurances - non-negotiated charge amount (100%)------------------>

$148.20
$148.20
$148.20
$145.08
$148.20
$135.88
$68.64
$68.64
$68.64
$68.64
$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.
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**NOTE**: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
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<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>4201070 MAGNESIUM</td>
<td>MAGNESIUM</td>
<td>83735</td>
<td>301</td>
<td>$ 105.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------------->-- $ 52.50
Minimum negotiated charge amount (87.1%)----------------> $ 91.46
Maximum negotiated charge amount (95%)-----------------> $ 99.75

**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**

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<th>HCPCS Code</th>
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<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONO SPOT TEST</td>
<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 (87.1%):** $ 58.36
- **Maximum negotiated charge amount (95%):** $ 63.65
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $ 63.65
- **Hometown Health - All Plans - negotiated charge amount (95%):** $ 63.65
- **Prominence - All Plans - negotiated charge amount (95%):** $ 63.65
- **Silver Summit - All Plans - negotiated charge amount (93%):** $ 62.31
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $ 63.65
- **Aetna - All Plans - negotiated charge amount (87.1%):** $ 58.36
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $ 29.48
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%):** $ 29.48
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%):** $ 29.48
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%):** $ 29.48
- **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.

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<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>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>

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $58.00

Minimum negotiated charge amount (87.1%)------------------> $101.04

Maximum negotiated charge amount (95%)------------------> $110.20

Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $110.20

Hometown Health - All Plans - negotiated charge amount (95%)------------------> $110.20

Prominance - All Plans - negotiated charge amount (95%)------------------> $110.20

Silver Summit - All Plans - negotiated charge amount (93%)------------------> $107.88

United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $110.20

Aetna - All Plans - negotiated charge amount (87.1%)------------------> $101.04

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $51.04

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $51.04

OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $51.04

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $51.04

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.

---

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

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

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<tr>
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<th>Primary Service and Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>4201151 OCCULT BLOOD (ONCE)</td>
<td>OCCULT BLOOD (ONCE)</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.

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<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>82274</td>
<td>301</td>
<td>$ 86.00</td>
</tr>
</tbody>
</table>

**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 (87.1%)------------------------------> $ 74.91
Maximum negotiated charge amount (95%)------------------------------> $ 81.70

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)** $ 81.70
- **Hometown Health - All Plans - negotiated charge amount (95%)** $ 81.70
- **Prominence - All Plans - negotiated charge amount (95%)** $ 81.70
- **Silver Summit - All Plans - negotiated charge amount (93%)** $ 79.98
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)** $ 81.70
- **Aetna - All Plans - negotiated charge amount (87.1%)** $ 74.91
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)** $ 37.84
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)** $ 37.84
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)** $ 37.84
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)** $ 37.84
- **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.

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**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)

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<tr>
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<th>Primary Service and Ancillary Services</th>
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<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4201195</td>
<td>PHOSPHORUS INORGANIC</td>
<td>84100</td>
<td>301</td>
<td></td>
<td>$ 77.00</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)---------------> $ 38.50

Minimum negotiated charge amount (87.1%)-----------------> $ 67.07

Maximum negotiated charge amount (95%)-----------------> $ 73.15

Anthem Blue Cross - All Plans - negotiated charge amount (95%)-----------------> $ 73.15

Hometown Health - All Plans - negotiated charge amount (95%)-----------------> $ 73.15

Prominence - All Plans - negotiated charge amount (95%)-----------------> $ 73.15

Silver Summit - All Plans - negotiated charge amount (93%)-----------------> $ 71.61

United Healthcare/UMR - All Plans - negotiated charge amount (95%)---------> $ 73.15

Aetna - All Plans - negotiated charge amount (87.1%)--------------------> $ 67.07

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)-----------------> $ 33.88

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)---------------> $ 33.88

OP - Humana - W/ Med Adv. - negotiated charge amount (44%)-----------------> $ 33.88

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)---------> $ 33.88

All other insurances - non-negotiated charge amount (100%)-----------------> $ 77.00

**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.

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**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**

**Mt. Grant General Hospital**

**Date Printed:** 05/31/2023  
**Last Update:** 05/31/2023

<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>4201203 D-DIMER</td>
<td>D-DIMER</td>
<td>85362</td>
<td>305</td>
<td>$ 68.00</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.

<p>| | | | |</p>
<table>
<thead>
<tr>
<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>$ 34.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum negotiated charge amount (87.1%)</td>
<td>$ 59.23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum negotiated charge amount (95%)</td>
<td>$ 64.60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthem Blue Cross - All Plans - negotitated charge amount (95%)</td>
<td>$ 64.60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hometown Health - All Plans - negotitated charge amount (95%)</td>
<td>$ 64.60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prominence - All Plans - negotitated charge amount (95%)</td>
<td>$ 64.60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silver Summit - All Plans - negotitated charge amount (93%)</td>
<td>$ 63.24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans - negotitated charge amount (95%)</td>
<td>$ 64.60</td>
<td></td>
<td></td>
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<tr>
<td>Aetna - All Plans - negotitated charge amount (87.1%)</td>
<td>$ 59.23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP - Aetna - W/ Med Adv. - negotitated charge amount (44%)</td>
<td>$ 29.92</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP - Optumcare - W/ Med Adv. - negotitated charge amount (44%)</td>
<td>$ 29.92</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP - Humana - W/ Med Adv. - negotitated charge amount (44%)</td>
<td>$ 29.92</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotitated charge amount (44%)</td>
<td>$ 29.92</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$ 68.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4201235 POTASSIUM</td>
<td>INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY</td>
<td>84132</td>
<td>301</td>
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<td>$ 51.00</td>
</tr>
</tbody>
</table>

**Use CTRL-F to SEARCH**

**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>Service</th>
<th>Insurance Provider</th>
<th>Negotiated Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>POTASSIUM</td>
<td>Anthem Blue Cross - All Plans</td>
<td>$ 48.45</td>
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<tr>
<td>POTASSIUM</td>
<td>Hometown Health - All Plans</td>
<td>$ 48.45</td>
</tr>
<tr>
<td>POTASSIUM</td>
<td>Silver Summit - All Plans</td>
<td>$ 47.43</td>
</tr>
<tr>
<td>POTASSIUM</td>
<td>United Healthcare/UMR - All Plans</td>
<td>$ 48.45</td>
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<tr>
<td>POTASSIUM</td>
<td>Aetna - All Plans</td>
<td>$ 44.42</td>
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<tr>
<td>POTASSIUM</td>
<td>Prominence - All Plans</td>
<td>$ 48.45</td>
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<tr>
<td>POTASSIUM</td>
<td>Silver Summit - All Plans</td>
<td>$ 47.43</td>
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<tr>
<td>POTASSIUM</td>
<td>United Healthcare/UMR - All Plans</td>
<td>$ 48.45</td>
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<tr>
<td>POTASSIUM</td>
<td>Aetna - All Plans</td>
<td>$ 44.42</td>
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<tr>
<td>POTASSIUM</td>
<td>Prominence - All Plans</td>
<td>$ 48.45</td>
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<td>POTASSIUM</td>
<td>Silver Summit - All Plans</td>
<td>$ 47.43</td>
</tr>
<tr>
<td>POTASSIUM</td>
<td>United Healthcare/UMR - All Plans</td>
<td>$ 48.45</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Insurance Provider</th>
<th>Negotiated Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>POTASSIUM</td>
<td>All other insurances</td>
<td>$ 51.00</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**

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

## 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>PSA SCREEN</td>
<td>发票填写、出纳及保险服务</td>
<td>G0103</td>
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<td>$ 155.00</td>
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</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)------------------> $ 77.50
- Minimum negotiated charge amount (87.1%)------------------> $ 135.01
- Maximum negotiated charge amount (95%)------------------> $ 147.25

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**------------------> $ 147.25
- **Hometown Health - All Plans - negotiated charge amount (95%)**------------------> $ 147.25
- **Prominence - All Plans - negotiated charge amount (95%)**------------------> $ 147.25
- **Silver Summit - All Plans - negotiated charge amount (93%)**------------------> $ 144.15
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**------------------> $ 147.25
- **Aetna - All Plans - negotiated charge amount (87.1%)**------------------> $ 135.01
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**------------------> $ 68.20
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**------------------> $ 68.20
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**------------------> $ 68.20
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**------------------> $ 68.20
- **All other insurances - non-negotiated charge amount (100%)**------------------> $ 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.*

*For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.*

**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>4201255</td>
<td>PSA DIAGNOSTIC</td>
<td>84153</td>
<td>301</td>
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<td>$ 140.00</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**

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)**: $ 70.00
- **Minimum negotiated charge amount (87.1%)**: $ 121.94
- **Maximum negotiated charge amount (95%)**: $ 133.00

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $ 133.00
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $ 133.00
- **Prominence - All Plans - negotiated charge amount (95%)**: $ 133.00
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $ 130.20
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $ 133.00
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $ 121.94
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $ 61.60
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $ 61.60
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $ 61.60
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $ 61.60
- **All other insurances - non-negotiated charge amount (100%)**: $ 140.00

---

**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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>PROTIME W/INR</td>
<td></td>
<td>85610</td>
<td>305</td>
<td></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 (87.1%) --------------------------> $ 66.20
Maximum negotiated charge amount (95%) --------------------------> $ 72.20
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------> $ 72.20
Hometown Health - All Plans - negotiated charge amount (95%) ---------> $ 72.20
Prominence - All Plans - negotiated charge amount (95%) ---------> $ 72.20
Silver Summit - All Plans - negotiated charge amount (93%) ---------> $ 70.68
United Healthcare/UMR - All Plans - negotiated charge amount (95%) --> $ 72.20
Aetna - All Plans - negotiated charge amount (87.1%) ---------> $ 66.20
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------> $ 33.44
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------> $ 33.44
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------> $ 33.44
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------> $ 33.44
All other insurances - non-negotiated charge amount (100%) ---------> $ 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.
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## Shoppable Services Report - Table II

**Mt. Grant General Hospital**

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<thead>
<tr>
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<th>Primary Service and Ancillary Services</th>
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<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>4201305 PTT</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>85730</td>
<td>305</td>
<td></td>
<td>$ 109.00</td>
</tr>
</tbody>
</table>

**CMS-Specified Shoppable Service**

**Laboratory**

### 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.**

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

<table>
<thead>
<tr>
<th>Minimum negotiated charge amount (87.1%)</th>
<th>Maximum negotiated charge amount (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 94.94</td>
<td>$ 103.55</td>
</tr>
</tbody>
</table>

**Anthem Blue Cross - All Plans - negotiated charge amount (95%)**

<table>
<thead>
<tr>
<th>Prominence - All Plans - negotiated charge amount (95%)</th>
<th>Silver Summit - All Plans - negotiated charge amount (95%)</th>
<th>United Healthcare/UMR - All Plans - negotiated charge amount (95%)</th>
<th>Aetna - All Plans - negotiated charge amount (87.1%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 103.55</td>
<td>$ 103.55</td>
<td>$ 103.55</td>
<td>$ 94.94</td>
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</tbody>
</table>

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 47.96</td>
<td>$ 47.96</td>
</tr>
</tbody>
</table>

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

| | | | | | |

**Total of Standard Charges:**

| | | | | | |

---

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

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<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>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>86756</td>
<td>300</td>
<td>$ 158.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 79.00
Minimum negotiated charge amount (87.1%) ------------------> $ 137.62
Maximum negotiated charge amount (95%) ------------------> $ 150.10

Anthem Blue Cross - All Plans - negotiated charge amount (95%) --------------- $ 150.10
Hometown Health - All Plans - negotiated charge amount (95%) --------------- $ 150.10
Prominence - All Plans - negotiated charge amount (95%) --------------- $ 150.10
Silver Summit - All Plans - negotiated charge amount (93%) --------------- $ 146.94
United Healthcare/UMR - All Plans - negotiated charge amount (95%) --------------- $ 150.10
Aetna - All Plans - negotiated charge amount (87.1%) --------------- $ 137.62
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) --------------- $ 69.52
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) --------------- $ 69.52
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) --------------- $ 69.52
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) --------------- $ 69.52
All other insurances - non-negotiated charge amount (100%) --------------- $ 158.00

---

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

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**Mt. Grant General Hospital**

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

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<tr>
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<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
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<tbody>
<tr>
<td>4201328</td>
<td>RH BLOOD TYPING</td>
<td>86901</td>
<td>300</td>
<td>$61.00</td>
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</tbody>
</table>

**Laboratory**

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<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th><strong>Self-pay/Cash Price (50% of charges, if balance is paid in full)</strong></th>
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</thead>
<tbody>
<tr>
<td></td>
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<td><strong>Minimum negotiated charge amount (87.1%)</strong></td>
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<td><strong>$53.13</strong></td>
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<td></td>
<td></td>
<td><strong>Anthem Blue Cross - All Plans - negotiated charge amount (95%)</strong></td>
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<td><strong>Hometown Health - All Plans - negotiated charge amount (95%)</strong></td>
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<td><strong>$57.95</strong></td>
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<td><strong>Prominence - All Plans - negotiated charge amount (95%)</strong></td>
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<td><strong>$57.95</strong></td>
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<td><strong>Silver Summit - All Plans - negotiated charge amount (93%)</strong></td>
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<td></td>
<td><strong>United Healthcare/UMR - All Plans - negotiated charge amount (95%)</strong></td>
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<td><strong>$57.95</strong></td>
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<td><strong>Aetna - All Plans - negotiated charge amount (87.1%)</strong></td>
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<td><strong>OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)</strong></td>
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<td><strong>OP - Humana - W/ Med Adv. - negotiated charge amount (44%)</strong></td>
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<td><strong>$26.84</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$26.84</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>All other insurances - non-negotiated charge amount (100%)</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$61.00</strong></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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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.  
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4201345 SALICYLATES</td>
<td>INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY</td>
<td>80329</td>
<td>301</td>
<td></td>
<td>$ 177.00</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)------------------> $ 88.50  
Minimum negotiated charge amount (87.1%)------------------> $ 154.17  
Maximum negotiated charge amount (95%)------------------> $ 168.15  

Anthem Blue Cross - All Plans - negotiated charge amount (95%) --------------- > $ 168.15  
Hometown Health - All Plans - negotiated charge amount (95%) --------------- > $ 168.15  
Prominence - All Plans - negotiated charge amount (95%) --------------- > $ 168.15  
Silver Summit - All Plans - negotiated charge amount (93%) --------------- > $ 164.61  
United Healthcare/UMR - All Plans - negotiated charge amount (95%) --------------- > $ 168.15  
Aetna - All Plans - negotiated charge amount (87.1%) --------------- > $ 154.17  
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) --------------- > $ 77.88  
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) --------------- > $ 77.88  
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) --------------- > $ 77.88  
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) --------------- > $ 77.88  
All other insurances - non-negotiated charge amount (100%) --------------- > $ 177.00  

Total of Standard Charges: $ 177.00  

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>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>85651</td>
<td>305</td>
<td>$ 72.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 72.00

---

**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) | $ 36.00 |
| Minimum negotiated charge amount (87.1%) | $ 62.71 |
| Maximum negotiated charge amount (95%) | $ 68.40 |

- **Anthem Blue Cross - All Plans** - negotiated charge amount (95%) | $ 68.40 |
- **Hometown Health - All Plans** - negotiated charge amount (95%) | $ 68.40 |
- **Optumcare - W/ Med Adv.** - negotiated charge amount (44%) | $ 31.68 |
- **Humana - W/ Med Adv.** - negotiated charge amount (44%) | $ 31.68 |
- **Healthplan Nevada/Sierra Health and Life** - negotiated charge amount (44%) | $ 31.68 |

**All other insurances - non-negotiated charge amount (100%)** | $ 72.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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)*

### 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>4201470 TSH</td>
<td>Laboratory</td>
<td>84443</td>
<td>301</td>
<td></td>
<td>$168.00</td>
</tr>
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</table>

**Total of Standard Charges:** $168.00

---

**Items Covered:***

**CMS-Specified Shoppable Service**

**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.

**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)**

- $84.00

**Minimum negotiated charge amount (87.1%)**

- $146.33

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

- $159.60

**Anthem Blue Cross - All Plans**

- Negotiated charge amount (95%) $159.60

**Hometown Health - All Plans**

- Negotiated charge amount (95%) $159.60

**Prominence - All Plans**

- Negotiated charge amount (95%) $159.60

**Silver Summit - All Plans**

- Negotiated charge amount (93%) $156.24

**United Healthcare/UMR - All Plans**

- Negotiated charge amount (95%) $159.60

**Aetna - All Plans**

- Negotiated charge amount (87.1%) $146.33

**OP - Aetna - W/ Med Adv.**

- Negotiated charge amount (44%) $73.92

**OP - Optumcare - W/ Med Adv.**

- Negotiated charge amount (44%) $73.92

**OP - Humana - W/ Med Adv.**

- Negotiated charge amount (44%) $73.92

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv.**

- Negotiated charge amount (44%) $73.92

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

- $168.00

---

**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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
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<th>Revenue Code</th>
<th>Standard Charge</th>
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<tr>
<td>4201475 FREE T4</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>84439</td>
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<td></td>
<td>$ 148.00</td>
</tr>
</tbody>
</table>

### Notes

- **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)**: $ 74.00
- **Minimum negotiated charge amount (87.1%)**: $ 128.91
- **Maximum negotiated charge amount (95%)**: $ 140.60

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $ 140.60
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $ 140.60
- **Prominence - All Plans - negotiated charge amount (95%)**: $ 140.60
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $ 137.64
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $ 140.60
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $ 128.91
- **OP - Aetna - W/ Med Adv - negotiated charge amount (44%)**: $ 65.12
- **OP - Optumcare - W/ Med Adv - negotiated charge amount (44%)**: $ 65.12
- **OP - Humana - W/ Med Adv - negotiated charge amount (44%)**: $ 65.12
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv - negotiated charge amount (44%)**: $ 65.12
- **All other insurances - non-negotiated charge amount (100%)**: $ 148.00

---

**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.**
- For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4201505 TROPONIN</td>
<td>TROPONIN</td>
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<td></td>
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</table>

**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></th>
<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)----------------> $106.50
Minimum negotiated charge amount (87.1%)-----------------> $185.52
Maximum negotiated charge amount (95%)-----------------> $202.35

**Laboratory**

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**-----------------> $202.35
- **Hometown Health - All Plans - negotiated charge amount (95%)**-----------------> $202.35
- **Prominence - All Plans - negotiated charge amount (95%)**-----------------> $202.35
- **Silver Summit - All Plans - negotiated charge amount (93%)**-----------------> $198.09
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**-----------------> $202.35
- **Aetna - All Plans - negotiated charge amount (87.1%)**-----------------> $185.52
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**-----------------> $93.72
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**-----------------> $93.72
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**-----------------> $93.72
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**-----------------> $93.72
- **All other insurances - non-negotiated charge amount (100%)**-----------------> $213.00

**Total of Standard Charges:** $213.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>
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<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4201515 BUN</td>
<td>BUN</td>
<td>84520</td>
<td>301</td>
<td></td>
<td>$ 60.00</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)------------------> $ 30.00
- Minimum negotiated charge amount (87.1%) ------------------> $ 2.26
- Maximum negotiated charge amount (95%) ------------------> $ 57.00
- Anthem Blue Cross - All Plans - negotiated charge amount (95%) --------------->$ 57.00
- Hometown Health - All Plans - negotiated charge amount (95%) --------------> $ 57.00
- Prominence - All Plans - negotiated charge amount (95%) ------------------> $ 57.00
- Silver Summit - All Plans - negotiated charge amount (93%) --------------> $ 55.80
- United Healthcare/UMR - All Plans - negotiated charge amount (95%) -------> $ 57.00
- Aetna - All Plans - negotiated charge amount (87.1%) ------------------> $ 2.26
- OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) --------------> $ 26.40
- OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ------------->$ 26.40
- OP - Humana - W/ Med Adv. - negotiated charge amount (44%) --------------> $ 26.40
- OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) --------------> $ 26.40
- All other insurances - non-negotiated charge amount (100%) ------------------> $ 60.00

**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.
- For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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

**Date Printed:** 05/31/2023  
**Last Update:** 05/31/2023

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
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</thead>
<tbody>
<tr>
<td>4201520</td>
<td>URIC ACID</td>
<td>84550</td>
<td>301</td>
<td></td>
<td>$ 74.00</td>
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</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) $37.00
- **Minimum negotiated charge amount** (87.1%) $64.45
- **Maximum negotiated charge amount** (95%) $70.30

- **Anthem Blue Cross - All Plans** - negotiated charge amount (95%) $70.30
- **Hometown Health - All Plans** - negotiated charge amount (95%) $70.30
- **Prominence - All Plans** - negotiated charge amount (95%) $70.30
- **Silver Summit - All Plans** - negotiated charge amount (93%) $68.82
- **United Healthcare/UMR - All Plans** - negotiated charge amount (95%) $70.30
- **Aetna - All Plans** - negotiated charge amount (87.1%) $64.45
- **OP - Aetna - W/ Med Adv.** - negotiated charge amount (44%) $32.56
- **OP - Optumcare - W/ Med Adv.** - negotiated charge amount (44%) $32.56
- **OP - Humana - W/ Med Adv.** - negotiated charge amount (44%) $32.56
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv.** - negotiated charge amount (44%) $32.56
- **All other insurances - non-negotiated charge amount** (100%) $74.00

---

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

- **Inpatient, Outpatient, Swing Bed or Skilled Nursing Facility**

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

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

**For patients who do not have insurance coverage:**

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

**For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.**

**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>
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<tr>
<td>4201523 UVNALYSIS W/O MICRO</td>
<td></td>
<td>81003</td>
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</tbody>
</table>

**Laboratory**

**CMS-Specified Shoppable Service**

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>CPT Code</th>
<th>HCPCS</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>9701560</td>
<td>391</td>
<td>301</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 (87.1%)------------------> $135.88
Maximum negotiated charge amount (95%)------------------> $148.20

Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $148.20
Hometown Health - All Plans - negotiated charge amount (95%)------------------> $148.20
Prominence - All Plans - negotiated charge amount (95%)------------------> $148.20
Silver Summit - All Plans - negotiated charge amount (93%)------------------> $145.08
United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $148.20
Aetna - All Plans - negotiated charge amount (87.1%)------------------> $135.88
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $68.64
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $68.64
OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $68.64
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $68.64
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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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>VANCOMYCIN TROUTH</td>
<td>VANCOMYCIN TROUTH</td>
<td>80202</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.

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

**Minimum negotiated charge amount (87.1%)**: $ 135.88

**Maximum negotiated charge amount (95%)**: $ 148.20

**Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $ 148.20

**Hometown Health - All Plans - negotiated charge amount (95%)**: $ 148.20

**Prominence - All Plans - negotiated charge amount (95%)**: $ 148.20

**Silver Summit - All Plans - negotiated charge amount (93%)**: $ 145.08

**United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $ 148.20

**Aetna - All Plans - negotiated charge amount (87.1%)**: $ 135.88

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $ 68.64

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $ 68.64

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $ 68.64

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $ 68.64

**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.
- For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>80185</td>
<td>301</td>
<td></td>
<td>$156.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges**: $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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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**

**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>4206000 VENOUS BLOOD GAS (ISTAT) -- MGGH LAB</td>
<td>VENOUS BLOOD GAS (ISTAT) -- MGGH LAB</td>
<td>82805</td>
<td>301</td>
<td></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 (87.1%) | $186.39 |
| Maximum negotiated charge amount (95%) | $203.30 |
| Anthem Blue Cross - All Plans - negotiated charge amount (95%) | $203.30 |
| Hometown Health - All Plans - negotiated charge amount (95%) | $203.30 |
| Prominence - All Plans - negotiated charge amount (95%) | $203.30 |
| Silver Summit - All Plans - negotiated charge amount (93%) | $199.02 |
| United Healthcare/UMR - All Plans - negotiated charge amount (95%) | $203.30 |
| Aetna - All Plans - negotiated charge amount (87.1%) | $186.39 |
| OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) | $94.16 |
| OP - Optumcare - W/Med Adv. - negotiated charge amount (44%) | $94.16 |
| OP - Humana - W/Med Adv. - negotiated charge amount (44%) | $94.16 |
| OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%) | $94.16 |
| 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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>STREP</td>
<td>86063</td>
<td>302</td>
<td></td>
<td>$ 42.00</td>
</tr>
</tbody>
</table>

**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>

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

- $ 21.00

**Minimum negotiated charge amount (87.1%)**

- $ 36.58

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

- $ 39.90

**Anthem Blue Cross - All Plans - negotiated charge amount (95%)**

- $ 39.90

**Hometown Health - All Plans - negotiated charge amount (95%)**

- $ 39.90

**Prominence - All Plans - negotiated charge amount (95%)**

- $ 39.90

**Silver Summit - All Plans - negotiated charge amount (93%)**

- $ 39.06

**United Healthcare/UMR - All Plans - negotiated charge amount (95%)**

- $ 39.90

**Aetna - All Plans - negotiated charge amount (87.1%)**

- $ 36.58

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**

- $ 18.48

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**

- $ 18.48

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**

- $ 18.48

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**

- $ 18.48

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

- $ 42.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>391</td>
<td>&lt;OR&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>86431</td>
<td></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 (87.1%)----------------- $ 24.39

Maximum negotiated charge amount (95%)----------------- $ 26.60

Anthem Blue Cross - All Plans - negotiated charge amount (95%)----------------- $ 26.60

Hometown Health - All Plans - negotiated charge amount (95%)----------------- $ 26.60

Prominence - All Plans - negotiated charge amount (95%)----------------- $ 26.60

Silver Summit - All Plans - negotiated charge amount (93%)----------------- $ 26.04

United Healthcare/UMR - All Plans - negotiated charge amount (95%)----------------- $ 26.60

Aetna - All Plans - negotiated charge amount (87.1%)----------------- $ 24.39

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)----------------- $ 12.32

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)----------------- $ 12.32

OP - Humana - W/ Med Adv. - negotiated charge amount (44%)----------------- $ 12.32

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)----------------- $ 12.32

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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FLU TEST</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Code</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>4207449</td>
<td><strong>FLU TEST</strong></td>
<td>87804</td>
<td>300</td>
<td></td>
<td>$ 162.00</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.

<table>
<thead>
<tr>
<th>Insurance Plan</th>
<th>Negotiated Charge Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna - All Plans</td>
<td>$153.90</td>
</tr>
<tr>
<td>Anthem Blue Cross - All Plans</td>
<td>$153.90</td>
</tr>
<tr>
<td>Hometown Health - All Plans</td>
<td>$153.90</td>
</tr>
<tr>
<td>Prominence - All Plans</td>
<td>$153.90</td>
</tr>
<tr>
<td>Silver Summit - All Plans</td>
<td>$150.66</td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans</td>
<td>$141.10</td>
</tr>
<tr>
<td>Aetna - All Plans</td>
<td>$141.10</td>
</tr>
<tr>
<td>OP - Aetna - W/ Med Adv.</td>
<td>$71.28</td>
</tr>
<tr>
<td>OP - Optimcare - W/ Med Adv.</td>
<td>$71.28</td>
</tr>
<tr>
<td>OP - Humana - W/ Med Adv.</td>
<td>$71.28</td>
</tr>
<tr>
<td>OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv.</td>
<td>$71.28</td>
</tr>
<tr>
<td>All other insurances</td>
<td>$162.00</td>
</tr>
</tbody>
</table>

**Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------>** $81.00

**Minimum negotiated charge amount (87.1%)------------------>** $141.10

**Maximum negotiated charge amount (95%)------------------>** $153.90

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

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

**For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.**

**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

<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>Self-pay/Cash Price (50% of charges, if balance is paid in full)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LACTIC ACID (IN-HOUSE)</td>
<td></td>
<td>83605</td>
<td>301</td>
<td>$157.00</td>
<td></td>
<td>$78.50</td>
</tr>
</tbody>
</table>

### Laborator

**Laboratory**

- LACTIC ACID (IN-HOUSE)

**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**: $78.50

**Minimum negotiated charge amount (87.1%)**: $136.75

**Maximum negotiated charge amount (95%)**: $149.15

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $149.15
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $149.15
- **Prominence - All Plans - negotiated charge amount (95%)**: $149.15
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $146.01
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $149.15
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $136.75
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $69.08
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $69.08
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $69.08
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $69.08
- **All other insurances - non-negotiated charge amount (100%)**: $157.00

**Total of Standard Charges**: $157.00

### 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.
- **For insurance in the Inpatient setting with Medicare Advntage**, the insurance will pay up to $2526 per day, regardless of charges.

**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>URINE MICRO</td>
<td>INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY</td>
<td>4208101</td>
<td>81015</td>
<td>307</td>
<td>$ 60.00</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)\(^{----}\)\rightarrow** $ 30.00

**Minimum negotiated charge amount (87.1%) \(^{----}\)\rightarrow** $ 2.26

**Maximum negotiated charge amount (95%) \(^{----}\)\rightarrow** $ 5.00

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%) \(^{----}\)\rightarrow** $ 5.70
- **Hometown Health - All Plans - negotiated charge amount (95%) \(^{----}\)\rightarrow** $ 5.70
- **Prominence - All Plans - negotiated charge amount (95%) \(^{----}\)\rightarrow** $ 5.70
- **Silver Summit - All Plans - negotiated charge amount (93%) \(^{----}\)\rightarrow** $ 5.50
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%) \(^{----}\)\rightarrow** $ 5.70
- **Aetna - All Plans - negotiated charge amount (87.1%) \(^{----}\)\rightarrow** $ 2.26
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) \(^{----}\)\rightarrow** $ 2.60
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) \(^{----}\)\rightarrow** $ 2.60
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%) \(^{----}\)\rightarrow** $ 2.60
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) \(^{----}\)\rightarrow** $ 2.60
- **All other insurances - non-negotiated charge amount (100%) \(^{----}\)\rightarrow** $ 60.00

---

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

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

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

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and 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</strong> BLOOD CULTURE</td>
<td><strong>BLOOD CULTURE</strong></td>
<td>87040</td>
<td>306</td>
<td></td>
<td><strong>$ 229.00</strong></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)**: $114.50
- **Minimum negotiated charge amount (87.1%)**: $199.46
- **Maximum negotiated charge amount (95%)**: $217.55

#### Insurance Negotiations

- **Anthem Blue Cross - All Plans**: Negotiated charge amount (95%) $217.55
- **Hometown Health - All Plans**: Negotiated charge amount (95%) $217.55
- **Prominence - All Plans**: Negotiated charge amount (95%) $217.55
- **Silver Summit - All Plans**: Negotiated charge amount (93%) $212.97
- **United Healthcare/UMR - All Plans**: Negotiated charge amount (95%) $217.55
- **Aetna - All Plans**: Negotiated charge amount (87.1%) $199.46
- **OP - Aetna - W/ Med Adv.**: Negotiated charge amount (44%) $100.76
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $100.76
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $100.76
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $100.76
- **All other insurances - non-negotiated charge amount (100%)**: $229.00

---

**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.
- For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

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

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<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210012 HIV 1/2 AG,AB W/RX,4GEN</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>87389</td>
<td>302</td>
<td></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 (87.1%) | $ 252.59 |
| Maximum negotiated charge amount (95%) | $ 275.50 |

- **Anthem Blue Cross - All Plans**
  - Negotiated charge amount (95%) | $ 275.50 |

- **Hometown Health - All Plans**
  - Negotiated charge amount (95%) | $ 275.50 |

- **OptumCare - W/ Med Adv. - negotiated charge amount (44%)**
  - Negotiated charge amount (44%) | $ 127.60 |

- **Humana - W/ Med Adv. - negotiated charge amount (44%)**
  - Negotiated charge amount (44%) | $ 127.60 |

- **Healthplan Nevada/Sierra Health and Life W/ Med Adv. - negotiated charge amount (44%)**
  - Negotiated charge amount (44%) | $ 127.60 |

- **All other insurances - non-negotiated charge amount (100%)**
  - 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.
- For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and 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**

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)------------------> $434.00
- Minimum negotiated charge amount (87.1%)------------------> $756.03
- Maximum negotiated charge amount (95%)------------------> $824.60
- Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $824.60
- Hometown Health - All Plans - negotiated charge amount (95%)------------------> $824.60
- Prominence - All Plans - negotiated charge amount (95%)------------------> $824.60
- Silver Summit - All Plans - negotiated charge amount (93%)------------------> $807.24
- United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $824.60
- Aetna - All Plans - negotiated charge amount (87.1%)------------------> $756.03
- OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $381.92
- OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $381.92
- OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $381.92
- OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $381.92
- 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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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**

**Mt. Grant General Hospital**

**Date Printed:** 05/31/2023  
**Last Update:** 05/31/2023

## 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>4210120 ACTH, PLASMA</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>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)

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**
  - $362.90

- **Hometown Health - All Plans - negotiated charge amount (95%)**
  - $362.90

- **Prominence - All Plans - negotiated charge amount (95%)**
  - $362.90

- **Silver Summit - All Plans - negotiated charge amount (93%)**
  - $355.26

- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**
  - $362.90

- **Aetna - All Plans - negotiated charge amount (87.1%)**
  - $332.72

- **Maximum negotiated charge amount (95%)**
  - $362.90

### Minimum negotiated charge amount (87.1%)

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**
  - $362.90

- **Hometown Health - All Plans - negotiated charge amount (95%)**
  - $362.90

- **Prominence - All Plans - negotiated charge amount (95%)**
  - $362.90

- **Silver Summit - All Plans - negotiated charge amount (93%)**
  - $355.26

- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**
  - $362.90

- **Aetna - All Plans - negotiated charge amount (87.1%)**
  - $332.72

### Maximum negotiated charge amount (95%)

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**
  - $362.90

- **Hometown Health - All Plans - negotiated charge amount (95%)**
  - $362.90

- **Prominence - All Plans - negotiated charge amount (95%)**
  - $362.90

- **Silver Summit - All Plans - negotiated charge amount (93%)**
  - $355.26

- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**
  - $362.90

- **Aetna - All Plans - negotiated charge amount (87.1%)**
  - $332.72

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

- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**
  - $168.08

### Additional Charges

- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**
  - $168.08

### Total of Standard Charges

- **Total of Standard Charges:** $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.**

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
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<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210124 CRP-HS (HIGH SENSITIVITY)</td>
<td></td>
<td>86141</td>
<td>301</td>
<td></td>
<td>$ 40.00</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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4210135 ALPHA-FETOPROTEIN, TUMOR MARKER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>82105</strong> ALPHA-FETOPROTEIN, TUMOR MARKER</td>
<td></td>
<td>301</td>
<td></td>
<td></td>
<td>$ 97.00</td>
</tr>
<tr>
<td><strong>VENIPUNCTURE</strong> - 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)------------------> $ 48.50
- Minimum negotiated charge amount (87.1%) ------------------> $ 84.49
- Maximum negotiated charge amount (95%) ------------------> $ 92.15

- Anthem Blue Cross - All Plans - negotiated charge amount (95%) ----------------> $ 92.15
- Hometown Health - All Plans - negotiated charge amount (95%) ----------------> $ 92.15
- Prominence - All Plans - negotiated charge amount (95%) ----------------> $ 92.15
- Silver Summit - All Plans - negotiated charge amount (93%) ----------------> $ 90.21
- United Healthcare/UMR - All Plans - negotiated charge amount (95%) ----------------> $ 92.15
- Aetna - All Plans - negotiated charge amount (87.1%) ----------------> $ 84.49
- OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ----------------> $ 42.68
- OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ----------------> $ 42.68
- OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ----------------> $ 42.68
- OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ----------------> $ 42.68
- All other insurances - non-negotiated charge amount (100%) ----------------> $ 97.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>82140</td>
<td>301</td>
<td></td>
<td>$81.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $81.00

---

### Laboratory

**AMMONIA, PLASMA**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210230 AMMONIA, PLASMA</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>82140</td>
<td>301</td>
<td></td>
<td>$81.00</td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $40.50

Minimum negotiated charge amount (87.1%)------------------> $70.55

Maximum negotiated charge amount (95%)------------------> $76.95

Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $76.95

Hometown Health - All Plans - negotiated charge amount (95%)------------------> $76.95

Prominence - All Plans - negotiated charge amount (95%)------------------> $76.95

Silver Summit - All Plans - negotiated charge amount (93%)------------------> $75.33

United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $76.95

Aetna - All Plans - negotiated charge amount (87.1%)------------------> $70.55

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $35.64

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $35.64

OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $35.64

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $35.64

All other insurances - non-negotiated charge amount (100%)------------------> $81.00

---

### 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.

  **For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.**

  **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>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210255</td>
<td>86038</td>
<td>300</td>
<td>$108.00</td>
</tr>
<tr>
<td>4210255</td>
<td>86039</td>
<td>302</td>
<td>$60.00</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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
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<tr>
<th>Shoppeable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210281 VAGINAL CULTURE</td>
<td>VAGINAL CULTURE</td>
<td>87070</td>
<td>306</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.

Self-pay/Cash Price (50% of charges, if balance is paid in full) -> $58.00
Minimum negotiated charge amount (87.1%) -> $101.04
Maximum negotiated charge amount (95%) -> $110.20

- **Anthem Blue Cross - All Plans** - negotiated charge amount (95%) -> $110.20
- **Hometown Health - All Plans** - negotiated charge amount (95%) -> $110.20
- **Prominence - All Plans** - negotiated charge amount (95%) -> $110.20
- **Silver Summit - All Plans** - negotiated charge amount (93%) -> $107.88
- **United Healthcare/UMR - All Plans** - negotiated charge amount (95%) -> $110.20
- **Aetna - All Plans** - negotiated charge amount (87.1%) -> $101.04
- **OP - Aetna - W/ Med Adv.** - negotiated charge amount (44%) -> $51.04
- **OP - Optumcare - W/ Med Adv.** - negotiated charge amount (44%) -> $51.04
- **OP - Humana - W/ Med Adv.** - negotiated charge amount (44%) -> $51.04
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv.** - negotiated charge amount (44%) -> $51.04
- 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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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)

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<tr>
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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Laboratory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4210315 BETA-2-MICROGLOBULIN</strong></td>
<td></td>
<td>82232</td>
<td>301</td>
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<td>$ 320.00</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>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total of Standard Charges: $ 320.00</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------&gt; $ 160.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Minimum negotiated charge amount (87.1%) ------------------&gt; $ 278.72</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Maximum negotiated charge amount (95%) ------------------&gt; $ 304.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Anthem Blue Cross - All Plans - negotiated charge amount (95%) ------------------&gt; $ 304.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hometown Health - All Plans - negotiated charge amount (95%) ------------------&gt; $ 304.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Prominence - All Plans - negotiated charge amount (95%) ------------------&gt; $ 304.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Silver Summit - All Plans - negotiated charge amount (93%) ------------------&gt; $ 297.60</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------------------&gt; $ 304.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Aetna - All Plans - negotiated charge amount (87.1%) ------------------&gt; $ 278.72</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ------------------&gt; $ 140.80</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OP - Optumcare - W/Med Adv. - negotiated charge amount (44%) ------------------&gt; $ 140.80</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OP - Humana - W/Med Adv. - negotiated charge amount (44%) ------------------&gt; $ 140.80</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%) ------------------&gt; $ 140.80</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>All other insurances - non-negotiated charge amount (100%) ------------------&gt; $ 320.00</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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4210320 BK VIRUS DNA, QUANTITATIVE REAL-TIME PCR, URINE</td>
<td>BK VIRUS DNA, QUANTITATIVE REAL-TIME PCR, URINE</td>
<td>87799</td>
<td>301</td>
<td></td>
<td>$ 608.00</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)-------------------> $ 304.00

Minimum negotiated charge amount (87.1%)-------------------> $ 529.57

Maximum negotiated charge amount (95%)-------------------> $ 577.60

- Anthem Blue Cross - All Plans - negotiated charge amount (95%)-------------------> $ 577.60
- Hometown Health - All Plans - negotiated charge amount (95%)-------------------> $ 577.60
- Prominence - All Plans - negotiated charge amount (95%)-------------------> $ 577.60
- Silver Summit - All Plans - negotiated charge amount (93%)-------------------> $ 565.44
- United Healthcare/UMR - All Plans - negotiated charge amount (95%)-------------------> $ 577.60
- Aetna - All Plans - negotiated charge amount (87.1%)-------------------> $ 529.57
- OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)-------------------> $ 267.52
- OP - Optumcare - W/Med Adv. - negotiated charge amount (44%)-------------------> $ 267.52
- OP - Humana - W/Med Adv. - negotiated charge amount (44%)-------------------> $ 267.52
- OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%)-------------------> $ 267.52
- All other insurances - non-negotiated charge amount (100%)-------------------> $ 608.00

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4210330 C. DIFFICILE TOXIN B, PCR</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>87493</td>
<td>301</td>
<td></td>
<td>$417.00</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)-----------------> $208.50

Minimum negotiated charge amount (87.1%)-----------------> $363.21

Maximum negotiated charge amount (95%)-----------------> $396.15

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

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

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

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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)

- **Mt. Grant General Hospital**
- **Date Printed:** 05/31/2023
- **Last Update:** 05/31/2023

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and 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

### 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):** $ 47.50
- **Minimum negotiated charge amount (87.1%):** $ 82.75
- **Maximum negotiated charge amount (95%):** $ 90.25
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $ 90.25
- **Hometown Health - All Plans - negotiated charge amount (95%):** $ 90.25
- **Prominence - All Plans - negotiated charge amount (95%):** $ 90.25
- **Silver Summit - All Plans - negotiated charge amount (93%):** $ 88.35
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $ 90.25
- **Aetna - All Plans - negotiated charge amount (87.1%):** $ 82.75
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $ 41.80
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%):** $ 41.80
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%):** $ 41.80
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%):** $ 41.80
- **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.
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<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210340</td>
<td>CA 19-9</td>
<td>86301</td>
<td>301</td>
<td>$ 75.00</td>
</tr>
<tr>
<td>VENIPUNCTURE</td>
<td>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>
</tr>
</tbody>
</table>

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

Laboratory

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 37.50
Minimum negotiated charge amount (87.1%)--------------------------------> $ 65.33
Maximum negotiated charge amount (95%)------------------------------> $ 71.25

Anthem Blue Cross - All Plans - negotiated charge amount (95%) --------------> $ 71.25
Hometown Health - All Plans - negotiated charge amount (95%) ------------------> $ 71.25
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) -------------------> $ 33.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ----------------> $ 33.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) -------------------> $ 33.00
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.
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<tbody>
<tr>
<td>4210345</td>
<td>CA 27.29</td>
<td>86300</td>
<td>301</td>
<td></td>
<td>$101.00</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)------------------> $50.50

Minimum negotiated charge amount (87.1%)------------------> $87.97

Maximum negotiated charge amount (95%)------------------> $95.95

Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $95.95

Hometown Health - All Plans - negotiated charge amount (95%)------------------> $95.95

Prominence - All Plans - negotiated charge amount (95%)------------------> $95.95

Silver Summit - All Plans - negotiated charge amount (93%)------------------> $93.93

United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $95.95

Aetna - All Plans - negotiated charge amount (87.1%)------------------> $87.97

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $44.44

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $44.44

OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $44.44

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $44.44

All other insurances - non-negotiated charge amount (100%)------------------> $101.00

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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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**

**Mt. Grant General Hospital**

**Date Printed:** 05/31/2023  
**Last Update:** 05/31/2023

<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>4210350 CALCIUM, IONIZED</td>
<td></td>
<td>82330</td>
<td>301</td>
<td>$ 174.00</td>
</tr>
</tbody>
</table>

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

**4210350 CALCIUM, IONIZED**

**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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-pay/Cash Price (50% of charges, if balance is paid in full)</strong></td>
<td>$ 87.00</td>
</tr>
<tr>
<td><strong>Minimum negotiated charge amount (87.1%)</strong></td>
<td>$ 151.55</td>
</tr>
<tr>
<td><strong>Maximum negotiated charge amount (95%)</strong></td>
<td>$ 165.30</td>
</tr>
<tr>
<td><strong>Anthem Blue Cross - All Plans - negotiated charge amount (95%)</strong></td>
<td>$ 165.30</td>
</tr>
<tr>
<td><strong>Hometown Health - All Plans - negotiated charge amount (95%)</strong></td>
<td>$ 165.30</td>
</tr>
<tr>
<td><strong>Prominence - All Plans - negotiated charge amount (95%)</strong></td>
<td>$ 165.30</td>
</tr>
<tr>
<td><strong>Silver Summit - All Plans - negotiated charge amount (95%)</strong></td>
<td>$ 161.82</td>
</tr>
<tr>
<td><strong>United Healthcare/UMR - All Plans - negotiated charge amount (95%)</strong></td>
<td>$ 165.30</td>
</tr>
<tr>
<td><strong>Aetna - All Plans - negotiated charge amount (87.1%)</strong></td>
<td>$ 151.55</td>
</tr>
<tr>
<td><strong>OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)</strong></td>
<td>$ 76.56</td>
</tr>
<tr>
<td><strong>OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)</strong></td>
<td>$ 76.56</td>
</tr>
<tr>
<td><strong>OP - Humana - W/ Med Adv. - negotiated charge amount (44%)</strong></td>
<td>$ 76.56</td>
</tr>
<tr>
<td><strong>OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)</strong></td>
<td>$ 76.56</td>
</tr>
<tr>
<td><strong>All other insurances - non-negotiated charge amount (100%)</strong></td>
<td>$ 174.00</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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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**

**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>4210380 CEA (CARCINOEMBRYONIC ANTIGEN)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4210380 CEA (CARCINOEMBRYONIC ANTIGEN)</strong></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>82378</td>
<td>301</td>
<td>$ 106.00</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.

<table>
<thead>
<tr>
<th>Laboratory Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
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<tbody>
<tr>
<td>VENIPUNCTURE</td>
<td>82378</td>
<td>301</td>
<td>$ 106.00</td>
<td></td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 106.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) --> $ 53.00

Minimum negotiated charge amount (87.1%) --> $ 92.33

Maximum negotiated charge amount (95%) --> $ 100.70

**Inpatient, Outpatient, Swing Bed or Skilled Nursing Facility**

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)** --> $ 100.70
- **Hometown Health - All Plans - negotiated charge amount (95%)** --> $ 100.70
- **Promincence - All Plans - negotiated charge amount (95%)** --> $ 100.70
- **Silver Summit - All Plans - negotiated charge amount (93%)** --> $ 98.58
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)** --> $ 100.70
- **Aetna - All Plans - negotiated charge amount (87.1%)** --> $ 92.33
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)** --> $ 46.64
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)** --> $ 46.64
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)** --> $ 46.64
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)** --> $ 46.64
- **All other insurances - non-negotiated charge amount (100%)** --> $ 106.00

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>87491</td>
<td></td>
<td>306</td>
<td>$288.00</td>
</tr>
<tr>
<td>87591</td>
<td></td>
<td>306</td>
<td>$306.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $594.00

**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) $297.00

**Minimum negotiated charge amount** (87.1%) $517.37

**Maximum negotiated charge amount** (95%) $564.30

- **Anthem Blue Cross - All Plans** - negotiated charge amount (95%) $564.30
- **Hometown Health - All Plans** - negotiated charge amount (95%) $564.30
- **Prominence - All Plans** - negotiated charge amount (95%) $564.30
- **Silver Summit - All Plans** - negotiated charge amount (93%) $552.42
- **United Healthcare/UMR - All Plans** - negotiated charge amount (95%) $564.30
- **Aetna - All Plans** - negotiated charge amount (87.1%) $517.37
- **OP - Aetna - W/ Med Adv.** - negotiated charge amount (44%) $261.36
- **OP - Optumcare - W/ Med Adv.** - negotiated charge amount (44%) $261.36
- **OP - Humana - W/ Med Adv.** - negotiated charge amount (44%) $261.36
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv.** - negotiated charge amount (44%) $261.36
- **All other insurances** - non-negotiated charge amount (100%) $594.00

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>COMPLEMENT COMPONENT C3C</td>
<td></td>
<td>4210395</td>
<td>86160</td>
<td>302</td>
<td>$122.00</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)**: $61.00
- **Minimum negotiated charge amount (87.1%)**: $106.26
- **Maximum negotiated charge amount (95%)**: $115.90
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $115.90
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $115.90
- **Prominence - All Plans - negotiated charge amount (95%)**: $115.90
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $113.46
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $115.90
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $106.26
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $53.68
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $53.68
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $53.68
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $53.68

All other insurances - non-negotiated charge amount (100%): $122.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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

<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>
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</thead>
<tbody>
<tr>
<td>4210400</td>
<td>COMPLEMENT COMPONENT C4</td>
<td>86160</td>
<td>302</td>
<td>$153.00</td>
<td></td>
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</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)**: $76.50
- **Minimum negotiated charge amount (87.1%)**: $133.26
- **Maximum negotiated charge amount (95%)**: $145.35
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $145.35
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $145.35
- **Prominence - All Plans - negotiated charge amount (95%)**: $145.35
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $142.29
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $145.35
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $133.26
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $67.32
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $67.32
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $67.32
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $67.32
- **All other insurances - non-negotiated charge amount (100%)**: $153.00

### Patient Discount Programs

- **For patients with insurance who have a patient balance after insurance has paid**: 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- **For patients who do not have insurance coverage**: 50% patient discount if the self-pay balance on the entire patient account or family account is paid in full.
- **For insurance in the Inpatient setting with Medicare Advantage**: the insurance will pay up to $2526 per day, regardless of charges.

**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>
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<tbody>
<tr>
<td>4210410</td>
<td>CORTISOL, A.M.</td>
<td>82533</td>
<td>301</td>
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<td>$ 59.00</td>
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<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>

Self-pay/Cash Price (50% of charges, if balance is paid in full)-------------→ $ 29.50
Minimum negotiated charge amount (87.1%) ----------------→ $ 51.39
Maximum negotiated charge amount (95%) ----------------→ $ 56.05

Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------------→ $ 56.05
Hometown Health - All Plans - negotiated charge amount (95%) ---------------→ $ 56.05
Prominence - All Plans - negotiated charge amount (95%) ----------------→ $ 56.05
Silver Summit - All Plans - negotiated charge amount (93%) ----------------→ $ 54.87
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ----------→ $ 56.05
Aetna - All Plans - negotiated charge amount (87.1%) ----------------→ $ 51.39
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ----------------→ $ 25.96
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------------→ $ 25.96
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------------→ $ 25.96
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ----------→ $ 25.96
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.
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For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>C-REACTION PROTEIN (CRP)</td>
<td></td>
<td>86140</td>
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<td>$ 180.00</td>
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**VENIPUNCTURE** - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.

**Laboratory**

<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>90.00</td>
<td></td>
</tr>
<tr>
<td>Minimum negotiated charge amount (87.1%)</td>
<td></td>
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<td>156.78</td>
<td></td>
</tr>
<tr>
<td>Maximum negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td>171.00</td>
<td></td>
</tr>
<tr>
<td>Anthem Blue Cross - All Plans - negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td>171.00</td>
<td></td>
</tr>
<tr>
<td>Hometown Health - All Plans - negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td>171.00</td>
<td></td>
</tr>
<tr>
<td>Prominence - All Plans - negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td>171.00</td>
<td></td>
</tr>
<tr>
<td>Silver Summit - All Plans - negotiated charge amount (93%)</td>
<td></td>
<td></td>
<td>167.40</td>
<td></td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans - negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td>171.00</td>
<td></td>
</tr>
<tr>
<td>Aetna - All Plans - negotiated charge amount (87.1%)</td>
<td></td>
<td></td>
<td>156.78</td>
<td></td>
</tr>
<tr>
<td>OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)</td>
<td></td>
<td></td>
<td>79.20</td>
<td></td>
</tr>
<tr>
<td>OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)</td>
<td></td>
<td></td>
<td>79.20</td>
<td></td>
</tr>
<tr>
<td>OP - Humana - W/ Med Adv. - negotiated charge amount (44%)</td>
<td></td>
<td></td>
<td>79.20</td>
<td></td>
</tr>
<tr>
<td>OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)</td>
<td></td>
<td></td>
<td>79.20</td>
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</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td></td>
<td></td>
<td>180.00</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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4210425 CULTURE, THROAT</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>87070</td>
<td>306</td>
<td></td>
<td>$23.00</td>
</tr>
</tbody>
</table>

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

- Aetna - All Plans - negotiated charge amount (87.1%) --> $20.03
- Humana - W/ Med Adv. - negotiated charge amount (44%) --> $10.12

**Minimum negotiated charge amount (87.1%)**

- Aetna - All Plans - negotiated charge amount (87.1%) --> $20.03
- Humana - W/ Med Adv. - negotiated charge amount (44%) --> $10.12

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

- Aetna - All Plans - negotiated charge amount (87.1%) --> $20.03
- Humana - W/ Med Adv. - negotiated charge amount (44%) --> $10.12

**Anthem Blue Cross - All Plans - negotiated charge amount (95%)**

- $21.85

**Hometown Health - All Plans - negotiated charge amount (95%)**

- $21.85

**Prominence - All Plans - negotiated charge amount (95%)**

- $21.85

**Silver Summit - All Plans - negotiated charge amount (93%)**

- $21.39

**United Healthcare/UMR - All Plans - negotiated charge amount (95%)**

- $21.85

**Aetna - All Plans - negotiated charge amount (87.1%)**

- $20.03

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

- $23.00

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

---

**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.

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<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYCLIC CITRULLINATED PEPTIDE (CCP) ANTIBODY IGG</td>
<td>CYCLIC CITRULLINATED PEPTIDE (CCP) ANTIBODY IGG</td>
<td>4210430</td>
<td>86200</td>
<td>$ 69.00</td>
<td>300</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)**: $ 34.50
- **Minimum negotiated charge amount (87.1%)**: $ 60.10
- **Maximum negotiated charge amount (95%)**: $ 65.55
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $ 65.55
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $ 65.55
- **Prominence - All Plans - negotiated charge amount (95%)**: $ 65.55
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $ 64.17
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $ 65.55
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $ 60.10
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $ 30.36
- **OP - Optumcare - W/Med Adv. - negotiated charge amount (44%)**: $ 30.36
- **OP - Humana - W/Med Adv. - negotiated charge amount (44%)**: $ 30.36
- **OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%)**: $ 30.36
- **All other insurances - non-negotiated charge amount (100%)**: $ 69.00

---

**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.

For insurance in the Inpatient setting with Medicare Advnitage, the insurance will pay up to $2526 per day, regardless of charges.

**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>82670</td>
<td>301</td>
<td></td>
<td>$ 69.00</td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full) → $ 34.50
Minimum negotiated charge amount (87.1%) → $ 60.10
Maximum negotiated charge amount (95%) → $ 65.55

Anthem Blue Cross - All Plans - negotiated charge amount (95%) → $ 65.55
Hometown Health - All Plans - negotiated charge amount (95%) → $ 65.55
Prominence - All Plans - negotiated charge amount (95%) → $ 65.55
Silver Summit - All Plans - negotiated charge amount (93%) → $ 64.17
United Healthcare/UMR - All Plans - negotiated charge amount (95%) → $ 65.55
Aetna - All Plans - negotiated charge amount (87.1%) → $ 60.10

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) → $ 30.36
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) → $ 30.36
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) → $ 30.36
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) → $ 30.36
All other insurances - non-negotiated charge amount (100%) → $ 69.00

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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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**

**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>4210465 FERRITIN</td>
<td></td>
<td>4210465</td>
<td>82728</td>
<td>301</td>
<td>$ 84.00</td>
</tr>
</tbody>
</table>

**Use CTRL-F to SEARCH**

**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)**: $42.00
- **Minimum negotiated charge amount (87.1%)**: $73.16
- **Maximum negotiated charge amount (95%)**: $79.80

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $79.80
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $79.80
- **Prominence - All Plans - negotiated charge amount (95%)**: $79.80
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $78.12
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $79.80
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $73.16
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $36.96
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $36.96
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $36.96
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $36.96
- **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.**

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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**

**Date Printed:** 05/31/2023  
**Last Update:** 05/31/2023

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and 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>4210470</strong> FOLATE</td>
<td>INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY</td>
<td>82746</td>
<td>301</td>
<td></td>
<td>$ 130.00</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)**: $ 65.00
- **Minimum negotiated charge amount (87.1%)**: $ 113.23
- **Maximum negotiated charge amount (95%)**: $ 123.50
- **Anthem Blue Cross - All Plans - negotiated charge amount (93%)**: $ 120.90
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $ 123.50
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $ 120.90
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $ 123.50
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $ 113.23
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $ 57.20
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $ 57.20
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $ 57.20
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $ 57.20
- **All other insurances - non-negotiated charge amount (100%)**: $ 130.00

**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.**

For insurance in the Inpatient setting with Medicare Advantge, the insurance will pay up to $2526 per day, regardless of charges.

---
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210480</td>
<td>FSH (FOLLICLE STIMULATING HORMONE)</td>
<td>83001</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.

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.

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<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCG, TOTAL, QUANTITATIVE</td>
<td>84702 301</td>
<td>$ 84.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Laboratory**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>VENIPUNCTURE</td>
<td>A single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
</tr>
</tbody>
</table>

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

- $ 42.00

**Minimum negotiated charge amount (87.1%)**

- $ 73.16

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

- $ 79.80

**Anthem Blue Cross - All Plans - negotiated charge amount (95%)**

- $ 79.80

**Hometown Health - All Plans - negotiated charge amount (95%)**

- $ 79.80

**Prominence - All Plans - negotiated charge amount (95%)**

- $ 79.80

**Silver Summit - All Plans - negotiated charge amount (93%)**

- $ 78.12

**United Healthcare/UMR - All Plans - negotiated charge amount (95%)**

- $ 79.80

**Aetna - All Plans - negotiated charge amount (87.1%)**

- $ 73.16

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**

- $ 36.96

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**

- $ 36.96

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**

- $ 36.96

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**

- $ 36.96

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

- $ 84.00

---

**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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4210525</td>
<td>HEPATITIS A ANTIBODY, TOTAL</td>
<td>86708</td>
<td>302</td>
<td></td>
<td>$ 84.00</td>
</tr>
<tr>
<td>4216504</td>
<td>HEPATITIS A ANTIBODY, TOTAL WITH REFLEX TO IGM</td>
<td>86708</td>
<td>302</td>
<td></td>
<td>$ 138.00</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></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th><strong>Total of Standard Charges:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 222.00</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)**

- $ 111.00

**Minimum negotiated charge amount (87.1%)**

- $ 193.36

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

- $ 210.90

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**

  - $ 210.90

- **Hometown Health - All Plans - negotiated charge amount (95%)**

  - $ 210.90

- **Prominence - All Plans - negotiated charge amount (95%)**

  - $ 210.90

- **Silver Summit - All Plans - negotiated charge amount (93%)**

  - $ 206.46

- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**

  - $ 210.90

- **Aetna - All Plans - negotiated charge amount (87.1%)**

  - $ 193.36

- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**

  - $ 97.68

- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**

  - $ 97.68

- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**

  - $ 97.68

- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**

  - $ 97.68

- **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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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 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>86704</td>
<td>302</td>
<td></td>
<td>$156.00</td>
</tr>
</tbody>
</table>

**Laboratory**

**HEPATITIS B CORE ANTIBODY, TOTAL**

- **CPT Code**: 86704
- **HCPCS Code**: 302
- **Revenue Code**: 
- **Standard Charge**: $156.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $78.00
Minimum negotiated charge amount (87.1%)------------------> $135.88
Maximum negotiated charge amount (95%)------------------> $148.20

Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $148.20
Hometown Health - All Plans - negotiated charge amount (95%)------------------> $148.20
Prominence - All Plans - negotiated charge amount (95%)------------------> $148.20
Silver Summit - All Plans - negotiated charge amount (93%)------------------> $145.08
United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $148.20
Aetna - All Plans - negotiated charge amount (87.1%)------------------> $135.88
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $68.64
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $68.64
OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $68.64
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $68.64
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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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**
- **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><strong>4210535</strong></td>
<td>HEPATITIS B SURFACE ANTIBODY, QUALITATIVE</td>
<td>86706</td>
<td>300</td>
<td>$111.00</td>
</tr>
</tbody>
</table>

#### Total of Standard Charges: $111.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $55.50
- **Minimum negotiated charge amount (87.1%)**: $96.68
- **Maximum negotiated charge amount (95%)**: $105.45

**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.

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For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
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<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>4210540</td>
<td>HEPATITIS B SURFACE ANTIBODY, QUANTITATIVE</td>
<td>86317</td>
<td>302</td>
<td>$ 82.00</td>
<td></td>
</tr>
</tbody>
</table>

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

Laboratory

<table>
<thead>
<tr>
<th>Service</th>
<th>Negotiated Charge Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-pay/Cash Price</td>
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</tr>
<tr>
<td>Minimum negotiated</td>
<td>$ 71.42</td>
</tr>
<tr>
<td>Maximum negotiated</td>
<td>$ 77.90</td>
</tr>
<tr>
<td>Anthem Blue Cross</td>
<td>$ 77.90</td>
</tr>
<tr>
<td>Hometown Health</td>
<td>$ 77.90</td>
</tr>
<tr>
<td>Silver Summit</td>
<td>$ 76.26</td>
</tr>
<tr>
<td>United Healthcare/UMR</td>
<td>$ 77.90</td>
</tr>
<tr>
<td>Aetna</td>
<td>$ 71.42</td>
</tr>
<tr>
<td>OP - Aetna</td>
<td>$ 36.08</td>
</tr>
<tr>
<td>OP - Optumcare</td>
<td>$ 36.08</td>
</tr>
<tr>
<td>OP - Humana</td>
<td>$ 36.08</td>
</tr>
<tr>
<td>All other insurances</td>
<td>$ 82.00</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.

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<tr>
<th>Shoppable Service</th>
<th>Primary Service and 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 RELEX CONFIRMATION</td>
<td>HEPATITIS B SURFACE ANTIGEN WITH RELEX CONFIRMATION</td>
<td>87340</td>
<td>302</td>
<td></td>
<td>$ 120.00</td>
</tr>
</tbody>
</table>

**Laboratory**

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 60.00
Minimum negotiated charge amount (87.1%)------------------> $ 104.52
Maximum negotiated charge amount (95%)------------------> $ 114.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $ 114.00
Hometown Health - All Plans - negotiated charge amount (95%)------------------> $ 114.00
Promience - All Plans - negotiated charge amount (95%)------------------> $ 114.00
Silver Summit - All Plans - negotiated charge amount (93%)------------------> $ 111.60
United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $ 114.00
Aetna - All Plans - negotiated charge amount (87.1%)------------------> $ 104.52
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 52.80
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 52.80
OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 52.80
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 52.80
All other insurances - non-negotiated charge amount (100%)------------------> $ 120.00

**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.
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For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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**
--- | --- | --- | --- | --- | ---

**4210550** **HEPATITIS C ANTIBODY**

<table>
<thead>
<tr>
<th>Laboratory</th>
</tr>
</thead>
</table>

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

CPT Code 86803

<table>
<thead>
<tr>
<th>Revenue Code</th>
<th>Standard Charge</th>
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</thead>
<tbody>
<tr>
<td>302</td>
<td>$111.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $111.00

---

**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.

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<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210555</td>
<td>HEPATITIS C VIRUS RNA, QUANTITATIVE, REAL-TIME PCR</td>
<td>87522</td>
<td>300</td>
<td></td>
<td>$610.00</td>
</tr>
</tbody>
</table>

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

VENTIPUNCTURE - 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) | $305.00 |
| Minimum negotiated charge amount (87.1%) | $531.31 |
| Maximum negotiated charge amount (95%) | $579.50 |

**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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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**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>HIV ANTIBODIES, HIV-1/2</td>
<td>HIV ANTIBODIES, HIV-1/2</td>
<td>86701</td>
<td>300</td>
<td>$84.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**  
$84.00

---

Self-pay/Cash Price (50% of charges, if balance is paid in full) -> $42.00
Minimum negotiated charge amount (87.1%) -> $73.16
Maximum negotiated charge amount (95%) -> $79.80
Anthem Blue Cross - All Plans - negotiated charge amount (95%) -> $79.80
Hometown Health - All Plans - negotiated charge amount (95%) -> $79.80
Prominence - All Plans - negotiated charge amount (95%) -> $79.80
Silver Summit - All Plans - negotiated charge amount (93%) -> $78.12
United Healthcare/UMR - All Plans - negotiated charge amount (95%) -> $79.80
Aetna - All Plans - negotiated charge amount (87.1%) -> $73.16
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) -> $36.96
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) -> $36.96
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) -> $36.96
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) -> $36.96
All other insurances - non-negotiated charge amount (100%) -> $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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

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

**Laboratory**

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

### CPT Code

#### HLA-B27 ANTIGEN

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>86812</td>
<td>301</td>
<td></td>
<td>$468.00</td>
</tr>
</tbody>
</table>

### Use CTRL-F to SEARCH

**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) | $234.00 |
| Minimum negotiated charge amount (87.1%) | $407.63 |
| Maximum negotiated charge amount (95%) | $444.60 |

| Anthem Blue Cross - All Plans - negotiated charge amount (95%) | $444.60 |
| Hometown Health - All Plans - negotiated charge amount (95%) | $444.60 |
| Prominence - All Plans - negotiated charge amount (95%) | $444.60 |
| Silver Summit - All Plans - negotiated charge amount (93%) | $435.24 |
| United Healthcare/UMR - All Plans - negotiated charge amount (95%) | $444.60 |
| Aetna - All Plans - negotiated charge amount (87.1%) | $407.63 |

| OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) | $205.92 |
| OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) | $205.92 |
| OP - Humana - W/ Med Adv. - negotiated charge amount (44%) | $205.92 |
| OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) | $205.92 |

| All other insurances - non-negotiated charge amount (100%) | $468.00 |

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4210585 IGA, SERUM</td>
<td>IGA, SERUM</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.

- **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.

**For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.**

**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)**: $ 9.00

**Minimum negotiated charge amount (87.1%)**: $ 15.68

**Maximum negotiated charge amount (95%)**: $ 17.10

- **Anthem Blue Cross - All Plans** - negotiated charge amount (95%): $ 17.10
- **Hometown Health - All Plans** - negotiated charge amount (95%): $ 17.10
- **Prominence - All Plans** - negotiated charge amount (95%): $ 17.10
- **Silver Summit - All Plans** - negotiated charge amount (93%): $ 16.74
- **United Healthcare/UMR - All Plans** - negotiated charge amount (95%): $ 17.10
- **Aetna - All Plans** - negotiated charge amount (87.1%): $ 15.68
- **OP - Aetna - W/ Med Adv.** - negotiated charge amount (44%): $ 7.92
- **OP - Optumcare - W/ Med Adv.** - negotiated charge amount (44%): $ 7.92
- **OP - Humana - W/ Med Adv.** - negotiated charge amount (44%): $ 7.92
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv.** - negotiated charge amount (44%): $ 7.92
- **All other insurances - non-negotiated charge amount (100%)**: $ 18.00

---

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.

**For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.**

**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>4210595 IGG, SERUM</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>82784</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.

| Self-pay/Cash Price (50% of charges, if balance is paid in full) | $64.00 |
| Minimum negotiated charge amount (87.1%) | $111.49 |
| Maximum negotiated charge amount (95%) | $121.60 |
| Anthem Blue Cross - All Plans - negotiated charge amount (95%) | $121.60 |
| Hometown Health - All Plans - negotiated charge amount (95%) | $121.60 |
| Prominence - All Plans - negotiated charge amount (95%) | $121.60 |
| Silver Summit - All Plans - negotiated charge amount (93%) | $119.04 |
| United Healthcare/UMR - All Plans - negotiated charge amount (95%) | $121.60 |
| Aetna - All Plans - negotiated charge amount (87.1%) | $111.49 |
| OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) | $56.32 |
| OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) | $56.32 |
| OP - Humana - W/ Med Adv. - negotiated charge amount (44%) | $56.32 |
| OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) | $56.32 |
| 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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4210600  IGM, SERUM</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>82784</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 (87.1%)--------------------------> $ 111.49
Maximum negotiated charge amount (95%)--------------------------> $ 121.60

Anthem Blue Cross - All Plans - negotiated charge amount (95%)----------> $ 121.60
Hometown Health - All Plans - negotiated charge amount (95%)----------> $ 121.60
Prominence - All Plans - negotiated charge amount (95%)----------> $ 121.60
Silver Summit - All Plans - negotiated charge amount (93%)----------> $ 119.04
United Healthcare/UMR - All Plans - negotiated charge amount (95%)----------> $ 121.60
Aetna - All Plans - negotiated charge amount (87.1%)----------> $ 111.49
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)----------> $ 56.32
OP - Optumcare - W/Med Adv. - negotiated charge amount (44%)----------> $ 56.32
OP - Humana - W/Med Adv. - negotiated charge amount (44%)----------> $ 56.32
OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%)----------> $ 56.32
All other insurances - non-negotiated charge amount (100%)----------> $ 128.00

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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210605 INSULIN, FASTING</td>
<td></td>
<td>83525</td>
<td>301</td>
<td>$ 75.00</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.

- Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 37.50
- Minimum negotiated charge amount (87.1%) ------------------> $ 65.33
- Maximum negotiated charge amount (95%) ------------------> $ 71.25
- Anthem Blue Cross - All Plans - negotiated charge amount (95%) --------------- > $ 71.25
- Hometown Health - All Plans - negotiated charge amount (95%) --------------- > $ 71.25
- Prominence - All Plans - negotiated charge amount (95%) --------------- > $ 71.25
- Silver Summit - All Plans - negotiated charge amount (93%) --------------- > $ 69.75
- United Healthcare/UMR - All Plans - negotiated charge amount (95%) --------------- > $ 71.25
- Aetna - All Plans - negotiated charge amount (87.1%) --------------- > $ 65.33
- OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) --------------- > $ 33.00
- OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) --------------- > $ 33.00
- OP - Humana - W/ Med Adv. - negotiated charge amount (44%) --------------- > $ 33.00
- OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) --------------- > $ 33.00
- 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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>83540</td>
<td>301</td>
<td></td>
<td>$ 84.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 84.00

**Laboratory**

<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>$ 42.00</td>
</tr>
<tr>
<td>Minimum negotiated charge amount (87.1%)</td>
<td>$ 73.16</td>
</tr>
<tr>
<td>Maximum negotiated charge amount (95%)</td>
<td>$ 79.80</td>
</tr>
<tr>
<td>Anthem Blue Cross - All Plans - negotiated charge amount (95%)</td>
<td>$ 79.80</td>
</tr>
<tr>
<td>Hometown Health - All Plans - negotiated charge amount (95%)</td>
<td>$ 79.80</td>
</tr>
<tr>
<td>Prominence - All Plans - negotiated charge amount (95%)</td>
<td>$ 79.80</td>
</tr>
<tr>
<td>Silver Summit - All Plans - negotiated charge amount (93%)</td>
<td>$ 78.12</td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans - negotiated charge amount (95%)</td>
<td>$ 79.80</td>
</tr>
<tr>
<td>Aetna - All Plans - negotiated charge amount (87.1%)</td>
<td>$ 73.16</td>
</tr>
<tr>
<td>OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$ 36.96</td>
</tr>
<tr>
<td>OP - Optumcare - W/Med Adv. - negotiated charge amount (44%)</td>
<td>$ 36.96</td>
</tr>
<tr>
<td>OP - Humana - W/Med Adv. - negotiated charge amount (44%)</td>
<td>$ 36.96</td>
</tr>
<tr>
<td>OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%)</td>
<td>$ 36.96</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$ 84.00</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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>

**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)**: $31.50

**Minimum negotiated charge amount (87.1%)**: $54.87

**Maximum negotiated charge amount (95%)**: $59.85

- **Anthem Blue Cross - All Plans** - negotiated charge (95%): $59.85
- **Hometown Health - All Plans** - negotiated charge (95%): $59.85
- **Prominence - All Plans** - negotiated charge (95%): $59.85
- **Silver Summit - All Plans** - negotiated charge (93%): $58.59
- **United Healthcare/UMR - All Plans** - negotiated charge (95%): $59.85
- **Aetna - All Plans** - negotiated charge (87.1%): $54.87
- **OP - Aetna W/ Med Adv.** - negotiated charge (44%): $27.72
- **OP - Optumcare - W/ Med Adv.** - negotiated charge (44%): $27.72
- **OP - Humana - W/ Med Adv.** - negotiated charge (44%): $27.72
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv.** - negotiated charge (44%): $27.72
- **All other insurances - non-negotiated charge amount (100%)**: $63.00

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

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

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

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4210630  LH (LUTEINIZING HORMONE)</strong></td>
<td></td>
<td>83002</td>
<td>301</td>
<td></td>
<td>$ 137.00</td>
</tr>
<tr>
<td><strong>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 137.00</td>
</tr>
</tbody>
</table>

**Laboratory**

<table>
<thead>
<tr>
<th>Service Description</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></td>
<td>$ 68.50</td>
</tr>
<tr>
<td>Minimum negotiated charge amount (87.1%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 119.33</td>
</tr>
<tr>
<td>Maximum negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 130.15</td>
</tr>
<tr>
<td>Anthem Blue Cross - All Plans - negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 130.15</td>
</tr>
<tr>
<td>Hometown Health - All Plans - negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 130.15</td>
</tr>
<tr>
<td>Prominence - All Plans - negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 130.15</td>
</tr>
<tr>
<td>Silver Summit - All Plans - negotiated charge amount (93%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 127.41</td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans - negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 130.15</td>
</tr>
<tr>
<td>Aetna - All Plans - negotiated charge amount (87.1%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 119.33</td>
</tr>
<tr>
<td>OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 60.28</td>
</tr>
<tr>
<td>OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 60.28</td>
</tr>
<tr>
<td>OP - Humana - W/ Med Adv. - negotiated charge amount (44%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 60.28</td>
</tr>
<tr>
<td>OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 60.28</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 137.00</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.  
For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and 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>4210680 PHENYTOIN</strong></td>
<td><strong>INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td><strong>VENIPUNCTURE</strong> - 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>$ 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 (87.1%)**: $ 135.88
- **Maximum negotiated charge amount (95%)**: $ 148.20
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $ 148.20
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $ 148.20
- **Prominence - All Plans - negotiated charge amount (95%)**: $ 148.20
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $ 145.08
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $ 148.20
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $ 135.88
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $ 68.64
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $ 68.64
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $ 68.64
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $ 68.64
- **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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210685 PREALBUMIN</td>
<td></td>
<td>84134</td>
<td>301</td>
<td></td>
<td>$ 95.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 95.00

### Laboratory

**Prealbumin**

**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>
<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)**:

- $ 47.50

**Minimum negotiated charge amount (87.1%)**:

- $ 82.75

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

- $ 90.25

**Aetna - All Plans - negotiated charge amount (95%)**:

- $ 90.25

**Hometown Health - All Plans - negotiated charge amount (95%)**:

- $ 90.25

**Prominence - All Plans - negotiated charge amount (95%)**:

- $ 90.25

**Silver Summit - All Plans - negotiated charge amount (93%)**:

- $ 88.35

**United Healthcare/UMR - All Plans - negotiated charge amount (95%)**:

- $ 90.25

**Aetna - All Plans - negotiated charge amount (87.1%)**:

- $ 82.75

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**:

- $ 41.80

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**:

- $ 41.80

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**:

- $ 41.80

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**:

- $ 41.80

**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.**

**For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.**

**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>PROLACTIN</td>
<td></td>
<td>84146</td>
<td>301</td>
<td>$36.00</td>
</tr>
<tr>
<td>VENIPUNCTURE</td>
<td></td>
<td></td>
<td></td>
<td>Total of Standard Charges: $36.00</td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full) -> $18.00
Minimum negotiated charge amount (87.1%) -> $31.36
Maximum negotiated charge amount (95%) -> $34.20

- Anthem Blue Cross - All Plans - negotiated charge amount (95%) -> $34.20
- Hometown Health - All Plans - negotiated charge amount (95%) -> $34.20
- Prominence - All Plans - negotiated charge amount (95%) -> $34.20
- Silver Summit - All Plans - negotiated charge amount (93%) -> $33.48
- United Healthcare/UMR - All Plans - negotiated charge amount (95%) -> $34.20
- Aetna - All Plans - negotiated charge amount (87.1%) -> $31.36
- OP - Aetna - W/ Med Adv - negotiated charge amount (44%) -> $15.84
- OP - Optumcare - W/Med Adv - negotiated charge amount (44%) -> $15.84
- OP - Humana - W/Med Adv - negotiated charge amount (44%) -> $15.84
- OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv - negotiated charge amount (44%) -> $15.84
- All other insurances - non-negotiated charge amount (100%) -> $36.00

---

**Laboratory**

<table>
<thead>
<tr>
<th>Lab Test</th>
<th>Description</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROLACTIN</td>
<td>PROLACTIN</td>
<td>84146</td>
<td>301</td>
<td>$36.00</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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>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>4210700</td>
<td>PTH, INTACT WITHOUT CALCIUM</td>
<td>83970</td>
<td>301</td>
<td>$397.00</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>Copays, deductibles</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$198.50</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Insurance Provider</th>
<th>Negotiated Charge Amount</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem Blue Cross</td>
<td>$345.79</td>
<td></td>
</tr>
<tr>
<td>Hometown Health</td>
<td>$377.15</td>
<td></td>
</tr>
<tr>
<td>Prominence</td>
<td>$377.15</td>
<td></td>
</tr>
<tr>
<td>Silver Summit</td>
<td>$369.21</td>
<td></td>
</tr>
<tr>
<td>United Healthcare/UMR</td>
<td>$377.15</td>
<td></td>
</tr>
<tr>
<td>Aetna</td>
<td>$345.79</td>
<td></td>
</tr>
<tr>
<td>OP - Aetna</td>
<td>$174.68</td>
<td></td>
</tr>
<tr>
<td>OP - Optumcare</td>
<td>$174.68</td>
<td></td>
</tr>
<tr>
<td>OP - US Health</td>
<td>$174.68</td>
<td></td>
</tr>
<tr>
<td>All other insurances</td>
<td>$397.00</td>
<td></td>
</tr>
</tbody>
</table>

**Minimum negotiated charge amount (87.1%) ------------------>**

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

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

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

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

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

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

(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>86235</td>
<td>300</td>
<td></td>
<td>$83.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $83.00

**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.

<table>
<thead>
<tr>
<th>Copay/Cash Price (50% of charges, if balance is paid in full)</th>
<th>$41.50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum negotiated charge amount (87.1%)</td>
<td>$72.29</td>
</tr>
<tr>
<td>Maximum negotiated charge amount (95%)</td>
<td>$78.85</td>
</tr>
<tr>
<td>Anthem Blue Cross - All Plans - negotiated charge amount (95%)</td>
<td>$78.85</td>
</tr>
<tr>
<td>Hometown Health - All Plans - negotiated charge amount (95%)</td>
<td>$78.85</td>
</tr>
<tr>
<td>Prominence - All Plans - negotiated charge amount (95%)</td>
<td>$78.85</td>
</tr>
<tr>
<td>Silver Summit - All Plans - negotiated charge amount (93%)</td>
<td>$77.19</td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans - negotiated charge amount (95%)</td>
<td>$78.85</td>
</tr>
<tr>
<td>Aetna - All Plans - negotiated charge amount (87.1%)</td>
<td>$72.29</td>
</tr>
<tr>
<td>OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$36.52</td>
</tr>
<tr>
<td>OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$36.52</td>
</tr>
<tr>
<td>OP - Humana - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$36.52</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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 ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.  
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.  
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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-B)</td>
<td>4210730 SJOGREN'S ANTIBODIES (SS-B)</td>
<td>86235</td>
<td>300</td>
<td>20</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.

**Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------>** $ 87.00

**Minimum negotiated charge amount (87.1%)------------------>** $ 151.55

**Maximum negotiated charge amount (95%)------------------>** $ 165.30

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)** $ 165.30
- **Hometown Health - All Plans - negotiated charge amount (95%)** $ 165.30
- **Prominence - All Plans - negotiated charge amount (95%)** $ 165.30
- **Silver Summit - All Plans - negotiated charge amount (93%)** $ 161.82
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)** $ 165.30
- **Aetna - All Plans - negotiated charge amount (87.1%)** $ 151.55
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)** $ 76.56
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)** $ 76.56
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)** $ 76.56
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)** $ 76.56
- **All other insurances - non-negotiated charge amount (100%)** $ 174.00

**Total of Standard Charges:** $ 174.00
## Shoppable Services Report - Table II

### Mt. Grant General Hospital

**Use CTRL-F to SEARCH**

### Shoppable Service

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>STOOL FOR WBC</td>
<td></td>
</tr>
</tbody>
</table>

**CPT Code** 89055  
**HCPCS Code** 300  
**Revenue Code**  
**Standard Charge** $12.00

---

**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>
</tr>
</thead>
<tbody>
<tr>
<td>STOOL FOR WBC</td>
<td></td>
</tr>
</tbody>
</table>

**CPT Code** 89055  
**HCPCS Code** 300  
**Revenue Code**  
**Standard Charge** $12.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $6.00
- **Minimum negotiated charge amount (87.1%)**: $10.45
- **Maximum negotiated charge amount (95%)**: $11.40

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $11.40
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $11.40
- **Prominence - All Plans - negotiated charge amount (95%)**: $11.40
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $11.16
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $11.40
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $10.45
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $5.28
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $5.28
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $5.28
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $5.28
- **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.
- **For insurance in the Inpatient setting with Medicare Advntage**, the insurance will pay up to $2526 per day, regardless of charges.

**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>4210750</td>
<td>STS (RPR) WITH REFLEX TO FTA</td>
<td>86592</td>
<td>300</td>
<td>$ 81.00</td>
</tr>
<tr>
<td>4216126</td>
<td>RPR (DIAGNOSIS) WITH REFLEX TO TITER AND CONFIRMATORY TESTING</td>
<td>86780</td>
<td>302</td>
<td>$ 63.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 144.00

**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 Description</th>
<th>Self-pay/Cash Price</th>
<th>Minimum negotiated charge amount</th>
<th>Maximum negotiated charge amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>STS (RPR) WITH REFLEX TO FTA</td>
<td>$ 72.00</td>
<td>$ 125.42</td>
<td>$ 136.80</td>
</tr>
<tr>
<td>RPR (DIAGNOSIS) WITH REFLEX TO TITER AND CONFIRMATORY TESTING</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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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

### Laboratory

**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>VENIPUNCTURE</td>
<td>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>

**Total of Standard Charges:** $ 51.00

- Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 25.50
- Minimum negotiated charge amount (87.1%)------------------> $ 44.42
- Maximum negotiated charge amount (95%)------------------> $ 48.45
- Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $ 48.45
- Hometown Health - All Plans - negotiated charge amount (95%)------------------> $ 48.45
- Prominence - All Plans - negotiated charge amount (95%)------------------> $ 48.45
- Silver Summit - All Plans - negotiated charge amount (93%)------------------> $ 47.43
- United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $ 48.45
- Aetna - All Plans - negotiated charge amount (87.1%)------------------> $ 44.42
- OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 22.44
- OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 22.44
- OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 22.44
- OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 22.44
- 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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4210760</strong> TACROLIMUS (FK506)</td>
<td></td>
<td>80197</td>
<td>301</td>
<td></td>
<td>$120.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $120.00

**Laboratory**

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $60.00

Minimum negotiated charge amount (87.1%)------------------> $104.52

Maximum negotiated charge amount (95%)------------------> $114.00

Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $114.00

Hometown Health - All Plans - negotiated charge amount (95%)------------------> $114.00

Prominence - All Plans - negotiated charge amount (95%)------------------> $114.00

Silver Summit - All Plans - negotiated charge amount (93%)------------------> $111.60

United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $114.00

Aetna - All Plans - negotiated charge amount (87.1%)------------------> $104.52

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $52.80

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $52.80

OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $52.80

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $52.80

All other insurances - non-negotiated charge amount (100%)------------------> $120.00

---

**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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210765 TESTOSTERONE, TOTAL, IMMUNOASSAY</td>
<td></td>
<td>84403</td>
<td>301</td>
<td></td>
<td>$133.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $133.00

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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>TESTOSTERONE, TOTAL, LC/MS/MS</td>
<td>4210770</td>
<td>84403</td>
<td>301</td>
<td>$ 225.00</td>
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<tr>
<td>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
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<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 (87.1%) -> $ 195.98
- Maximum negotiated charge amount (95%) -> $ 213.75
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)** -> $ 213.75
- **Hometown Health - All Plans - negotiated charge amount (95%)** -> $ 213.75
- **Prominence - All Plans - negotiated charge amount (95%)** -> $ 213.75
- **Silver Summit - All Plans - negotiated charge amount (93%)** -> $ 209.25
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)** -> $ 213.75
- **Aetna - All Plans - negotiated charge amount (87.1%)** -> $ 195.98
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)** -> $ 99.00
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)** -> $ 99.00
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)** -> $ 99.00
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)** -> $ 99.00
- **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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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**

### 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>THEOPHYLLINE</td>
<td></td>
<td>4210775</td>
<td>80198</td>
<td>301</td>
<td>$116.00</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)**: $58.00
- **Minimum negotiated charge amount (87.1%)**: $101.04
- **Maximum negotiated charge amount (95%)**: $110.20

**Laboratory**

- **Anthem Blue Cross - All Plans**: $110.20
- **Hometown Health - All Plans**: $110.20
- **Prominence - All Plans**: $110.20
- **Silver Summit - All Plans**: $107.88
- **United Healthcare/UMR - All Plans**: $110.20
- **Aetna - All Plans**: $101.04
- **OP - Aetna - W/ Med Adv.**: $51.04
- **OP - Optumcare - W/Med Adv.**: $51.04
- **OP - Humana - W/Med Adv.**: $51.04
- **OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv.**: $51.04
- **All other insurances**: $116.00

**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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td>4210781</td>
<td>86003</td>
<td>302</td>
<td>$ 30.00</td>
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</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)-----------> $ 15.00

Minimum negotiated charge amount (87.1%)-----------> $ 26.13

Maximum negotiated charge amount (95%)-----------> $ 28.50

Anthem Blue Cross - All Plans - negotiated charge amount (95%)-----------> $ 28.50

Hometown Health - All Plans - negotiated charge amount (95%)-----------> $ 28.50

Prominence - All Plans - negotiated charge amount (95%)-----------> $ 28.50

Silver Summit - All Plans - negotiated charge amount (93%)-----------> $ 27.90

United Healthcare/UMR - All Plans - negotiated charge amount (95%)-----------> $ 28.50

Aetna - All Plans - negotiated charge amount (87.1%)-----------> $ 26.15

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)-----------> $ 13.20

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)-----------> $ 13.20

OP - Humana - W/ Med Adv. - negotiated charge amount (44%)-----------> $ 13.20

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)-----------> $ 13.20

All other insurances - non-negotiated charge amount (100%)-----------> $ 30.00

**Total of Standard Charges:**

$ 30.00

---

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

---

**Date Printed:** 05/31/2023  
**Last Update:** 05/31/2023

---

**Use CTRL-F to SEARCH**
## Shoppable Services Report - Table II

### 4210785 THYROGLOBULIN ANTIBODIES

**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></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>86800</td>
<td>300</td>
<td>$ 120.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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 (87.1%) ------------------> $ 104.52

Maximum negotiated charge amount (95%) ------------------> $ 114.00

**Anthem Blue Cross - All Plans - negotiated charge amount (95%) -----------------------------------> $ 114.00**

**Hometown Health - All Plans - negotiated charge amount (95%) -----------------------------------> $ 114.00**

**Silver Summit - All Plans - negotiated charge amount (93%) -----------------------------------> $ 111.60**

**United Healthcare/UMR - All Plans - negotiated charge amount (95%) -----------------------------------> $ 114.00**

**Aetna - All Plans - negotiated charge amount (87.1%) -----------------------------------> $ 104.52**

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) -----------------------------------> $ 52.80**

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) -----------------------------------> $ 52.80**

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%) -----------------------------------> $ 52.80**

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) -----------------------------------> $ 52.80**

**All other insurances - non-negotiated charge amount (100%) -----------------------------------> $ 120.00**

---

**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.
- For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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**

**Mt. Grant General Hospital**

**Date Printed:** 05/31/2023

**Last Update:** 05/31/2023

<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>THYROID PEROXIDASE ANTIBODIES (TPO)</strong></td>
<td></td>
<td></td>
<td></td>
<td>$12.00</td>
<td></td>
</tr>
<tr>
<td><strong>VENIPUNCTURE</strong> - 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>$12.00</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)--------------------------> $6.00

Minimum negotiated charge amount (87.1%)--------------------------> $10.45

Maximum negotiated charge amount (95%)--------------------------> $11.40

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)** -----> $11.40
- **Hometown Health - All Plans - negotiated charge amount (95%)** -----> $11.40
- **Prominence - All Plans - negotiated charge amount (95%)** -----> $11.40
- **Silver Summit - All Plans - negotiated charge amount (93%)** -----> $11.16
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)** -----> $11.40
- **Aetna - All Plans - negotiated charge amount (87.1%)** -----> $10.45
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)** -----> $5.28
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)** -----> $5.28
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)** -----> $5.28
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)** -----> $5.28
- **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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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**

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)------------------> $ 11.50
Minimum negotiated charge amount (87.1%)------------------> $ 20.03
Maximum negotiated charge amount (95%)------------------> $ 21.85
Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $ 21.85
Hometown Health - All Plans - negotiated charge amount (95%)------------------> $ 21.85
Prominence - All Plans - negotiated charge amount (95%)------------------> $ 21.85
Silver Summit - All Plans - negotiated charge amount (93%)------------------> $ 21.39
United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $ 21.85
Aetna - All Plans - negotiated charge amount (87.1%)------------------> $ 20.03
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.

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<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>VALPROIC ACID</td>
<td>VALPROIC ACID</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>80164</td>
<td>301</td>
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<td>$103.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $103.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) $51.50

Minimum negotiated charge amount (87.1%) $89.71

Maximum negotiated charge amount (95%) $97.85

Anthem Blue Cross - All Plans - negotiated charge amount (95%) $97.85

Hometown Health - All Plans - negotiated charge amount (95%) $97.85

Prominence - All Plans - negotiated charge amount (95%) $97.85

Silver Summit - All Plans - negotiated charge amount (93%) $95.79

United Healthcare/UMR - All Plans - negotiated charge amount (95%) $97.85

Aetna - All Plans - negotiated charge amount (87.1%) $89.71

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) $45.32

OP - Optimcare - W/Med Adv. - negotiated charge amount (44%) $45.32

OP - Humana - W/Med Adv. - negotiated charge amount (44%) $45.32

OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%) $45.32

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.

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**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
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<tr>
<th>Shoppable Service</th>
<th>Primary Service and 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>VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary</td>
<td>82607</td>
<td>301</td>
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<td>$182.00</td>
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</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>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-pay/Cash Price</td>
<td>Minimum negotiated charge amount</td>
<td>Maximum negotiated charge amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(50% of charges, if balance is paid in full)</td>
<td>(87.1%)</td>
<td>(95%)</td>
<td></td>
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<tr>
<td></td>
<td>$91.00</td>
<td>$158.52</td>
<td>$172.90</td>
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<td></td>
</tr>
</tbody>
</table>

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem Blue Cross - All Plans</td>
<td>negotiated charge amount</td>
<td>(95%)</td>
<td></td>
<td></td>
<td>$172.90</td>
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<td>Hometown Health - All Plans</td>
<td>negotiated charge amount</td>
<td>(95%)</td>
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<tr>
<td>Prominence - All Plans</td>
<td>negotiated charge amount</td>
<td>(95%)</td>
<td></td>
<td></td>
<td>$172.90</td>
</tr>
<tr>
<td>Silver Summit - All Plans</td>
<td>negotiated charge amount</td>
<td>(93%)</td>
<td></td>
<td></td>
<td>$169.26</td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans</td>
<td>negotiated charge amount</td>
<td>(95%)</td>
<td></td>
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<td>$172.90</td>
</tr>
<tr>
<td>Aetna - All Plans</td>
<td>negotiated charge amount</td>
<td>(87.1%)</td>
<td></td>
<td></td>
<td>$158.52</td>
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<tr>
<td>OP - Aetna - W/ Med Adv.</td>
<td>negotiated charge amount</td>
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<tr>
<td>OP - Optumcare - W/ Med Adv.</td>
<td>negotiated charge amount</td>
<td>(44%)</td>
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<td>$80.08</td>
</tr>
<tr>
<td>OP - Humana - W/ Med Adv.</td>
<td>negotiated charge amount</td>
<td>(44%)</td>
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<td></td>
<td>$80.08</td>
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<tr>
<td>OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv.</td>
<td>negotiated charge amount</td>
<td>(44%)</td>
<td></td>
<td></td>
<td>$80.08</td>
</tr>
<tr>
<td>All other insurances</td>
<td>non-negotiated charge amount</td>
<td>(100%)</td>
<td></td>
<td></td>
<td>$182.00</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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>82652</td>
<td>301</td>
<td>$695.00</td>
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</tbody>
</table>

**Total of Standard Charges:**

$695.00

---

**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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
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</thead>
<tbody>
<tr>
<td>82570</td>
<td>301</td>
<td>$ 75.00</td>
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</tr>
</tbody>
</table>

**Total of Standard Charges:**

$ 75.00

---

**Laboratory**

<table>
<thead>
<tr>
<th>Service</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>URINE CREATININE</td>
<td>82570</td>
<td>301</td>
<td>$ 75.00</td>
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</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)**

$ 37.50

**Minimum negotiated charge amount (87.1%)**

$ 65.33

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

$ 71.25

**Anthem Blue Cross - All Plans**

$ 71.25

**United Healthcare/UMR - All Plans**

$ 71.25

**Prominence - All Plans - negotiated charge amount (95%)**

$ 71.25

**Silver Summit - All Plans - negotiated charge amount (93%)**

$ 69.75

**Hometown Health - All Plans - negotiated charge amount (95%)**

$ 71.25

**Aetna - All Plans - negotiated charge amount (87.1%)**

$ 65.33

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**

$ 33.00

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**

$ 33.00

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**

$ 33.00

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**

$ 33.00

**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.

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**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)

### 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>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4211123</strong></td>
<td>KAPPA/LAMBDAl LIGHT CHAINS, FREE WITH RATIO, SERUM</td>
<td>83883</td>
<td>301</td>
<td></td>
<td>$ 266.00</td>
</tr>
</tbody>
</table>

---

**Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 133.00

**Minimum negotiated charge amount (87.1%)**: $ 231.69

**Maximum negotiated charge amount (95%)**: $ 252.70

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $ 252.70
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $ 252.70
- **Prominence - All Plans - negotiated charge amount (95%)**: $ 252.70
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $ 247.38
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $ 252.70
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $ 231.69
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $ 117.04
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $ 117.04
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $ 117.04
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $ 117.04
- **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.
- **For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.**

**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**
---|---|---|---|---|---
4211133 | KAPPA/LAMBDA LIGHT CHAINS, FREE WITH RATIO, URINE | 83883 | 301 | | $294.00

**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): $147.00

Minimum negotiated charge amount (87.1%): $256.07

Maximum negotiated charge amount (95%): $279.30

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $279.30
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $279.30
- **Prominence - All Plans - negotiated charge amount (95%)**: $279.30
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $273.42
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $279.30
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $256.07
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $129.36
- **OP - Optumcare - W/Med Adv. - negotiated charge amount (44%)**: $129.36
- **OP - Humana - W/Med Adv. - negotiated charge amount (44%)**: $129.36
- **OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%)**: $129.36
- **All other insurances - non-negotiated charge amount (100%)**: $294.00

**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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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></td>
<td>86431</td>
<td>302</td>
<td></td>
<td>$ 58.00</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**

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 29.00
Minimum negotiated charge amount (87.1%) ------------------> $ 50.52
Maximum negotiated charge amount (95%) ------------------> $ 55.10

Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------------> $ 55.10
Hometown Health - All Plans - negotiated charge amount (95%) ---------------> $ 55.10
Prominence - All Plans - negotiated charge amount (95%) ---------------> $ 55.10
Silver Summit - All Plans - negotiated charge amount (93%) ---------------> $ 53.94
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ---------------> $ 55.10
Aetna - All Plans - negotiated charge amount (87.1%) ---------------> $ 50.52
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------------> $ 25.52
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------------> $ 25.52
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------------> $ 25.52
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------------> $ 25.52
All other insurances - non-negotiated charge amount (100%) ---------------> $ 58.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4211298</td>
<td>C-PEPTIDE</td>
<td>84681</td>
<td>301</td>
<td></td>
<td>$ 278.00</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)------------------> $ 139.00
Minimum negotiated charge amount (87.1%)------------------> $ 242.14
Maximum negotiated charge amount (95%)------------------> $ 264.10

- **Anthem Blue Cross - All Plans** - negotiated charge amount (95%) --------------- $ 264.10
- **Hometown Health - All Plans** - negotiated charge amount (95%) --------------- $ 264.10
- **Prominence - All Plans** - negotiated charge amount (95%) --------------- $ 264.10
- **Silver Summit - All Plans** - negotiated charge amount (93%) --------------- $ 258.54
- **United Healthcare/UMR - All Plans** - negotiated charge amount (95%) --------------- $ 264.10
- **Aetna - All Plans** - negotiated charge amount (87.1%) --------------- $ 242.14
- **OP - Aetna - W/ Med Adv.** - negotiated charge amount (44%) --------------- $ 122.32
- **OP - Optumcare - W/Mad Adv.** - negotiated charge amount (44%) --------------- $ 122.32
- **OP - Humana - W/Med Adv.** - negotiated charge amount (44%) --------------- $ 122.32
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv.** - negotiated charge amount (44%) --------------- $ 122.32
- **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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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><strong>Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>For patients with insurance who have a patient balance after insurance has paid</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>35% patient discount on patient balances if the entire patient account or family account is paid in full.</td>
</tr>
<tr>
<td><strong>For patients who do not have insurance coverage</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>50% patient discount if the self pay balance on the entire patient account or family account is paid in full.</td>
</tr>
<tr>
<td><strong>For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.</strong></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>

**4211411  LEGAL BLOOD ALCOHOL (WITHIN HOURS)**

- **4211411 LEGAL BLOOD ALCOHOL (WITHIN HOURS)**
- **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>80320</td>
<td>300</td>
<td></td>
<td>$ 100.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 100.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full) -->** $ 50.00

**Minimum negotiated charge amount (87.1%) -->** $ 87.10

**Maximum negotiated charge amount (95%) -->** $ 95.00

**Anthem Blue Cross - All Plans - negotiated charge amount (95%) -->** $ 95.00

**Hometown Health - All Plans - negotiated charge amount (95%) -->** $ 95.00

**Prominence - All Plans - negotiated charge amount (95%) -->** $ 95.00

**Silver Summit - All Plans - negotiated charge amount (93%) -->** $ 93.00

**United Healthcare/UMR - All Plans - negotiated charge amount (95%) -->** $ 95.00

**Aetna - All Plans - negotiated charge amount (87.1%) -->** $ 87.10

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) -->** $ 44.00

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) -->** $ 44.00

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%) -->** $ 44.00

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) -->** $ 44.00

**All other insurances - non-negotiated charge amount (100%) -->** $ 100.00

---

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>4211514 LEVETIRACETAM</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>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.

Self-pay/Cash Price (50% of charges, if balance is paid in full) -> $ 38.00
Minimum negotiated charge amount (87.1%) -> $ 66.20
Maximum negotiated charge amount (95%) -> $ 72.20

Anthem Blue Cross - All Plans - negotiated charge amount (95%) -> $ 72.20
Hometown Health - All Plans - negotiated charge amount (95%) -> $ 72.20
Prominence - All Plans - negotiated charge amount (95%) -> $ 72.20
Silver Summit - All Plans - negotiated charge amount (93%) -> $ 70.68
United Healthcare/UMR - All Plans - negotiated charge amount (95%) -> $ 72.20
Aetna - All Plans - negotiated charge amount (87.1%) -> $ 66.20
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) -> $ 33.44
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) -> $ 33.44
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) -> $ 33.44
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) -> $ 33.44
All other insurances - non-negotiated charge amount (100%) -> $ 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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>VITAMIN B1 (THIAMINE)</td>
<td></td>
<td>84425</td>
<td>301</td>
<td>$255.00</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total of Standard Charges:</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 (87.1%) --- $222.11
- Maximum negotiated charge amount (95%) --- $242.25
- Anthem Blue Cross - All Plans - negotiated charge amount (95%) --- $242.25
- Hometown Health - All Plans - negotiated charge amount (95%) --- $242.25
- Prominence - All Plans - negotiated charge amount (95%) --- $242.25
- Silver Summit - All Plans - negotiated charge amount (93%) --- $237.15
- United Healthcare/UMR - All Plans - negotiated charge amount (95%) --- $242.25
- Aetna - All Plans - negotiated charge amount (87.1%) --- $222.11
- OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) --- $112.20
- OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) --- $112.20
- OP - Humana - W/ Med Adv. - negotiated charge amount (44%) --- $112.20
- OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) --- $112.20
- All other insurances - non-negotiated charge amount (100%) --- $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.
- For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4211574 VITAMIN B6, PLASMA</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>84207</td>
<td>301</td>
<td></td>
<td>$ 305.00</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)------------------> $ 152.50
Minimum negotiated charge amount (87.1%)------------------> $ 265.66
Maximum negotiated charge amount (95%)------------------> $ 289.75

Anthem Blue Cross - All Plans - negotiated charge amount (95%) --------------- > $ 289.75
Hometown Health - All Plans - negotiated charge amount (95%) --------------- > $ 289.75
Prominence - All Plans - negotiated charge amount (95%) --------------- > $ 289.75
Silver Summit - All Plans - negotiated charge amount (93%) --------------- > $ 283.65
United Healthcare/UMR - All Plans - negotiated charge amount (95%) --------------- > $ 289.75
Aetna - All Plans - negotiated charge amount (87.1%) --------------- > $ 265.66
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) --------------- > $ 134.20
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) --------------- > $ 134.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) --------------- > $ 134.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) --------------- > $ 134.20
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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>QUESTASSURED 25-HYDROXYVITAMIN D (D2, D3), LC/MS/MS</td>
<td>QUESTASSURED 25-HYDROXYVITAMIN D (D2, D3), LC/MS/MS</td>
<td>82306</td>
<td>301</td>
<td></td>
<td>$139.00</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>$69.50</td>
<td>Minimum negotiated charge amount (87.1%)</td>
<td>$121.07</td>
<td>Maximum negotiated charge amount (95%)</td>
<td>$132.05</td>
</tr>
<tr>
<td>Anthem Blue Cross - All Plans - negotiated charge amount (95%)</td>
<td>$132.05</td>
<td>Hometown Health - All Plans - negotiated charge amount (95%)</td>
<td>$132.05</td>
<td>Prominence - All Plans - negotiated charge amount (95%)</td>
<td>$132.05</td>
</tr>
<tr>
<td>Silver Summit - All Plans - negotiated charge amount (93%)</td>
<td>$129.27</td>
<td>United Healthcare/UMR - All Plans - negotiated charge amount (95%)</td>
<td>$132.05</td>
<td>Aetna - All Plans - negotiated charge amount (87.1%)</td>
<td>$121.07</td>
</tr>
<tr>
<td>OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$61.16</td>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$139.00</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.
- For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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)

### 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>42141561 URINE PROTEIN</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>84156</td>
<td>301</td>
<td></td>
<td>$ 77.00</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)--------> $ 38.50
Minimum negotiated charge amount (87.1%)-----------------> $ 67.07
Maximum negotiated charge amount (95%)-----------------> $ 73.15

Anthem Blue Cross - All Plans - negotiated charge amount (95%) -----------> $ 73.15
Hometown Health - All Plans - negotiated charge amount (95%) -----------> $ 73.15
Prominence - All Plans - negotiated charge amount (95%) -----------> $ 73.15
Silver Summit - All Plans - negotiated charge amount (93%) -----------> $ 71.61
United Healthcare/UMR - All Plans - negotiated charge amount (95%) -----------> $ 73.15
Aetna - All Plans - negotiated charge amount (87.1%) -----------> $ 67.07
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) -----------> $ 33.88
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) -----------> $ 33.88
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) -----------> $ 33.88
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) -----------> $ 33.88
All other insurances - non-negotiated charge amount (100%) -----------> $ 77.00

### 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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>HELICOBACTER PYLORI, UREA BREATH TEST</td>
<td>HELICOBACTER PYLORI, UREA BREATH TEST</td>
<td>83013</td>
<td>300</td>
<td>$166.00</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.

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

- $83.00

**Minimum negotiated charge amount (87.1%)**

- $144.59

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

- $157.70

**Anthem Blue Cross - All Plans - negotiated charge amount (95%)**

- $157.70

**Hometown Health - All Plans - negotiated charge amount (95%)**

- $157.70

**Prominence - All Plans - negotiated charge amount (95%)**

- $157.70

**Silver Summit - All Plans - negotiated charge amount (93%)**

- $154.38

**United Healthcare/UMR - All Plans - negotiated charge amount (95%)**

- $157.70

**Aetna - All Plans - negotiated charge amount (87.1%)**

- $144.59

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**

- $73.04

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**

- $73.04

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**

- $73.04

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**

- $73.04

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

- $166.00

== Patient Discount Programs ==

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

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

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>CLOSTRIDIUM DIFFICILE</td>
<td>CLOSTRIDIUM DIFFICILE</td>
<td>4216181</td>
<td>87081</td>
<td>306</td>
<td>$ 90.00</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)------------------> $ 45.00
Minimum negotiated charge amount (87.1%)------------------> $ 78.39
Maximum negotiated charge amount (95%)------------------> $ 85.50

Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $ 85.50
Hometown Health - All Plans - negotiated charge amount (95%)------------------> $ 85.50
Prominence - All Plans - negotiated charge amount (95%)------------------> $ 85.50
Silver Summit - All Plans - negotiated charge amount (93%)------------------> $ 83.70
United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $ 85.50
Aetna - All Plans - negotiated charge amount (87.1%)------------------> $ 78.39

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 39.60
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 39.60
OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 39.60
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 39.60
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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>86709</td>
<td>302</td>
<td>$23.00</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.

<table>
<thead>
<tr>
<th>Insurance</th>
<th>Negotiated Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>$10.12</td>
</tr>
<tr>
<td>Humana</td>
<td>$10.12</td>
</tr>
<tr>
<td>United Healthcare/UMR</td>
<td>$21.85</td>
</tr>
<tr>
<td>Silver Summit</td>
<td>$10.12</td>
</tr>
<tr>
<td>Hometown Health All Plans</td>
<td>$21.85</td>
</tr>
<tr>
<td>Silver Summit All Plans</td>
<td>$21.85</td>
</tr>
<tr>
<td>All other insurances non-negotiated charge amount</td>
<td>$23.00</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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4217306 VITAMIN D, 25-HYDROXY</td>
<td>VITAMIN D, 25-HYDROXY</td>
<td>82306</td>
<td>301</td>
<td></td>
<td>$ 405.00</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)**: $ 202.50
- **Minimum negotiated charge amount (87.1%)**: $ 352.76
- **Maximum negotiated charge amount (95%)**: $ 384.75
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $ 384.75
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $ 384.75
- **Prominence - All Plans - negotiated charge amount (95%)**: $ 384.75
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $ 376.65
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $ 384.75
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $ 352.76
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $ 178.20
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $ 178.20
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $ 178.20
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $ 178.20
- **All other insurances - non-negotiated charge amount (100%)**: $ 405.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>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.

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 25.50
- **Minimum negotiated charge amount (87.1%)**: $ 44.42
- **Maximum negotiated charge amount (95%)**: $ 48.45
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $ 48.45
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $ 48.45
- **Prominence - All Plans - negotiated charge amount (95%)**: $ 48.45
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $ 47.43
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $ 48.45
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $ 44.42
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $ 22.44
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $ 22.44
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $ 22.44
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $ 22.44
- **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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>STOOL CULTURE</td>
<td></td>
<td>87045</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)**

$32.00

**Minimum negotiated charge amount (87.1%)**

$55.74

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

$60.80

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**
  - $60.80
- **Hometown Health - All Plans - negotiated charge amount (95%)**
  - $60.80
- **Prominence - All Plans - negotiated charge amount (95%)**
  - $60.80
- **Silver Summit - All Plans - negotiated charge amount (93%)**
  - $59.52
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**
  - $60.80
- **Aetna - All Plans - negotiated charge amount (87.1%)**
  - $55.74
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**
  - $28.16
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**
  - $28.16
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**
  - $28.16
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**
  - $28.16

**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.**

**For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.**

**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>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRANSFERRIN</td>
<td></td>
<td>84466</td>
<td>301</td>
<td>$120.00</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.

**Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $60.00

**Minimum negotiated charge amount (87.1%)**: $104.52

**Maximum negotiated charge amount (95%)**: $114.00

**Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $114.00

**Hometown Health - All Plans - negotiated charge amount (95%)**: $114.00

**Prominence - All Plans - negotiated charge amount (95%)**: $114.00

**Silver Summit - All Plans - negotiated charge amount (93%)**: $111.60

**United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $114.00

**Aetna - All Plans - negotiated charge amount (87.1%)**: $104.52

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $52.80

**OP - Optimcare - W/ Med Adv. - negotiated charge amount (44%)**: $52.80

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $52.80

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $52.80

**All other insurances - non-negotiated charge amount (100%)**: $120.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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**

(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>TESTOSTERONE, FREE</td>
<td>TESTOSTERONE, FREE</td>
<td>84402</td>
<td>301</td>
<td>$ 76.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

$ 76.00

**Laboratory**

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

Minimum negotiated charge amount (87.1%) ------------------> $ 66.20

Maximum negotiated charge amount (95%) ------------------> $ 72.20

Anthem Blue Cross - All Plans - negotiated charge amount (95%) ------------------> $ 72.20

Hometown Health - All Plans - negotiated charge amount (95%) ------------------> $ 72.20

Prominence - All Plans - negotiated charge amount (95%) ------------------> $ 72.20

Silver Summit - All Plans - negotiated charge amount (93%) ------------------> $ 70.68

United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------------------> $ 72.20

Aetna - All Plans - negotiated charge amount (87.1%) ------------------> $ 66.20

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ------------------> $ 33.44

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ------------------> $ 33.44

OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ------------------> $ 33.44

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ------------------> $ 33.44

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

For insurance in the Inpatient setting with Medicare Advnitage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4219448 SARS-COV- RNA (COVID-19), QUALITATIVE NAAT -- QUEST</td>
<td>SARS-COV- RNA (COVID-19), QUALITATIVE NAAT -- QUEST</td>
<td>87635</td>
<td>302</td>
<td></td>
<td>$ 225.00</td>
</tr>
</tbody>
</table>

**Laboratory**

<table>
<thead>
<tr>
<th></th>
<th>Self-pay/Cash Price (50% of charges, if balance is paid in full)</th>
<th>$ 112.50</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimum negotiated charge amount (87.1%)</td>
<td>$ 195.98</td>
</tr>
<tr>
<td></td>
<td>Maximum negotiated charge amount (95%)</td>
<td>$ 213.75</td>
</tr>
<tr>
<td></td>
<td>Anthem Blue Cross - All Plans - negotiated charge amount (95%)</td>
<td>$ 213.75</td>
</tr>
<tr>
<td></td>
<td>Hometown Health - All Plans - negotiated charge amount (95%)</td>
<td>$ 213.75</td>
</tr>
<tr>
<td></td>
<td>Prominence - All Plans - negotiated charge amount (95%)</td>
<td>$ 213.75</td>
</tr>
<tr>
<td></td>
<td>Silver Summit - All Plans - negotiated charge amount (93%)</td>
<td>$ 209.25</td>
</tr>
<tr>
<td></td>
<td>United Healthcare/UMR - All Plans - negotiated charge amount (95%)</td>
<td>$ 213.75</td>
</tr>
<tr>
<td></td>
<td>Aetna - All Plans - negotiated charge amount (87.1%)</td>
<td>$ 195.98</td>
</tr>
<tr>
<td></td>
<td>OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$ 99.00</td>
</tr>
<tr>
<td></td>
<td>OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$ 99.00</td>
</tr>
<tr>
<td></td>
<td>OP - Humana - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$ 99.00</td>
</tr>
<tr>
<td></td>
<td>OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$ 99.00</td>
</tr>
<tr>
<td></td>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$ 225.00</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

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

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service</th>
<th>Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPUTUM CULTURE</td>
<td>SPUTUM CULTURE</td>
<td></td>
<td>4220351</td>
<td></td>
<td>$ 64.00</td>
<td>306</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.

<table>
<thead>
<tr>
<th></th>
<th>Self-pay/Cash Price</th>
<th>Minimum negotiated charge</th>
<th>Maximum negotiated charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPUTUM CULTURE</td>
<td>$ 32.00</td>
<td>$ 55.74</td>
<td>$ 60.80</td>
</tr>
<tr>
<td>VENIPUNCTURE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Laboratory**

- **Total of Standard Charges:** $ 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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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**

Self-pay/Cash Price (50% of charges, if balance is paid in full)----------------------> $ 40.50
Minimum negotiated charge amount (87.1%) ------------------------------------------> $ 70.55
Maximum negotiated charge amount (95%) -------------------------------------------> $ 76.95
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ------------> $ 76.95
Hometown Health - All Plans - negotiated charge amount (95%) --------------> $ 76.95
Prominence - All Plans - negotiated charge amount (95%) -----------------> $ 76.95
Silver Summit - All Plans - negotiated charge amount (93%) ------------------> $ 75.33
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ---------> $ 76.95
Aetna - All Plans - negotiated charge amount (87.1%) -----------------------> $ 70.55
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------------> $ 35.64
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ----------> $ 35.64
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------------> $ 35.64
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) -> $ 35.64
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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>DICROALBUMIN</td>
<td></td>
<td>4221103</td>
<td>82043</td>
<td>301</td>
<td>$86.00</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)------------------> $43.00
Minimum negotiated charge amount (87.1%)------------------> $74.91
Maximum negotiated charge amount (95%)------------------> $81.70

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**------------------> $81.70
- **Hometown Health - All Plans - negotiated charge amount (95%)**------------------> $81.70
- **Prominence - All Plans - negotiated charge amount (95%)**------------------> $81.70
- **Silver Summit - All Plans - negotiated charge amount (93%)**------------------> $79.98
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**----------> $81.70
- **Aetna - All Plans - negotiated charge amount (87.1%)**----------------------> $74.91
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**------------------> $37.84
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**---------------> $37.84
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**-----------------> $37.84
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**-> $37.84
- **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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4221410   URINE DRUG COLLECTION A</td>
<td></td>
<td>99001</td>
<td>300</td>
<td>$ 59.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 59.00

**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) -- $ 29.50
- Minimum negotiated charge amount (87.1%) -- $ 51.39
- Maximum negotiated charge amount (95%) -- $ 56.05
- Anthem Blue Cross - All Plans - negotiated charge amount (95%) -- $ 56.05
- Hometown Health - All Plans - negotiated charge amount (95%) -- $ 56.05
- Prominence - All Plans - negotiated charge amount (95%) -- $ 56.05
- Silver Summit - All Plans - negotiated charge amount (93%) -- $ 54.87
- United Healthcare/UMR - All Plans - negotiated charge amount (95%) -- $ 56.05
- Aetna - All Plans - negotiated charge amount (87.1%) -- $ 51.39
- OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) -- $ 25.96
- OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) -- $ 25.96
- OP - Humana - W/ Med Adv. - negotiated charge amount (44%) -- $ 25.96
- OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) -- $ 25.96
- 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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4230560</td>
<td>HEPATITIS PROFILE</td>
<td>86706</td>
<td>300</td>
<td></td>
<td>$ 105.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

$ 105.00

---

**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)**
  - $ 52.50

- **Minimum negotiated charge amount (87.1%)**
  - $ 91.46

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

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

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

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

- **Silver Summit - All Plans - negotiated charge amount (93%)**
  - $ 97.65

- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**
  - $ 99.75

- **Aetna - All Plans - negotiated charge amount (87.1%)**
  - $ 91.46

- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**
  - $ 46.20

- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**
  - $ 46.20

- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**
  - $ 46.20

- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**
  - $ 46.20

- **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.

For insurance in the Inpatient setting with Medicare Advance, the insurance will pay up to $2526 per day, regardless of charges.

**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**

**CMS-1717-F2**

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

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4231234</td>
<td>301</td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

**Description:** LACTATE DEHYDROGENASE (LD) ISOENZYME PANEL

**Veripuncture** - 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):** $0.00

**Minimum negotiated charge amount (87.1%):** $0.00

**Maximum negotiated charge amount (95%):** $0.00

**Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $0.00

**Hometown Health - All Plans - negotiated charge amount (95%):** $0.00

**Prominence - All Plans - negotiated charge amount (95%):** $0.00

**Silver Summit - All Plans - negotiated charge amount (93%):** $0.00

**United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $0.00

**Aetna - All Plans - negotiated charge amount (87.1%):** $0.00

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $0.00

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%):** $0.00

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%):** $0.00

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%):** $0.00

**All other insurances - non-negotiated charge amount (100%):** $0.00

---

**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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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 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>4231235</td>
<td>IGG SUBCLASSES PANEL</td>
<td>302</td>
<td>$ 0.00</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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-pay/Cash Price</td>
<td>50% of charges, if balance is paid in full</td>
</tr>
<tr>
<td>Minimum negotiated charge amount (87.1%)</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Maximum negotiated charge amount (95%)</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Anthem Blue Cross - All Plans - negotiated charge amount (95%)</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Hometown Health - All Plans - negotiated charge amount (95%)</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Prominence - All Plans - negotiated charge amount (95%)</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Silver Summit - All Plans - negotiated charge amount (93%)</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans - negotiated charge amount (95%)</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Aetna - All Plans - negotiated charge amount (87.1%)</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>OP - Humana - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$ 0.00</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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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, TOTAL</td>
<td></td>
<td>84153</td>
<td>301</td>
<td></td>
<td>$ 38.00</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)------------------> $ 19.00
Minimum negotiated charge amount (87.1%)------------------> $ 33.10
Maximum negotiated charge amount (95%)------------------> $ 36.10
Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $ 36.10
Hometown Health - All Plans - negotiated charge amount (95%)------------------> $ 36.10
Prominence - All Plans - negotiated charge amount (95%)------------------> $ 36.10
Silver Summit - All Plans - negotiated charge amount (95%)------------------> $ 35.34
United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $ 36.10
Aetna - All Plans - negotiated charge amount (87.1%)------------------> $ 33.10
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 16.72
OP - Optumcare - W/Med Adv. - negotiated charge amount (44%)------------------> $ 16.72
OP - Humana - W/Med Adv. - negotiated charge amount (44%)------------------> $ 16.72
OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%)------------------> $ 16.72
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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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, FREE</td>
<td></td>
<td>42312561</td>
<td>84154</td>
<td>301</td>
<td>$38.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $38.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) $19.00
Minimum negotiated charge amount (87.1%) $33.10
Maximum negotiated charge amount (95%) $36.10

Anthem Blue Cross - All Plans - negotiated charge amount (95%) $36.10
Hometown Health - All Plans - negotiated charge amount (95%) $36.10
Prominence - All Plans - negotiated charge amount (95%) $36.10
Silver Summit - All Plans - negotiated charge amount (93%) $35.34
United Healthcare/UMR - All Plans - negotiated charge amount (95%) $36.10
Aetna - All Plans - negotiated charge amount (87.1%) $33.10

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) $16.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) $16.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) $16.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) $16.72
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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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

---

**Laboratory**

VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary.
### 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>4233659</td>
<td>G0481</td>
<td>301</td>
<td>$290.00</td>
</tr>
</tbody>
</table>

**Use CTRL-F to SEARCH**

**Laboratory**

**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>4233659 DRUG SCREEN BY MILLENIUM</strong></td>
<td><strong>4233659 DRUG SCREEN BY MILLENIUM</strong></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**

---

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $145.00

Minimum negotiated charge amount (87.1%)----------------------------------> $252.59

Maximum negotiated charge amount (95%)----------------------------------> $275.50

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)** $275.50
- **Hometown Health - All Plans - negotiated charge amount (95%)** $275.50
- **Prominence - All Plans - negotiated charge amount (95%)** $275.50
- **Silver Summit - All Plans - negotiated charge amount (93%)** $269.70
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)** $275.50
- **Aetna - All Plans - negotiated charge amount (87.1%)** $252.59
- **Humana - W/ Med Adv. - negotiated charge amount (44%)** $127.60
- **Optumcare - W/ Med Adv. - negotiated charge amount (44%)** $127.60
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)** $127.60
- **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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>CULTURE, AEROBIC AND ANAEROBIC</td>
<td></td>
<td>87070</td>
<td>305</td>
<td>$ 111.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 111.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full):** $ 55.50

**Minimum negotiated charge amount (87.1%):** $ 96.68

**Maximum negotiated charge amount (95%):** $ 105.45

- **Anthem Blue Cross - All Plans**: $ 105.45
- **Hometown Health - All Plans**: $ 105.45
- **Prominence - All Plans**: $ 105.45
- **Silver Summit - All Plans**: $ 103.23
- **United Healthcare/UMR - All Plans**: $ 105.45
- **Aetna - All Plans**: $ 96.68
- **OP - Aetna - W/ Med Adv.**: $ 48.84
- **OP - Optumcare - W/Med Adv. - negotiated charge amount (44%)**: $ 48.84
- **OP - Humana - W/Med Adv. - negotiated charge amount (44%)**: $ 48.84
- **OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%)**: $ 48.84
- **All other insurances - non-negotiated charge amount (100%)**: $ 111.00

**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.

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For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>&lt;OR&gt;</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4235651</td>
<td>IRON BINDING CAPACITY</td>
<td>83550</td>
<td></td>
<td>301</td>
<td></td>
<td>$ 99.00</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)------------------> $ 49.50

Minimum negotiated charge amount (87.1%)------------------> $ 86.23

Maximum negotiated charge amount (95%)------------------> $ 94.05

Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $ 94.05

Hometown Health - All Plans - negotiated charge amount (95%)------------------> $ 94.05

Prominence - All Plans - negotiated charge amount (95%)------------------> $ 94.05

Silver Summit - All Plans - negotiated charge amount (93%)------------------> $ 92.07

United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $ 94.05

Aetna - All Plans - negotiated charge amount (87.1%)------------------> $ 86.23

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 43.56

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 43.56

OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 43.56

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 43.56

All other insurances - non-negotiated charge amount (100%)------------------> $ 99.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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><strong>VITAMIN B12 (COBALAMIN) AND FOLATE PANEL, SERUM</strong></td>
<td>82607</td>
<td>301</td>
<td></td>
<td><strong>$ 36.00</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**

CPT Code:<br>
HCPCS Code:<br>
Revenue Code:<br>
Standard Charge:<br>

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**:<br>
  - $ 18.00

- **Minimum negotiated charge amount (87.1%)**:<br>
  - $ 31.36

- **Maximum negotiated charge amount (95%)**:<br>
  - $ 34.20

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**:<br>
  - $ 34.20

- **Hometown Health - All Plans - negotiated charge amount (95%)**:<br>
  - $ 34.20

- **Prominence - All Plans - negotiated charge amount (95%)**:<br>
  - $ 34.20

- **Silver Summit - All Plans - negotiated charge amount (93%)**:<br>
  - $ 33.48

- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**:<br>
  - $ 34.20

- **Aetna - All Plans - negotiated charge amount (87.1%)**:<br>
  - $ 31.36

- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**:<br>
  - $ 15.84

- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**:<br>
  - $ 15.84

- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**:<br>
  - $ 15.84

- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**:<br>
  - $ 15.84

- **All other insurances - non-negotiated charge amount (100%)**:<br>
  - $ 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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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:** 05/31/2023  
**Last Update:** 05/31/2023

**Shoppable Service:** FOOD ALLERGY PROFILE  
**Primary Service and Ancillary Services:**  
**CPT Code:** 86003  
**HCPCS Code:** 301  
**Revenue Code:** $ 198.00

### Inpatient, Outpatient, Swing Bed or Skilled Nursing Facility

<table>
<thead>
<tr>
<th>Laboratory</th>
<th>Self-pay/Cash Price (50% of charges, if balance is paid in full)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ 99.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revenue Code</th>
<th>Minimum negotiated charge amount (87.1%)</th>
<th>Maximum negotiated charge amount (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 172.46</td>
<td>$ 188.10</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revenue Code</th>
<th>Anthem Blue Cross - All Plans - negotiated charge amount (95%)</th>
<th>Hometown Health - All Plans - negotiated charge amount (95%)</th>
<th>Prominence - All Plans - negotiated charge amount (95%)</th>
<th>Silver Summit - All Plans - negotiated charge amount (93%)</th>
<th>United Healthcare/UMR - All Plans - negotiated charge amount (95%)</th>
<th>Aetna - All Plans - negotiated charge amount (87.1%)</th>
<th>OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)</th>
<th>OP - Optumcare - W/Med Adv. - negotiated charge amount (44%)</th>
<th>OP - Humana - W/Med Adv. - negotiated charge amount (44%)</th>
<th>OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%)</th>
<th>All other insurances - non-negotiated charge amount (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ 188.10</td>
<td>$ 188.10</td>
<td>$ 188.10</td>
<td>$ 184.14</td>
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<td>$ 172.46</td>
<td>$ 87.12</td>
<td>$ 87.12</td>
<td>$ 87.12</td>
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<td>$ 198.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 198.00

---

**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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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></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.*

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

### 4237651  FREE TESTOSTERONE

**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)**

- $120.00

**Minimum negotiated charge amount (87.1%)**

- $209.04

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

- $228.00

### 4237651  FREE TESTOSTERONE

**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)**

- $120.00

**Minimum negotiated charge amount (87.1%)**

- $209.04

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

- $228.00

### 84402  301  $240.00

**Total of Standard Charges:**

- $240.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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><strong>4330010</strong> XR--ABDOMEN--VIEW 1</td>
<td>4330010 XR--ABDOMEN--VIEW 1</td>
<td>74018</td>
<td>320</td>
<td>$ 281.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

**X-Ray**

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 140.50
- **Minimum negotiated charge amount (87.1%)**: $ 244.75
- **Maximum negotiated charge amount (95%)**: $ 266.95

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $ 266.95
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $ 266.95
- **Prominence - All Plans - negotiated charge amount (95%)**: $ 266.95
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $ 261.33
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $ 266.95
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $ 244.75
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $ 123.64
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $ 123.64
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $ 123.64
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $ 123.64
- **All other insurances - non-negotiated charge amount (100%)**: $ 281.00

**Total of Standard Charges:** $ 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.**

**For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.**

**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 2</td>
<td>XR--ABDOMEN--VIEWS 2</td>
<td>4330020</td>
<td>74021</td>
<td>320</td>
<td>$375.00</td>
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<tr>
<td>X-Ray</td>
<td>RADILOGIST - not provided by facility (will be billed separately by the radiology group)</td>
<td></td>
<td></td>
<td></td>
<td>$375.00</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)**: $187.50
- **Minimum negotiated charge amount (87.1%)**: $326.63
- **Maximum negotiated charge amount (95%)**: $356.25

**Inpatient, Outpatient, Swing Bed or Skilled Nursing Facility**

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $356.25
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $356.25
- **Prominence - All Plans - negotiated charge amount (95%)**: $356.25
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $348.75
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $356.25
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $326.63
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $165.00
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $165.00
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $165.00
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $165.00
- **All other insurances - non-negotiated charge amount (100%)**: $375.00

**Total of Standard Charges:** $375.00

---

**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>4330030 XR--ABDOMEN--VIEWS 3</td>
<td>XR--ABDOMEN--VIEWS 3</td>
<td>74022</td>
<td>320</td>
<td></td>
<td>$608.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></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**

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

- $304.00

**Minimum negotiated charge amount (87.1%)**

- $529.57

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

- $577.60

**Anthem Blue Cross - All Plans - negotiated charge amount (95%)**

- $577.60

**Hometown Health - All Plans - negotiated charge amount (95%)**

- $577.60

**Prominence - All Plans - negotiated charge amount (95%)**

- $577.60

**Silver Summit - All Plans - negotiated charge amount (93%)**

- $565.44

**United Healthcare/UMR - All Plans - negotiated charge amount (95%)**

- $577.60

**Optumcare - W/ Med Adv. - negotiated charge amount (44%)**

- $267.52

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**

- $267.52

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

- $608.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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--ANKLE.RIGHT--VIEWS 3</td>
<td>XR--ANKLE RIGHT--VIEWS 3</td>
<td>73610</td>
<td>320</td>
<td>$ 377.00</td>
<td></td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 377.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 188.50
Minimum negotiated charge amount (87.1%)------------------> $ 328.37
Maximum negotiated charge amount (95%)------------------> $ 358.15

Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $ 358.15
Hometown Health - All Plans - negotiated charge amount (95%)------------------> $ 358.15
Prominence - All Plans - negotiated charge amount (95%)------------------> $ 358.15
Silver Summit - All Plans - negotiated charge amount (93%)------------------> $ 350.61
United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $ 358.15
Aetna - All Plans - negotiated charge amount (87.1%)------------------> $ 328.37
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 165.88
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 165.88
OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 165.88
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 165.88
All other insurances - non-negotiated charge amount (100%)------------------> $ 377.00

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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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

### 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>4330130 XR--SPINE.CERVICAL--VIEWS 4 OR 5</td>
<td>XR--SPINE.CERVICAL--VIEWS 4 OR 5</td>
<td>72050</td>
<td>320</td>
<td></td>
<td>$555.00</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) -> $277.50
- Minimum negotiated charge amount (87.1%) -> $483.41
- Maximum negotiated charge amount (95%) -> $527.25
- Anthem Blue Cross - All Plans - negotiated charge amount (95%) -> $527.25
- Hometown Health - All Plans - negotiated charge amount (95%) -> $527.25
- Prominence - All Plans - negotiated charge amount (95%) -> $527.25
- Silver Summit - All Plans - negotiated charge amount (93%) -> $516.15
- United Healthcare/UMR - All Plans - negotiated charge amount (95%) -> $527.25
- Aetna - All Plans - negotiated charge amount (87.1%) -> $483.41
- OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) -> $244.20
- OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) -> $244.20
- OP - Humana - W/ Med Adv. - negotiated charge amount (44%) -> $244.20
- OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) -> $244.20
- All other insurances - non-negotiated charge amount (100%) -> $555.00

**Total of Standard Charges:** $555.00

---

### Patient Discount Programs

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

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

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4330140</td>
<td>XR--SPINE.CERVICAL--COMPLETE, INCL OBLIQUE FLEXION EXT STUDIES</td>
<td>72052</td>
<td>320</td>
<td></td>
<td>$628.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $628.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full):** $314.00

**Minimum negotiated charge amount (87.1%):** $546.99

**Maximum negotiated charge amount (95%):** $596.60

**Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $596.60

**Hometown Health - All Plans - negotiated charge amount (95%):** $596.60

**Prominence - All Plans - negotiated charge amount (95%):** $596.60

**Silver Summit - All Plans - negotiated charge amount (93%):** $584.04

**United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $596.00

**Aetna - All Plans - negotiated charge amount (87.1%):** $546.99

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $276.32

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%):** $276.32

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%):** $276.32

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%):** $276.32

**All other insurances - non-negotiated charge amount (100%):** $628.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4330150 XR--CHEST--VIEWS AP PORTABLE</td>
<td>71045</td>
<td>320</td>
<td>$ 326.00</td>
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</tr>
</tbody>
</table>

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

Minimum negotiated charge amount (87.1%)

Maximum negotiated charge amount (95%)

**Anthem Blue Cross - All Plans - negotiated charge amount (95%)**

**Hometown Health - All Plans - negotiated charge amount (95%)**

**Prominence - All Plans - negotiated charge amount (95%)**

**Silver Summit - All Plans - negotiated charge amount (93%)**

**United Healthcare/UMR - All Plans - negotiated charge amount (95%)**

**Aetna - All Plans - negotiated charge amount (87.1%)**

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**

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

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330160 XR--CHEST--VIEWS PA &amp; LATERAL UPRIGHT</td>
<td>71046</td>
<td>320</td>
<td></td>
<td>$384.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST** - not provided by facility (will be billed separately by the radiology group)

#### X-Ray

Self-pay/Cash Price (50% of charges, if balance is paid in full) > $192.00

Minimum negotiated charge amount (87.1%) > $334.46

Maximum negotiated charge amount (95%) > $364.80

<table>
<thead>
<tr>
<th>Insurance Plan</th>
<th>Negotiated Charge Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem Blue Cross - All Plans</td>
<td>$364.80</td>
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<tr>
<td>Hometown Health - All Plans</td>
<td>$364.80</td>
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<td>Prominence - All Plans</td>
<td>$364.80</td>
</tr>
<tr>
<td>Silver Summit - All Plans</td>
<td>$357.12</td>
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<td>United Healthcare/UMR - All Plans</td>
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<td>Aetna - All Plans</td>
<td>$334.46</td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans</td>
<td>$334.46</td>
</tr>
<tr>
<td>OP - Aetna - W/ Med Adv.</td>
<td>$168.96</td>
</tr>
<tr>
<td>OP - Optumcare - W/ Med Adv.</td>
<td>$168.96</td>
</tr>
<tr>
<td>OP - Humana - W/ Med Adv.</td>
<td>$168.96</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$384.00</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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4330190 X-R--SPINE.CERVICAL--VIEWS 2 OR 3</td>
<td>XR--SPINE.CERVICAL--VIEWS 2 OR 3</td>
<td>72040</td>
<td>320</td>
<td></td>
<td>$373.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $373.00

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4330220 XR--ELBOW.RIGHT--VIEWS</td>
<td>&quot;73070,RT&quot;</td>
<td>320</td>
<td>$ 292.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 292.00

- Self-pay/Cash Price (50% of charges, if balance is paid in full)---------> $ 146.00
- Minimum negotiated charge amount (87.1%)---------------------> $ 254.33
- Maximum negotiated charge amount (95%)------------------------> $ 277.40
- Anthem Blue Cross - All Plans - negotiated charge amount (95%)-------> $ 277.40
- Hometown Health - All Plans - negotiated charge amount (95%)---------> $ 277.40
- Prominence - All Plans - negotiated charge amount (95%)-------------> $ 277.40
- Silver Summit - All Plans - negotiated charge amount (93%)----------> $ 271.56
- United Healthcare/UMR - All Plans - negotiated charge amount (95%)-----> $ 277.40
- Aetna - All Plans - negotiated charge amount (87.1%)--------------> $ 254.33
- OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)-----------> $ 128.48
- OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)--------> $ 128.48
- OP - Humana - W/ Med Adv. - negotiated charge amount (44%)----------> $ 128.48
- OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)-------> $ 128.48
- All other insurances - non-negotiated charge amount (100%)-----------> $ 292.00
<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>X-Ray</td>
<td>XR--FINGER.SECOND.LEFT--VIEWS</td>
<td>4330291</td>
<td>73140</td>
<td>320</td>
<td>$ 301.00</td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full) -> $ 150.50
Minimum negotiated charge amount (87.1%) -> $ 262.17
Maximum negotiated charge amount (95%) -> $ 285.95

Anthem Blue Cross - All Plans - negotiated charge amount (95%) -> $ 285.95
Hometown Health - All Plans - negotiated charge amount (95%) -> $ 285.95
Prominence - All Plans - negotiated charge amount (95%) -> $ 285.95
Silver Summit - All Plans - negotiated charge amount (93%) -> $ 279.93
United Healthcare/UMR - All Plans - negotiated charge amount (95%) -> $ 285.95
Aetna - All Plans - negotiated charge amount (87.1%) -> $ 262.17
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) -> $ 132.44
OP - Optumcare - W/Med Adv. - negotiated charge amount (44%) -> $ 132.44
OP - Humana - W/Med Adv. - negotiated charge amount (44%) -> $ 132.44
OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%) -> $ 132.44
All other insurances - non-negotiated charge amount (100%) -> $ 301.00

**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 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>4330296 JR--FINGER.SECOND.RIGHT--VIEWS</td>
<td>X-Ray</td>
<td>73140</td>
<td>320</td>
<td></td>
<td>$301.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $301.00

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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)

#### 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>4330320</td>
<td>XR--FOOT.RIGHT--VIEWS 3 OR 4</td>
<td>73630</td>
<td>320</td>
<td></td>
<td>$ 371.00</td>
</tr>
<tr>
<td></td>
<td>XR--FOOT.RIGHT--VIEWS 3 OR 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiologist</td>
<td>- 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)------------------>**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Self-pay/Cash Price</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$ 371.00</td>
<td>$ 185.50</td>
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</tr>
</tbody>
</table>

**Minimum negotiated charge amount (87.1%) ------------------>**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Minimum negotiated charge amount</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$ 371.00</td>
<td>$ 323.14</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Maximum negotiated charge amount</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$ 371.00</td>
<td>$ 352.45</td>
<td></td>
</tr>
</tbody>
</table>

**Anthem Blue Cross - All Plans - negotiated charge amount (95%) ------------------>**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>negotiates charge amount (95%)</th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Anthem Blue Cross - All Plans</td>
<td></td>
<td>$ 371.00</td>
<td>$ 352.45</td>
<td></td>
</tr>
</tbody>
</table>

**Hometown Health - All Plans - negotiated charge amount (95%) ------------------>**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>negotiates charge amount (95%)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Hometown Health - All Plans</td>
<td></td>
<td>$ 371.00</td>
<td>$ 352.45</td>
<td></td>
</tr>
</tbody>
</table>

**Prominence - All Plans - negotiated charge amount (95%) ------------------>**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>negotiates charge amount (95%)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prominence - All Plans</td>
<td></td>
<td>$ 371.00</td>
<td>$ 352.45</td>
<td></td>
</tr>
</tbody>
</table>

**Silver Summit - All Plans - negotiated charge amount (93%) ------------------>**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>negotiates charge amount (93%)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Silver Summit - All Plans</td>
<td></td>
<td>$ 371.00</td>
<td>$ 345.03</td>
<td></td>
</tr>
</tbody>
</table>

**United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------------------>**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>negotiates charge amount (95%)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>United Healthcare/UMR - All Plans</td>
<td></td>
<td>$ 371.00</td>
<td>$ 352.45</td>
<td></td>
</tr>
</tbody>
</table>

**Aetna - All Plans - negotiates charge amount (87.1%) ------------------>**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>negotiates charge amount (87.1%)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna - All Plans</td>
<td></td>
<td>$ 371.00</td>
<td>$ 323.14</td>
<td></td>
</tr>
</tbody>
</table>

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ------------------>**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>negotiates charge amount (44%)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OP - Optumcare - W/ Med Adv.</td>
<td></td>
<td>$ 371.00</td>
<td>$ 163.24</td>
<td></td>
</tr>
</tbody>
</table>

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ------------------>**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>negotiates charge amount (44%)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OP - Humana - W/ Med Adv.</td>
<td></td>
<td>$ 371.00</td>
<td>$ 163.24</td>
<td></td>
</tr>
</tbody>
</table>

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ------------------>**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>negotiates charge amount (44%)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv.</td>
<td></td>
<td>$ 371.00</td>
<td>$ 163.24</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>negotiates charge amount (100%)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All other insurances</td>
<td></td>
<td>$ 371.00</td>
<td>$ 371.00</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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4330330</td>
<td>XR--RADIUS.RIGHT+ULNA.RIGHT--VIEWS 2</td>
<td>73090</td>
<td>320</td>
<td>$381.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $381.00

- Self-pay/Cash Price (50% of charges, if balance is paid in full) $190.50
- Minimum negotiated charge amount (87.1%) $331.85
- Maximum negotiated charge amount (95%) $361.95

- Anthem Blue Cross - All Plans - negotiated charge amount (95%) $361.95
- Hometown Health - All Plans - negotiated charge amount (95%) $361.95
- Prominence - All Plans - negotiated charge amount (95%) $361.95
- Silver Summit - All Plans - negotiated charge amount (93%) $354.33
- United Healthcare/UMR - All Plans - negotiated charge amount (95%) $361.95
- Aetna - All Plans - negotiated charge amount (87.1%) $331.85
- OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) $167.64
- OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) $167.64
- OP - Humana - W/ Med Adv. - negotiated charge amount (44%) $167.64
- OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) $167.64
- All other insurances - non-negotiated charge amount (100%) $381.00

---

**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.

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For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330360 XR--HAND.RIGHT--VIEWS 3</td>
<td><strong>XR--HAND.RIGHT--VIEWS 3</strong></td>
</tr>
<tr>
<td><strong>RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)</strong></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>73130</td>
<td></td>
<td>320</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 (87.1%): $ 299.62**

**Maximum negotiated charge amount (95%): $ 326.80**

**Anthem Blue Cross - All Plans - negotiated charge amount (95%): $ 326.80**

**Hometown Health - All Plans - negotiated charge amount (95%): $ 326.80**

**Prominence - All Plans - negotiated charge amount (95%): $ 326.80**

**Silver Summit - All Plans - negotiated charge amount (93%): $ 319.92**

**United Healthcare/UMR - All Plans - negotiated charge amount (95%): $ 326.80**

**Aetna - All Plans - negotiated charge amount (87.1%): $ 299.62**

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%): $ 151.36**

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%): $ 151.36**

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%): $ 151.36**

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%): $ 151.36**

**All other insurances - non-negotiated charge amount (100%): $ 344.00**

---

**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.

For insurance in the Inpatient setting with Medicare Advnitage, the insurance will pay up to $2526 per day, regardless of charges.

**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)

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<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330370 X-Ray -- Hip, Right -- Views 2</td>
<td>73502 320</td>
<td>$374.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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>4330370 X-Ray -- Hip, Right -- Views 2</td>
<td>73502 320</td>
<td>$374.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Use CTRL-F to SEARCH**

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>4330370 X-Ray -- Hip, Right -- Views 2</td>
<td>73502 320</td>
<td>$374.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $374.00

### 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):** $187.00
- **Minimum negotiated charge amount (87.1%):** $325.75
- **Maximum negotiated charge amount (95%):** $355.30

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $355.30
- **Hometown Health - All Plans - negotiated charge amount (95%):** $355.30
- **Prominence - All Plans - negotiated charge amount (95%):** $355.30
- **Silver Summit - All Plans - negotiated charge amount (93%):** $347.82
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $355.30
- **Aetna - All Plans - negotiated charge amount (87.1%):** $325.75
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $164.56
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%):** $164.56
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%):** $164.56
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%):** $164.56
- **All other insurances - non-negotiated charge amount (100%):** $374.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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)

**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>XR--PELVIS+BILATERAL--VIEWS</strong></td>
<td></td>
<td>73521</td>
<td>320</td>
<td></td>
<td>$485.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST** - not provided by facility (will be billed separately by the radiology group)

**Total of Standard Charges:** $485.00

---

### 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):** $242.50
- **Minimum negotiated charge amount (87.1%):** $422.44
- **Maximum negotiated charge amount (95%):** $460.75

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $460.75
- **Hometown Health - All Plans - negotiated charge amount (95%):** $460.75
- **Prominence - All Plans - negotiated charge amount (95%):** $460.75
- **Silver Summit - All Plans - negotiated charge amount (93%):** $451.05
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $460.75
- **Aetna - All Plans - negotiated charge amount (87.1%):** $422.44
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $213.40
- **OP - Optumcare - W/Med Adv. - negotiated charge amount (44%):** $213.40
- **OP - Humana - W/Med Adv. - negotiated charge amount (44%):** $213.40
- **OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%):** $213.40
- **All other insurances - non-negotiated charge amount (100%):** $485.00

---

### 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.**
- **For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.**

**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.

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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**<br><OR><br>**HCPCS 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>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>XR--KNEE.RIGHT--VIEWS 2</td>
<td></td>
<td>73560</td>
<td>320</td>
<td>$341.00</td>
</tr>
</tbody>
</table>

#### Radiologist

- Radiologist - not provided by facility (will be billed separately by the radiology group)

---

#### Total of Standard Charges:

- Total of Standard Charges: $341.00

---

#### Revenue Code

**Revenue Code**

- Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $170.50
- Minimum negotiated charge amount (87.1%)------------------> $297.01
- Maximum negotiated charge amount (95%)------------------> $323.95

#### Negotiated Charges

- Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------------->$323.95
- Hometown Health - All Plans - negotiated charge amount (95%) --------------> $323.95
- Prominence - All Plans - negotiated charge amount (95%) --------------> $323.95
- Silver Summit - All Plans - negotiated charge amount (93%) --------------> $317.13
- United Healthcare/UMR - All Plans - negotiated charge amount (95%) ----->$323.95
- Aetna - All Plans - negotiated charge amount (87.1%) --------------> $297.01
- OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) --------------> $150.04
- OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) --------------> $150.04
- OP - Humana - W/ Med Adv. - negotiated charge amount (44%) --------------> $150.04
- OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) --------------> $150.04
- All other insurances - non-negotiated charge amount (100%) --------------> $341.00

---

#### Copays, Deductibles and Coinsurances

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>
</tr>
</thead>
<tbody>
<tr>
<td>4330430 XR--KNEE.RIGHT--VIEWS 3</td>
<td>73562 XR--KNEE.RIGHT--VIEWS 3</td>
<td>73562</td>
<td>320</td>
<td>$ 388.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST** - not provided by facility (will be billed separately by the radiology group)

CPT Code 73562

<table>
<thead>
<tr>
<th>Description</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>320</td>
<td>$ 194.00</td>
</tr>
<tr>
<td>Minimum negotiated charge amount (87.1%)</td>
<td></td>
<td>$ 337.95</td>
</tr>
<tr>
<td>Maximum negotiated charge amount (95%)</td>
<td></td>
<td>$ 368.60</td>
</tr>
<tr>
<td>Anthem Blue Cross - All Plans - negotiated charge amount (95%)</td>
<td></td>
<td>$ 368.60</td>
</tr>
<tr>
<td>Hometown Health - All Plans - negotiated charge amount (95%)</td>
<td></td>
<td>$ 368.60</td>
</tr>
<tr>
<td>Prominence - All Plans - negotiated charge amount (95%)</td>
<td></td>
<td>$ 368.60</td>
</tr>
<tr>
<td>Silver Summit - All Plans - negotiated charge amount (93%)</td>
<td></td>
<td>$ 360.84</td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans - negotiated charge amount (95%)</td>
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</tr>
<tr>
<td>Aetna - All Plans - negotiated charge amount (87.1%)</td>
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<tr>
<td>OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)</td>
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<td>$ 170.72</td>
</tr>
<tr>
<td>OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)</td>
<td></td>
<td>$ 170.72</td>
</tr>
<tr>
<td>OP - Humana - W/ Med Adv. - negotiated charge amount (44%)</td>
<td></td>
<td>$ 170.72</td>
</tr>
<tr>
<td>OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)</td>
<td></td>
<td>$ 170.72</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td></td>
<td>$ 388.00</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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>XR--KNEE.RIGHT--VIEWS 4</td>
<td>RADIOLLOGIST - not provided by facility (will be billed separately by the radiology group)</td>
<td>4330440</td>
<td>XR--KNEE.RIGHT--VIEWS 4</td>
<td>&quot;73564,RT&quot;</td>
<td>320</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $477.00

- Self-pay/Cash Price (50% of charges, if balance is paid in full) $238.50
- Minimum negotiated charge amount (87.1%) $415.47
- Maximum negotiated charge amount (95%) $453.15

- Anthem Blue Cross - All Plans - negotiated charge amount (95%) $453.15
- Hometown Health - All Plans - negotiated charge amount (95%) $453.15
- Prominence - All Plans - negotiated charge amount (95%) $453.15
- Silver Summit - All Plans - negotiated charge amount (93%) $443.61
- United Healthcare/UMR - All Plans - negotiated charge amount (95%) $453.15
- Aetna - All Plans - negotiated charge amount (87.1%) $414.75

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

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

**For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.**

**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>
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<tr>
<td>XR--SPINE.LUMBAR--VIEWS 2 OR 3</td>
<td></td>
<td>226</td>
<td>391</td>
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</tr>
</tbody>
</table>

**Total of Standard Charges:** $453.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $226.50
- **Minimum negotiated charge amount (87.1%):** $394.56
- **Maximum negotiated charge amount (95%):** $430.35

**Insurance Negotiation:***
- Aetna - All Plans - negotiated charge amount (44%): $199.32
- Humana - W/ Med Adv. - negotiated charge amount (44%): $199.32
- UPMC - All Plans - negotiated charge amount (44%): $199.32
- United Healthcare/UMR - All Plans - negotiated charge amount (95%): $430.35
- Hometown Health - All Plans - negotiated charge amount (95%): $430.35
- Prominence - All Plans - negotiated charge amount (95%): $430.35
- Silver Summit - All Plans - negotiated charge amount (95%): $421.29
- Anthem Blue Cross - All Plans - negotiated charge amount (95%): $430.35

**Patient Discount Programs:**
- **For patients with insurance who have a patient balance after insurance has paid:** 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- **For patients who do not have insurance coverage:** 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.
- **For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.**

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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

<table>
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<tr>
<th>Shoppable Service</th>
<th>Primary Service and 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>$ 663.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

**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) | $ 331.50 |
| Minimum negotiated charge (87.1%) | $ 577.47 |
| Maximum negotiated charge (95%) | $ 629.85 |
| Anthem Blue Cross - All Plans - negotiated charge amount (95%) | $ 629.85 |
| Hometown Health - All Plans - negotiated charge amount (95%) | $ 629.85 |
| Prominence - All Plans - negotiated charge amount (95%) | $ 629.85 |
| Silver Summit - All Plans - negotiated charge amount (95%) | $ 616.59 |
| United Healthcare/UMR - All Plans - negotiated charge amount (95%) | $ 629.85 |
| Aetna - All Plans - negotiated charge amount (87.1%) | $ 577.47 |
| OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) | $ 291.72 |
| OP - Optumcare - W/Med Adv. - negotiated charge amount (44%) | $ 291.72 |
| OP - Humana - W/Med Adv. - negotiated charge amount (44%) | $ 291.72 |
| OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%) | $ 291.72 |
| All other insurances - non-negotiated charge amount (100%) | $ 663.00 |

**Total of Standard Charges:** $ 663.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4330480</td>
<td>XR--SPINE.LUMBAR--VIEWS 5° W FLEXION &amp; W EXTENSION</td>
<td>72114</td>
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<td>$686.00</td>
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</tbody>
</table>

**Total of Standard Charges:** $686.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $343.00
- **Minimum negotiated charge amount (87.1%):** $597.51
- **Maximum negotiated charge amount (95%):** $651.70

**Inpatient, Outpatient, Swing Bed or Skilled Nursing Facility**

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

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

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

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>Shoppable Service and 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>4330630 XR--RIBS.RIGHT--VIEWS 3</td>
<td>71101</td>
<td>320</td>
<td>3</td>
<td>$430.00</td>
</tr>
<tr>
<td>X-Ray</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>

| 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)------------------> $215.00
Minimum negotiated charge amount (87.1%)------------------> $374.53
Maximum negotiated charge amount (95%)------------------> $408.50
Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $408.50
Hometown Health - All Plans - negotiated charge amount (95%)------------------> $408.50
Prominance - All Plans - negotiated charge amount (95%)------------------> $408.50
Silver Summit - All Plans - negotiated charge amount (93%)------------------> $399.90
United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $408.50
Aetna - All Plans - negotiated charge amount (87.1%)------------------> $374.53
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $189.20
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $189.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $189.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $189.20
All other insurances - non-negotiated charge amount (100%)------------------> $430.00

<table>
<thead>
<tr>
<th>Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>For patients with insurance who have a patient balance after insurance has paid -----&gt; 35% patient discount on patient balances if the entire patient account or family account is paid in full.</td>
</tr>
<tr>
<td>For patients who do not have insurance coverage -----&gt; 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.</td>
</tr>
<tr>
<td>For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.</td>
</tr>
<tr>
<td>NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit</td>
</tr>
<tr>
<td>Shoppable Service</td>
</tr>
<tr>
<td>--------------------------------</td>
</tr>
<tr>
<td>4330650 XR--SACRUM+COCCYX--VIEWS</td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------- $ 225.50
Minimum negotiated charge amount (87.1%) ----------------------------------- $ 392.82
Maximum negotiated charge amount (95%) ----------------------------------- $ 428.45
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ------------ $ 428.45
Hometown Health - All Plans - negotiated charge amount (95%) ------------ $ 428.45
Prominence - All Plans - negotiated charge amount (95%) ------------ $ 428.45
Silver Summit - All Plans - negotiated charge amount (93%) ------------ $ 419.43
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------------ $ 428.45
Aetna - All Plans - negotiated charge amount (87.1%) ------------ $ 392.82
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ------------ $ 198.44
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ------------ $ 198.44
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ------------ $ 198.44
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ------------ $ 198.44
All other insurances - non-negotiated charge amount (100%) ------------ $ 451.00

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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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>4330690</td>
<td>XR--SHOULDER.RIGHT--VIEWS 3</td>
<td>73030</td>
<td>320</td>
<td></td>
<td>$ 380.00</td>
</tr>
</tbody>
</table>

**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)

**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>Innovator Name</th>
<th>Negotiated Charge Amount</th>
<th>Charge Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna - All Plans</td>
<td>$ 330.98</td>
<td>$ 330.98</td>
</tr>
<tr>
<td>Anthem Blue Cross - All Plans</td>
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<tr>
<td>Hometown Health - All Plans</td>
<td>$ 361.00</td>
<td>$ 361.00</td>
</tr>
<tr>
<td>Prominence - All Plans</td>
<td>$ 361.00</td>
<td>$ 361.00</td>
</tr>
<tr>
<td>Silver Summit - All Plans</td>
<td>$ 353.40</td>
<td>$ 353.40</td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans</td>
<td>$ 361.00</td>
<td>$ 361.00</td>
</tr>
<tr>
<td>Aetna - All Plans</td>
<td>$ 330.98</td>
<td>$ 330.98</td>
</tr>
<tr>
<td>Silver Summit - All Plans</td>
<td>$ 353.40</td>
<td>$ 353.40</td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans</td>
<td>$ 361.00</td>
<td>$ 361.00</td>
</tr>
<tr>
<td>Aetna - W/ Med Adv.</td>
<td>$ 330.98</td>
<td>$ 330.98</td>
</tr>
<tr>
<td>OP - Optumcare - W/Med Adv.</td>
<td>$ 167.20</td>
<td>$ 167.20</td>
</tr>
<tr>
<td>OP - Humana - W/Med Adv.</td>
<td>$ 167.20</td>
<td>$ 167.20</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount</td>
<td>$ 380.00</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.
- For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
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<tr>
<th>Shoppable Service</th>
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<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330755</td>
<td>XR--NECK--VIEWS AP &amp; LATERAL</td>
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<td>$280.00</td>
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</tbody>
</table>

**Total of Standard Charges:** $280.00

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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>
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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>XR--SPINE.THORACIC--VIEWS 3</strong></td>
<td></td>
<td>4330800</td>
<td>72072</td>
<td>320</td>
<td>$456.00</td>
</tr>
</tbody>
</table>

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

--------------------

**X-Ray**

Self-pay/Cash Price (50% of charges, if balance is paid in full)-----------------> $228.00
Minimum negotiated charge amount (87.1%)-----------------> $397.18
Maximum negotiated charge amount (95%)-----------------> $433.20
Anthem Blue Cross - All Plans - negotiated charge amount (95%)-----------------> $433.20
Hometown Health - All Plans - negotiated charge amount (95%)-----------------> $433.20
Prominence - All Plans - negotiated charge amount (95%)-----------------> $433.20
Silver Summit - All Plans - negotiated charge amount (93%)-----------------> $424.08
United Healthcare/UMR - All Plans - negotiated charge amount (95%)-----------------> $433.20
Aetna - All Plans - negotiated charge amount (87.1%)-----------------> $397.18
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)-----------------> $200.64
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)-----------------> $200.64
OP - Humana - W/ Med Adv. - negotiated charge amount (44%)-----------------> $200.64
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)-----------------> $200.64
All other insurances - non-negotiated charge amount (100%)-----------------> $456.00

--------------------

**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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
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<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4330830 XR--TIBIA.RIGHT+FIBULA.RIGHT--VIEWS 2</td>
<td>XR--TIBIA.RIGHT+FIBULA.RIGHT--VIEWS 2</td>
<td>73590</td>
<td>320</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 (87.1%)----------> $ 363.21
Maximum negotiated charge amount (95%)----------> $ 396.15

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**----------> $ 396.15
- **Hometown Health - All Plans - negotiated charge amount (95%)**----------> $ 396.15
- **Prominence - All Plans - negotiated charge amount (95%)**----------> $ 396.15
- **Silver Summit - All Plans - negotiated charge amount (93%)**----------> $ 387.81
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**----------> $ 396.15
- **Aetna - All Plans - negotiated charge amount (87.1%)**----------> $ 363.21
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**----------> $ 183.48
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**----------> $ 183.48
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**----------> $ 183.48
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**----------> $ 183.48
- **All other insurances - non-negotiated charge amount (100%)**----------> $ 417.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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

---

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

### Shoppable Services Report - Table II

**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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>XR--WRIST.RIGHT--VIEWS 3</strong></td>
<td><strong>XR--WRIST.RIGHT--VIEWS 3</strong></td>
<td>4330920</td>
<td>73110</td>
<td>320</td>
<td>$ 367.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 367.00

**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):** $ 183.50
- **Minimum negotiated charge amount (87.1%):** $ 319.66
- **Maximum negotiated charge amount (95%):** $ 348.65
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $ 348.65
- **Hometown Health - All Plans - negotiated charge amount (95%):** $ 348.65
- **Prominence - All Plans - negotiated charge amount (95%):** $ 348.65
- **Silver Summit - All Plans - negotiated charge amount (93%):** $ 319.66
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $ 348.65
- **Aetna - All Plans - negotiated charge amount (87.1%):** $ 319.66
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $ 161.48
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%):** $ 161.48
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%):** $ 161.48
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%):** $ 161.48
- **All other insurances - non-negotiated charge amount (100%):** $ 367.00
### 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>XR--ANKLE.LEFT--VIEWS 3</td>
<td>XR--ANKLE.LEFT--VIEWS 3</td>
<td>4339060</td>
<td></td>
<td>73610</td>
<td>$ 377.00</td>
</tr>
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</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)-----------------> $ 188.50

Minimum negotiated charge amount (87.1%)-----------------> $ 328.37

Maximum negotiated charge amount (95%)-----------------> $ 358.15

Anthem Blue Cross - All Plans - negotiated charge amount (95%)-----------------> $ 358.15

Hometown Health - All Plans - negotiated charge amount (95%)-----------------> $ 358.15

Prominence - All Plans - negotiated charge amount (95%)-----------------> $ 358.15

Silver Summit - All Plans - negotiated charge amount (93%)-----------------> $ 350.61

United Healthcare/UMR - All Plans - negotiated charge amount (95%)-----------------> $ 358.15

Aetna - All Plans - negotiated charge amount (87.1%)-----------------> $ 328.37

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)-----------------> $ 165.88

OP - Optumcare - W/Med Adv. - negotiated charge amount (44%)-----------------> $ 165.88

OP - Humana - W/Med Adv. - negotiated charge amount (44%)-----------------> $ 165.88

OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%)-----------------> $ 165.88

All other insurances - non-negotiated charge amount (100%)-----------------> $ 377.00

Total of Standard Charges: $ 377.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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--ELBOW.LEFT--VIEWS</td>
<td>4339220</td>
<td>&quot;73070.LT&quot;</td>
<td>320</td>
<td>$ 286.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 286.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full):** $ 143.00

**Minimum negotiated charge amount (87.1%):** $ 249.11

**Maximum negotiated charge amount (95%):** $ 271.70

**Anthem Blue Cross - All Plans:** $ 271.70

**Hometown Health - All Plans:** $ 271.70

**Prominence - All Plans:** $ 271.70

**Silver Summit - All Plans:** $ 265.98

**United Healthcare/UMR - All Plans:** $ 271.70

**Aetna - All Plans:** $ 249.11

**Optumcare - W/ Med Adv.:** $ 125.84

**Humana - W/ Med Adv.:** $ 125.84

**Healthplan Nevada/Sierra Health and Life - W/ Med Adv.:** $ 125.84

**All other insurances:** $ 286.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
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<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and 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--FOOT.LEFT--VIEWS 3 OR 4</td>
<td>XR--FOOT.LEFT--VIEWS 3 OR 4</td>
<td>73630</td>
<td>320</td>
<td></td>
<td>$ 371.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 371.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full):** $ 185.50

**Minimum negotiated charge amount (87.1%):** $ 323.14

**Maximum negotiated charge amount (95%):** $ 352.45

**Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $ 352.45

**Hometown Health - All Plans - negotiated charge amount (95%):** $ 352.45

**Prominence - All Plans - negotiated charge amount (95%):** $ 352.45

**Silver Summit - All Plans - negotiated charge amount (93%):** $ 345.03

**United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $ 352.45

**Aetna - All Plans - negotiated charge amount (87.1%):** $ 323.14

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $ 163.24

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%):** $ 163.24

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%):** $ 163.24

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%):** $ 163.24

**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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Shoppable Services 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>4339330</td>
<td>XR--RADIUS.LEFT+ULNA.LEFT--VIEWS 2</td>
<td>73090</td>
<td>320</td>
<td></td>
<td>$ 381.00</td>
</tr>
</tbody>
</table>

**RADILOGIST** - not provided by facility (will be billed separately by the radiology group)

<table>
<thead>
<tr>
<th><strong>X-Ray</strong></th>
<th></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)** -> $ 190.50

**Minimum negotiated charge amount (87.1%)** -> $ 331.85

**Maximum negotiated charge amount (95%)** -> $ 361.95

- **Anthem Blue Cross** - All Plans - negotitated charge amount (95%) -> $ 361.95
- **Hometown Health** - All Plans - negotitated charge amount (95%) -> $ 361.95
- **Prominence** - All Plans - negotitated charge amount (95%) -> $ 361.95
- **Silver Summit** - All Plans - negotitated charge amount (93%) -> $ 354.33
- **United Healthcare/UMR** - All Plans - negotitated charge amount (95%) -> $ 361.95
- **Aetna** - All Plans - negotitated charge amount (87.1%) -> $ 331.85
- **OP - Aetna - W/ Med Adv.** - negotitated charge amount (44%) -> $ 167.64
- **OP - Optumcare - W/ Med Adv.** - negotitated charge amount (44%) -> $ 167.64
- **OP - Humana - W/ Med Adv.** - negotitated charge amount (44%) -> $ 167.64
- **OP - Healthplan Nevada/Sierra Health and Life** - W/ Med Adv. - negotitated charge amount (44%) -> $ 167.64

**All other insurances - non-negotiated charge amount (100%)** -> $ 381.00

**Total of Standard Charges:** $ 381.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>Use CTRL-F to SEARCH</th>
<th>Primary Service and Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
</tr>
<tr>
<td><strong>4339360</strong> X-RAY--HAND.LEFT--VIEWS 3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>XR--HAND.LEFT--VIEWS 3</strong></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>73130</td>
<td>320</td>
<td></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 (87.1%):** $ 299.62

**Maximum negotiated charge amount (95%):** $ 326.80

**Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $ 326.80

**Hometown Health - All Plans - negotiated charge amount (95%):** $ 326.80

**Prominence - All Plans - negotiated charge amount (95%):** $ 326.80

**Silver Summit - All Plans - negotiated charge amount (93%):** $ 319.92

**United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $ 326.80

**Aetna - All Plans - negotiated charge amount (87.1%):** $ 299.62

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $ 151.36

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%):** $ 151.36

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%):** $ 151.36

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%):** $ 151.36

**All other insurances - non-negotiated charge amount (100%):** $ 344.00

---

### 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.

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For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>XR--HIP.LEFT--VIEWS 2</td>
<td></td>
<td>4339370</td>
<td></td>
<td></td>
<td>$374.00</td>
</tr>
<tr>
<td>XR--HIP.LEFT--VIEWS 2</td>
<td></td>
<td>73502</td>
<td>320</td>
<td></td>
<td>$374.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $374.00

---

**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)**

- $187.00

**Minimum negotiated charge amount (87.1%)**

- $325.75

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

- $355.30

- **Anthem Blue Cross - All Plans**
  - Negotiated charge amount (95%)
  - $355.30

- **Hometown Health - All Plans**
  - Negotiated charge amount (95%)
  - $355.30

- **Prominence - All Plans**
  - Negotiated charge amount (95%)
  - $355.30

- **Silver Summit - All Plans**
  - Negotiated charge amount (93%)
  - $347.82

- **United Healthcare/UMR - All Plans**
  - Negotiated charge amount (95%)
  - $355.30

- **Aetna - All Plans**
  - Negotiated charge amount (87.1%)
  - $325.75

- **OP - Aetna - W/ Med Adv.**
  - Negotiated charge amount (44%)
  - $164.56

- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**
  - $164.56

- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**
  - $164.56

- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**
  - $164.56

- **All other insurances - non-negotiated charge amount (100%)**
  - $374.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>242</td>
<td>391</td>
<td>&lt;OR&gt;</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $341.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full):** $170.50

**Minimum negotiated charge amount (87.1%):** $297.01

**Maximum negotiated charge amount (95%):** $323.95

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $323.95
- **Hometown Health - All Plans - negotiated charge amount (95%):** $323.95
- **Prominence - All Plans - negotiated charge amount (95%):** $323.95
- **Silver Summit - All Plans - negotiated charge amount (93%):** $317.13
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $323.95
- **Aetna - All Plans - negotiated charge amount (87.1%):** $297.01
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $150.04
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%):** $150.04
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%):** $150.04
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%):** $150.04
- **All other insurances - non-negotiated charge amount (100%):** $341.00

---

**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.

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<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>4339430 X-ray -- Knee, Left -- Views 3</td>
<td>391&lt;br&gt;XR -- Knee, Left -- Views 3</td>
<td>73562</td>
<td>320</td>
<td>$388.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $388.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) $194.00

Minimum negotiated charge amount (87.1%) $337.95

Maximum negotiated charge amount (95%) $368.60

Anthem Blue Cross - All Plans - negotiated charge amount (95%) $368.60

Hometown Health - All Plans - negotiated charge amount (95%) $368.60

Prominence - All Plans - negotiated charge amount (95%) $368.60

Silver Summit - All Plans - negotiated charge amount (93%) $360.84

United Healthcare/UMR - All Plans - negotiated charge amount (95%) $368.60

Aetna - All Plans - negotiated charge amount (87.1%) $337.95

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) $170.72

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) $170.72

OP - Humana - W/ Med Adv. - negotiated charge amount (44%) $170.72

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) $170.72

All other insurances - non-negotiated charge amount (100%) $388.00

---

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.

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<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>4339440</td>
<td>XR--KNEE.LEFT--VIEWS 4</td>
<td>244</td>
<td>73564,LT</td>
<td>$ 477.00</td>
<td>320</td>
</tr>
</tbody>
</table>

**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.

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 238.50
Minimum negotiated charge amount (87.1%)------------------> $ 415.47
Maximum negotiated charge amount (95%)------------------> $ 453.15

<table>
<thead>
<tr>
<th>Insurance Plan</th>
<th>Negotiated Charge Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem Blue Cross - All Plans</td>
<td>$ 453.15</td>
</tr>
<tr>
<td>Hometown Health - All Plans</td>
<td>$ 453.15</td>
</tr>
<tr>
<td>Prominence - All Plans</td>
<td>$ 453.15</td>
</tr>
<tr>
<td>Silver Summit - All Plans</td>
<td>$ 443.61</td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans</td>
<td>$ 453.15</td>
</tr>
<tr>
<td>Aetna - All Plans</td>
<td>$ 415.47</td>
</tr>
<tr>
<td>OP - Aetna - W/ Med Adv.</td>
<td>$ 209.88</td>
</tr>
<tr>
<td>OP - Optumcare - W/ Med Adv.</td>
<td>$ 209.88</td>
</tr>
<tr>
<td>OP - Humana - W/ Med Adv.</td>
<td>$ 209.88</td>
</tr>
<tr>
<td>OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv.</td>
<td>$ 209.88</td>
</tr>
<tr>
<td>All other insurances</td>
<td>$ 477.00</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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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--RIBS.LEFT--VIEWS 3</td>
<td>XR--RIBS.LEFT--VIEWS 3</td>
<td>4339630</td>
<td>71101</td>
<td>320</td>
<td>$ 430.00</td>
</tr>
</tbody>
</table>

**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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4339690 XR--SHOULDER.LEFT--VIEWS 3</td>
<td>XR--SHOULDER.LEFT--VIEWS 3</td>
<td>73030</td>
<td>320</td>
<td>$380.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $380.00

---

**Self-pay/Cash Price (50% of charges, if balance is paid in full):** $190.00

**Minimum negotiated charge amount (87.1%):** $330.98

**Maximum negotiated charge amount (95%):** $361.00

- Anthem Blue Cross - All Plans - negotiated charge amount (95%) -------> $361.00
- Hometown Health - All Plans - negotiated charge amount (95%) -------> $361.00
- Prominence - All Plans - negotiated charge amount (95%) -------> $361.00
- Silver Summit - All Plans - negotiated charge amount (93%) -------> $333.40
- United Healthcare/UMR - All Plans - negotiated charge amount (95%) -------> $361.00
- Aetna - All Plans - negotiated charge amount (87.1%) -------> $330.98
- OP - Aetna - W/ Med Adv - negotiated charge amount (44%) -------> $167.20
- OP - Optumcare - W/ Med Adv - negotiated charge amount (44%) -------> $167.20
- OP - Humana - W/ Med Adv - negotiated charge amount (44%) -------> $167.20
- OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv - negotiated charge amount (44%) -------> $167.20
- All other insurances - non-negotiated charge amount (100%) -------> $380.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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-TIBIA.LEFT+FIBULA.LEFT--VIEWS 2</td>
<td>73590 320</td>
<td>$ 417.00</td>
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<td></td>
<td></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 (87.1%) -----------------> $ 363.21

Maximum negotiated charge amount (95%) -----------------> $ 396.15

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**  $ 396.15
- **Hometown Health - All Plans - negotiated charge amount (95%)**  $ 396.15
- **Prominence - All Plans - negotiated charge amount (95%)**  $ 396.15
- **Silver Summit - All Plans - negotiated charge amount (93%)**  $ 387.81
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**  $ 396.15
- **Aetna - All Plans - negotiated charge amount (87.1%)**  $ 363.21
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**  $ 183.48
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**  $ 183.48
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**  $ 183.48
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**  $ 183.48
- **All other insurances - non-negotiated charge amount (100%)**  $ 417.00

---

**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.**

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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 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>00132</td>
<td>X-Ray</td>
<td>73110</td>
<td>320</td>
<td>$367.00</td>
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</tr>
</tbody>
</table>

**Total of Standard Charges:** $367.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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**

### 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>4390010 ABDOMEN WO/W CONTRAST</td>
<td>ABDOMEN WO/W CONTRAST</td>
<td>74170</td>
<td>350</td>
<td>$ 2,454.00</td>
<td></td>
</tr>
<tr>
<td>4391967 IV CONTRAST UP TO 100CC</td>
<td>“Q9967,ME”</td>
<td>636</td>
<td>$ 226.00</td>
<td></td>
<td></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)**: $ 1,340.00

- **Minimum negotiated charge amount (87.1%)**: $ 2,334.28

- **Maximum negotiated charge amount (95%)**: $ 2,546.00

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $ 2,546.00

- **Hometown Health - All Plans - negotiated charge amount (95%)**: $ 2,546.00

- **Prominence - All Plans - negotiated charge amount (95%)**: $ 2,546.00

- **Silver Summit - All Plans - negotiated charge amount (93%)**: $ 2,492.40

- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $ 2,546.00

- **Aetna - All Plans - negotiated charge amount (87.1%)**: $ 2,334.28

- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $ 1,179.20

- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $ 1,179.20

- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $ 1,179.20

- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $ 1,179.20

- **All other insurances - non-negotiated charge amount (100%)**: $ 2,680.00

---

**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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4390071</td>
<td>CERVICAL SPINE W/O CONTRAST</td>
<td>72125</td>
<td>350</td>
<td>$ 2,547.00</td>
<td></td>
</tr>
<tr>
<td>4391967</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>

**Self-pay/Cash Price (50% of charges, if balance is paid in full)**
- $ 1,386.50

**Minimum negotiated charge amount (87.1%)**
- $ 2,415.28

**Maximum negotiated charge amount (95%)**
- $ 2,634.35

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**
  - $ 2,634.35

  **Hometown Health - All Plans - negotiated charge amount (95%)**
  - $ 2,634.35

  **Prominence - All Plans - negotiated charge amount (95%)**
  - $ 2,634.35

  **Silver Summit - All Plans - negotiated charge amount (93%)**
  - $ 2,578.89

  **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**
  - $ 2,634.35

  **Aetna - All Plans - negotiated charge amount (87.1%)**
  - $ 2,415.28

  **Opt - Aetna - W/ Med Adv. - negotiated charge amount (44%)**
  - $ 1,220.12

  **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**
  - $ 1,220.12

  **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**
  - $ 1,220.12

  **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**
  - $ 1,220.12

**All other insurances - non-negotiated charge amount (100%)**
- $ 2,773.00

**Total of Standard Charges:**
- $ 2,773.00

---

**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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2,526 per day, regardless of charges.

**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**

**CMF-1717-F2**

#### Shoppable Service, Primary Service and Ancillary Services

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Revenue Code</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4390080 CHEST WO/W CONTRAST</td>
<td>350</td>
<td>71270</td>
<td>&quot;Q9967,ME&quot;</td>
<td>$2,916.00</td>
</tr>
<tr>
<td>4391967 IV CONTRAST UP TO 100CC</td>
<td>636</td>
<td>391</td>
<td></td>
<td>$226.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST** - not provided by facility (will be billed separately by the radiology group)

**Total of Standard Charges:** $3,142.00

---

**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)** $1,571.00
- **Minimum negotiated charge amount (87.1%)** $2,736.68
- **Maximum negotiated charge amount (95%)** $2,984.90

Anthem Blue Cross - All Plans - negotiated charge amount (95%) $2,984.90

Hometown Health - All Plans - negotiated charge amount (95%) $2,984.90

Prominence - All Plans - negotiated charge amount (95%) $2,984.90

Silver Summit - All Plans - negotiated charge amount (93%) $2,922.06

United Healthcare/UMR - All Plans - negotiated charge amount (95%) $2,984.90

Aetna - All Plans - negotiated charge amount (87.1%) $2,736.68

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) $1,382.48

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) $1,382.48

OP - Humana - W/ Med Adv. - negotiated charge amount (44%) $1,382.48

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) $1,382.48

**All other insurances - non-negotiated charge amount (100%)** $3,142.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
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<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>CHEST W/O CONTRAST</td>
<td>CHEST W/O CONTRAST</td>
<td>71250</td>
<td>350</td>
<td>$1,883.00</td>
<td>350</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)------------------> $941.50

Minimum negotiated charge amount (87.1%)------------------> $1,640.09

Maximum negotiated charge amount (95%)------------------> $1,788.85

Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $1,788.85

Hometown Health - All Plans - negotiated charge amount (95%)------------------> $1,788.85

Prominence - All Plans - negotiated charge amount (95%)------------------> $1,788.85

Silver Summit - All Plans - negotiated charge amount (93%)------------------> $1,751.19

United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $1,788.85

Aetna - All Plans - negotiated charge amount (87.1%)------------------> $1,640.09

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $828.52

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $828.52

OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $828.52

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $828.52

All other insurances - non-negotiated charge amount (100%)------------------> $1,883.00

=============================================================================================================================================================================

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
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<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4390100</td>
<td>CHEST WITH CONTRAST</td>
<td>71260</td>
<td>350</td>
<td></td>
<td>$2,533.00</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)

Self-pay/Cash Price (50% of charges, if balance is paid in full)→ $1,379.50
Minimum negotiated charge amount (87.1%) → $2,403.09
Maximum negotiated charge amount (95%) → $2,621.05

Anthem Blue Cross - All Plans - negotiated charge amount (95%) → $2,621.05
Hometown Health - All Plans - negotiated charge amount (95%) → $2,621.05
Prominence - All Plans - negotiated charge amount (95%) → $2,621.05
Silver Summit - All Plans - negotiated charge amount (93%) → $2,565.87
United Healthcare/UMR - All Plans - negotiated charge amount (95%) → $2,621.05
Aetna - All Plans - negotiated charge amount (87.1%) → $2,403.09
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) → $1,213.96
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) → $1,213.96
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) → $1,213.96
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) → $1,213.96
All other insurances - non-negotiated charge amount (100%) → $2,759.00

Total of Standard Charges: $2,759.00

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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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 Service

<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>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4390110 HEAD WO/W CONTRAST</td>
<td>HEAD WO/W CONTRAST</td>
<td>70470</td>
<td>350</td>
<td>$ 2,595.00</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: $ 2,821.00**

**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) $ 1,410.50

Minimum negotiated charge amount (87.1%) $ 2,457.09

Maximum negotiated charge amount (95%) $ 2,679.95

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)** $ 2,679.95
- **Hometown Health - All Plans - negotiated charge amount (95%)** $ 2,679.95
- **Prominence - All Plans - negotiated charge amount (95%)** $ 2,679.95
- **Silver Summit - All Plans - negotiated charge amount (93%)** $ 2,623.53
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)** $ 2,679.95
- **Aetna - All Plans - negotiated charge amount (87.1%)** $ 2,457.09
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)** $ 1,241.24
- **All other insurances - non-negotiated charge amount (100%)** $ 2,821.00

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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 Service** | **Primary Service and Ancillary Services** | **CPT Code** | **HCPCS Code** | **Revenue Code** | **Standard Charge**
---|---|---|---|---|---
**4390120** HEAD W/O CONTRAST

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Name</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>4390120</td>
<td>HEAD W/O CONTRAST</td>
<td></td>
<td>70450</td>
<td>350</td>
<td></td>
<td>$1,815.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $1,815.00

---

**CMS-Specified Shoppable Service**

CT Scan

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4390161</td>
<td>LUMBAR SPINE W/O CONTRAST</td>
<td>72131</td>
<td>350</td>
<td>$ 2,332.00</td>
<td></td>
</tr>
<tr>
<td></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)

**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></th>
<th></th>
<th>Self-pay/Cash Price (50% of charges, if balance is paid in full)</th>
<th>Minimum negotiated charge amount (87.1%)</th>
<th>Maximum negotiated charge amount (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$ 1,166.00</td>
<td>$ 2,031.17</td>
<td>$ 2,215.40</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Minimum negotiated charge amount (87.1%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Minimum negotiated charge amount (95%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maximum negotiated charge amount (95%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ 2,215.40</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Anthem Blue Cross - All Plans** - negotiated charge amount (95%): $ 2,215.40
- **Hometown Health - All Plans** - negotiated charge amount (95%): $ 2,215.40
- **Prominence - All Plans** - negotiated charge amount (95%): $ 2,215.40
- **Silver Summit - All Plans** - negotiated charge amount (93%): $ 2,168.76
- **United Healthcare/UMR - All Plans** - negotiated charge amount (95%): $ 2,215.40
- **Aetna - All Plans** - negotiated charge amount (87.1%): $ 2,031.17
- **Aetna - W/ Med Adv.** - negotiated charge amount (44%): $ 1,026.08
- **Optumcare - W/ Med Adv.** - negotiated charge amount (44%): $ 1,026.08
- **Op - Humana - W/ Med Adv.** - negotiated charge amount (44%): $ 1,026.08
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv.** - negotiated charge amount (44%): $ 1,026.08
- **All other insurances - non-negotiated charge amount (100%)**: $ 2,332.00

---

### 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.
- For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4390200</td>
<td>LOWER EXTREMITY RT W/O C</td>
<td>73700</td>
<td>350</td>
<td></td>
<td>$2,100.00</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.

- Self-pay/Cash Price (50% of charges, if balance is paid in full) -> $1,050.00
- Minimum negotiated charge amount (87.1%) -> $1,829.10
- Maximum negotiated charge amount (95%) -> $1,995.00
- **Total of Standard Charges:** $2,100.00

### 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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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, 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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>MAXILLOFACIAL W/O C</td>
<td>4390230 MAXILLOFACIAL W/O C</td>
<td>70486</td>
<td>350</td>
<td></td>
<td>$1,936.00</td>
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<tr>
<td>CT Scan</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)**: $968.00
- **Minimum negotiated charge amount (87.1%)**: $1,686.26
- **Maximum negotiated charge amount (95%)**: $1,839.20

**Inpatient, Outpatient, Swing Bed or Skilled Nursing Facility**

**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>
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<th>Standard Charge</th>
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</thead>
<tbody>
<tr>
<td><strong>4390231</strong> CT--SINUSES--MULTISECTION CORONAL SAGITTAL</td>
<td>CT Scan - SINUSES -- MULTISECTION CORONAL SAGITTAL</td>
<td>&quot;70486,TC&quot;</td>
<td>350</td>
<td>$2,154.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST** - not provided by facility (will be billed separately by the radiology group)

---

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

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

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

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>NECK SOFT TISSUE W C</td>
<td></td>
<td>70491</td>
<td>350</td>
<td>$ 2,585.00</td>
</tr>
<tr>
<td>IV CONTRAST UP TO 100CC</td>
<td></td>
<td>&quot;Q9967.ME&quot;</td>
<td>636</td>
<td>$ 226.00</td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 1,405.50
Minimum negotiated charge amount (87.1%) ------------------> $ 2,448.38
Maximum negotiated charge amount (95%) ------------------> $ 2,670.45

Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------------
Hometown Health - All Plans - negotiated charge amount (95%) ---------------
Prominence - All Plans - negotiated charge amount (95%) ---------------
Silver Summit - All Plans - negotiated charge amount (93%) ---------------
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ---------------
Aetna - All Plans - negotiated charge amount (87.1%) ---------------
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------------
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------------
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------------
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------------
All other insurances - non-negotiated charge amount (100%) ---------------

Total of Standard Charges: $ 2,811.00

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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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>NECK SOFT TISSUE W/O C</td>
<td></td>
<td>70490</td>
<td>350</td>
<td>$2,184.00</td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full) -> $1,092.00
Minimum negotiated charge amount (87.1%) -> $1,902.26
Maximum negotiated charge amount (95%) -> $2,074.80

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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></td>
<td>72193</td>
<td>350</td>
<td></td>
<td>$2,777.00</td>
</tr>
<tr>
<td>4391967 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: $3,003.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $1,501.50
Minimum negotiated charge amount (87.1%)------------------> $2,615.61
Maximum negotiated charge amount (95%)------------------> $2,852.85
Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $2,852.85
Hometown Health - All Plans - negotiated charge amount (95%)------------------> $2,852.85
Prominence - All Plans - negotiated charge amount (95%)------------------> $2,852.85
Silver Summit - All Plans - negotiated charge amount (93%)------------------> $2,792.79
United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $2,852.85
Aetna - All Plans - negotiated charge amount (87.1%)------------------> $2,615.61
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $1,321.32
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $1,321.32
OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $1,321.32
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $1,321.32
All other insurances - non-negotiated charge amount (100%)------------------> $3,003.00

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.

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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>4390340</strong> PELVIS W/O CONTRAST</td>
<td>PELVIS W/O CONTRAST</td>
<td>72192</td>
<td>350</td>
<td>$1,918.00</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) | Minimum negotiated charge amount (87.1%) | Maximum negotiated charge amount (95%) | Anthem Blue Cross - All Plans - negotiated charge amount (95%) | Hometown Health - All Plans - negotiated charge amount (95%) | Prominence - All Plans - negotiated charge amount (95%) | Silver Summit - All Plans - negotiated charge amount (93%) | United Healthcare/UMR - All Plans - negotiated charge amount (95%) | Aetna - All Plans - negotiated charge amount (87.1%) | OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) | OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) | OP - Humana - W/ Med Adv. - negotiated charge amount (44%) | OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) | All other insurances - non-negotiated charge amount (100%) |
|-------------------|--------------------------------------------------|------------------------------------------|----------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| | $959.00 | $1,670.58 | $1,822.10 | $1,822.10 | $1,822.10 | $1,822.10 | $1,783.74 | $1,822.10 | $1,822.10 | $843.92 | $843.92 | $843.92 | $843.92 | $1,918.00 |

**Note:** Use CTRL-F to SEARCH.

Use CTRL-F to SEARCH INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

---

For patients with insurance who have a patient balance after insurance has paid ----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4390361</td>
<td>THORACIC SPINE W/O CONTRAST</td>
<td>72128</td>
<td>350</td>
<td>$2,455.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

**Total of Standard Charges:** $2,455.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full):** $1,227.50

**Minimum negotiated charge amount (87.1%):** $2,138.31

**Maximum negotiated charge amount (95%):** $2,332.25

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $2,332.25
- **Hometown Health - All Plans - negotiated charge amount (95%):** $2,332.25
- **Prominence - All Plans - negotiated charge amount (95%):** $2,332.25
- **Silver Summit - All Plans - negotiated charge amount (93%):** $2,283.15
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $2,332.25
- **Aetna - All Plans - negotiated charge amount (87.1%):** $2,138.31
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $1,080.20
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%):** $1,080.20
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%):** $1,080.20
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%):** $1,080.20
- **All other insurances - non-negotiated charge amount (100%):** $2,455.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4390420</strong> BONE DENSITY SPINE / HIP</td>
<td></td>
<td>77078,TC</td>
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<td>$485.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $485.00

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

<table>
<thead>
<tr>
<th>Hospital/Insurance</th>
<th>Negotiated Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna - All Plans</td>
<td>$213.40</td>
</tr>
<tr>
<td>Anthem Blue Cross - All Plans</td>
<td>$213.40</td>
</tr>
<tr>
<td>Hometown Health - All Plans</td>
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</tr>
<tr>
<td>Prominence - All Plans</td>
<td>$213.40</td>
</tr>
<tr>
<td>Silver Summit - All Plans</td>
<td>$213.40</td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans</td>
<td>$213.40</td>
</tr>
<tr>
<td>Aetna - All Plans</td>
<td>$460.75</td>
</tr>
<tr>
<td>Anthem Blue Cross - All Plans</td>
<td>$460.75</td>
</tr>
<tr>
<td>Hometown Health - All Plans</td>
<td>$460.75</td>
</tr>
<tr>
<td>Prominence - All Plans</td>
<td>$460.75</td>
</tr>
<tr>
<td>Silver Summit - All Plans</td>
<td>$460.75</td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans</td>
<td>$460.75</td>
</tr>
<tr>
<td>Aetna - All Plans</td>
<td>$242.50</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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4391275</td>
<td>CTA CHEST W/O/W CONTR W/IMAGE</td>
<td>71275</td>
<td>350</td>
<td></td>
<td>$3,236.00</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>

**CTA CHEST W/O/W CONTR W/IMAGE**

**OPT - Aetna - W/ Med Adv. - negotiated charge amount (44%)**

- **Fees:** 1,523.28

**OPT - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**

- **Fees:** 1,523.28

**OPT - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**

- **Fees:** 1,523.28

**TOTAL OF STANDARD CHARGES:**

- **Fees:** 3,462.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** 1,731.00
- **Minimum negotiated charge amount (87.1%):** 3,015.40
- **Maximum negotiated charge amount (95%):** 3,288.90

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%):** 3,288.90
- **Hometown Health - All Plans - negotiated charge amount (95%):** 3,288.00
- **Prominence - All Plans - negotiated charge amount (95%):** 3,288.90
- **Silver Summit - All Plans - negotiated charge amount (95%):** 3,219.66
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%):** 3,288.90
- **Aetna - All Plans - negotiated charge amount (87.1%):** 3,015.40
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** 1,523.28
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%):** 1,523.28
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%):** 1,523.28
- **All other insurances - non-negotiated charge amount (100%):** 3,462.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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 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>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT ABD PELVIS W / O CONTRAST</td>
<td>CT ABD PELVIS W / O CONTRAST</td>
<td>74176</td>
<td>350</td>
<td>$3,329.00</td>
<td></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.

| Self-pay/Cash Price (50% of charges, if balance is paid in full) | $1,664.50 |
| Minimum negotiated charge amount (87.1%) | $2,899.56 |
| Maximum negotiated charge amount (95%) | $3,162.55 |

Anthem Blue Cross - All Plans - negotiated charge amount (95%) | $3,162.55 |
Hometown Health - All Plans - negotiated charge amount (95%) | $3,162.55 |
Prominence - All Plans - negotiated charge amount (95%) | $3,162.55 |
Silver Summit - All Plans - negotiated charge amount (95%) | $3,095.97 |
United Healthcare/UMR - All Plans - negotiated charge amount (95%) | $3,162.55 |
Aetna - All Plans - negotiated charge amount (87.1%) | $2,899.56 |
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) | $1,464.76 |
OP - Optumcare - W/Med Adv. - negotiated charge amount (44%) | $1,464.76 |
OP - Humana - W/Med Adv. - negotiated charge amount (44%) | $1,464.76 |
OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%) | $1,464.76 |
All other insurances - non-negotiated charge amount (100%) | $3,329.00 |

---

### 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.

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For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4399200  LOWER EXTREMITY LT W/O C</td>
<td></td>
<td>73700</td>
<td>350</td>
<td></td>
<td>$2,100.00</td>
</tr>
<tr>
<td>radiation services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RADIODIAGNOSTIC - 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)**: $1,050.00
- **Minimum negotiated charge amount (87.1%)**: $1,829.10
- **Maximum negotiated charge amount (95%)**: $1,995.00
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $1,995.00
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $1,995.00
- **Prominence - All Plans - negotiated charge amount (95%)**: $1,995.00
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $1,935.00
- **United HealthCare/UMR - All Plans - negotiated charge amount (95%)**: $1,995.00
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $1,829.10
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $924.00
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $924.00
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $924.00
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $924.00
- **All other insurances - non-negotiated charge amount (100%)**: $2,100.00

**Total of Standard Charges**: $2,100.00

---

**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>4420025 ABDOMEN MRI</td>
<td>ABDOMEN MRI</td>
<td>74181</td>
<td>610</td>
<td>$ 3,290.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 3,290.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) --> $ 1,645.00

Minimum negotiated charge amount (87.1%) --> $ 2,865.59

Maximum negotiated charge amount (95%) --> $ 3,125.50

Anthem Blue Cross - All Plans - negotiated charge amount (95%) --> $ 3,125.50

Hometown Health - All Plans - negotiated charge amount (95%) --> $ 3,125.50

Prominance - All Plans - negotiated charge amount (95%) --> $ 3,125.50

Silver Summit - All Plans - negotiated charge amount (93%) --> $ 3,059.70

United Healthcare/UMR - All Plans - negotiated charge amount (95%) --> $ 3,125.50

Aetna - All Plans - negotiated charge amount (87.1%) --> $ 2,865.59

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) --> $ 1,447.60

OP - Optumcare - W/Med Adv. - negotiated charge amount (44%) --> $ 1,447.60

OP - Humana - W/Med Adv. - negotiated charge amount (44%) --> $ 1,447.60

OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%) --> $ 1,447.60

All other insurances - non-negotiated charge amount (100%) --> $ 3,290.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4420075</strong> BRAIN WO/W CONTR MRI</td>
<td>BRAIN WO/W CONTR MRI</td>
<td>70553</td>
<td>611</td>
<td></td>
<td>$4,125.00</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
- **Minimum negotiated charge amount**: 87.1%
- **Maximum negotiated charge amount**: 95%

**CMS-Specified Shoppable Service**  
**MRI**

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

- **Anthem Blue Cross - All Plans**: negotiated charge amount (95%)
- **Hometown Health - All Plans**: negotiated charge amount (95%)
- **Prominence - All Plans**: negotiated charge amount (95%)
- **Silver Summit - All Plans**: negotiated charge amount (95%)
- **United Healthcare/UMR - All Plans**: negotiated charge amount (95%)
- **Aetna - All Plans**: negotiated charge amount (87.1%)
- **OP - Aetna - W/ Med Adv.**: negotiated charge amount (44%)
- **OP - Optumcare - W/Med Adv.**: negotiated charge amount (44%)
- **OP - Humana - W/Med Adv.**: negotiated charge amount (44%)
- **OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv.**: negotiated charge amount (44%)
- **All other insurances**: non-negotiated charge amount (100%)

---

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

- **For patients with insurance who have a patient balance after insurance has paid**: 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- **For patients who do not have insurance coverage**: 50% patient discount if the self pay balance on the entire patient account or 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>$ 2,614.00</td>
<td>$ 2,614.00</td>
</tr>
<tr>
<td>MRI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-pay/Cash Price (50% of charges, if balance is paid in full)</td>
<td>$ 1,307.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum negotiated charge amount (87.1%)</td>
<td>$ 2,276.79</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum negotiated charge amount (95%)</td>
<td>$ 2,483.30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthem Blue Cross - All Plans - negotiated charge amount (95%)</td>
<td>$ 2,483.30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hometown Health - All Plans - negotiated charge amount (95%)</td>
<td>$ 2,483.30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prominence - All Plans - negotiated charge amount (95%)</td>
<td>$ 2,483.30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silver Summit - All Plans - negotiated charge amount (93%)</td>
<td>$ 2,431.02</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans - negotiated charge amount (95%)</td>
<td>$ 2,483.30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna - All Plans - negotiated charge amount (87.1%)</td>
<td>$ 2,276.79</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$ 1,150.16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$ 1,150.16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP - Humana - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$ 1,150.16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$ 1,150.16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$ 2,614.00</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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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**

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

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>72141</td>
<td>612</td>
<td>$2,426.00</td>
<td></td>
</tr>
</tbody>
</table>

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

$1,213.00

### Minimum negotiated charge amount (87.1%)------------------>

$2,113.05

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

$2,304.70

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

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

### For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

### MRI

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

### Patient Discount Programs

For insurance the insurance will pay up to $2526 per day, regardless of charges.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4420300 L SPINE WO CONTRAST MRI</td>
<td>L SPINE WO CONTRAST MRI</td>
<td>72148</td>
<td>612</td>
<td>$ 2,613.00</td>
<td>Total of Standard Charges: $ 2,613.00</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)---------> $ 1,306.50

Minimum negotiated charge amount (87.1%) ---------> $ 2,275.92

Maximum negotiated charge amount (95%) ---------> $ 2,482.35

Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------> $ 2,482.35

Hometown Health - All Plans - negotiated charge amount (95%) ---------> $ 2,482.35

Promience - All Plans - negotiated charge amount (95%) ---------> $ 2,482.35

Silver Summit - All Plans - negotiated charge amount (93%) ---------> $ 2,430.09

United Healthcare/UMR - All Plans - negotiated charge amount (95%) ---------> $ 2,482.35

Aetna - All Plans - negotiated charge amount (87.1%) ---------> $ 2,275.92

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------> $ 1,149.72

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------> $ 1,149.72

OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------> $ 1,149.72

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------> $ 1,149.72

All other insurances - non-negotiated charge amount (100%) ---------> $ 2,613.00

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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4420325 - LE RT JNT WO CONTR</td>
<td></td>
<td>73721</td>
<td>610</td>
<td></td>
<td>$2,585.00</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>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRI</td>
<td>Silver Summit</td>
<td>73721</td>
<td>610</td>
<td></td>
<td>$2,585.00</td>
</tr>
</tbody>
</table>

**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)**

**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)-----------------> $1,292.50

Minimum negotiated charge amount (87.1%)-----------------> $2,251.54

Maximum negotiated charge amount (95%)-----------------> $2,455.75

Anthem Blue Cross - All Plans - negotiated charge amount (95%)-----------------> $2,455.75

Hometown Health - All Plans - negotiated charge amount (95%)-----------------> $2,455.75

Prominence - All Plans - negotiated charge amount (95%)-----------------> $2,455.75

Silver Summit - All Plans - negotiated charge amount (93%)-----------------> $2,404.05

United Healthcare/UMR - All Plans - negotiated charge amount (95%)-----------------> $2,455.75

Aetna - All Plans - negotiated charge amount (87.1%)-----------------> $2,251.54

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)-----------------> $1,137.40

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)-----------------> $1,137.40

OP - Humana - W/ Med Adv. - negotiated charge amount (44%)-----------------> $1,137.40

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)-----------------> $1,137.40

All other insurances - non-negotiated charge amount (100%)-----------------> $2,585.00

**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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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</td>
<td>T SPINE WO CONTRAST MRI</td>
<td>72146</td>
<td>612</td>
<td></td>
<td>$ 2,690.00</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) $1,345.00
- Minimum negotiated charge amount (87.1%) $2,342.99
- Maximum negotiated charge amount (95%) $2,555.50

<table>
<thead>
<tr>
<th>Insurer</th>
<th>Negotiated Charge Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem Blue Cross - All Plans</td>
<td>$2,555.50</td>
</tr>
<tr>
<td>Hometown Health - All Plans</td>
<td>$2,555.50</td>
</tr>
<tr>
<td>Prominence - All Plans</td>
<td>$2,555.50</td>
</tr>
<tr>
<td>Silver Summit - All Plans</td>
<td>$2,501.70</td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans</td>
<td>$2,555.50</td>
</tr>
<tr>
<td>Aetna - All Plans</td>
<td>$2,342.99</td>
</tr>
<tr>
<td>OP - Aetna - W/ Med Adv.</td>
<td>$1,183.60</td>
</tr>
<tr>
<td>OP - Optumcare - W/ Med Adv.</td>
<td>$1,183.60</td>
</tr>
<tr>
<td>OP - Humana - W/ Med Adv.</td>
<td>$1,183.60</td>
</tr>
<tr>
<td>OP - Healthplan Nevada/Sierra Health and Life</td>
<td>$1,183.60</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$2,690.00</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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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 - 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>4420550</td>
<td>UE RT JOINT WO CONTRAST</td>
<td>73221</td>
<td>610</td>
<td></td>
<td>$ 2,985.00</td>
</tr>
</tbody>
</table>

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

**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) | $ 1,492.50 |
| Minimum negotiated charge amount (87.1%) | $ 2,599.94 |
| Maximum negotiated charge amount (95%) | $ 2,835.75 |

| Anthem Blue Cross - All Plans - negotiated charge amount (95%) | $ 2,835.75 |
| Hometown Health - All Plans - negotiated charge amount (95%) | $ 2,835.75 |
| Prominence - All Plans - negotiated charge amount (95%) | $ 2,835.75 |
| Silver Summit - All Plans - negotiated charge amount (93%) | $ 2,776.05 |
| United Healthcare/UMR - All Plans - negotiated charge amount (95%) | $ 2,835.75 |
| Aetna - All Plans - negotiated charge amount (87.1%) | $ 2,599.94 |
| OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) | $ 1,313.40 |
| OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) | $ 1,313.40 |
| OP - Humana - W/ Med Adv. - negotiated charge amount (44%) | $ 1,313.40 |
| OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) | $ 1,313.40 |
| All other insurances - non-negotiated charge amount (100%) | $ 2,985.00 |

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4429325 LE LT JOINT WO CONTR</td>
<td>73721 610</td>
<td>$2,585.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicare Advantage</th>
<th>Total of Standard Charges: $2,585.00</th>
</tr>
</thead>
</table>

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $1,292.50
- **Minimum negotiated charge amount (87.1%):** $2,251.54
- **Maximum negotiated charge amount (95%):** $2,455.75
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $2,455.75
- **Hometown Health - All Plans - negotiated charge amount (95%):** $2,455.75
- **Silver Summit - All Plans - negotiated charge amount (93%):** $2,404.05
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $2,455.75
- **Aetna - All Plans - negotiated charge amount (87.1%):** $2,251.54
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $1,137.40
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%):** $1,137.40
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%):** $1,137.40
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%):** $1,137.40
- **All other insurances - non-negotiated charge amount (100%):** $2,585.00

---

**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.
- For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4429550</strong> UE LT JNT WO CONTR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4429550</strong> UE LT JNT WO CONTR</td>
<td></td>
<td>73221</td>
<td>610</td>
<td>$2,985.00</td>
<td></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) -> $1,492.50

Minimum negotiated charge amount (87.1%) -> $2,599.94

Maximum negotiated charge amount (95%) -> $2,835.75

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)** -> $2,835.75
- **Hometown Health - All Plans - negotiated charge amount (95%)** -> $2,835.75
- **Prominence - All Plans - negotiated charge amount (95%)** -> $2,835.75
- **Silver Summit - All Plans - negotiated charge amount (93%)** -> $2,776.05
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)** -> $2,835.75
- **Aetna - All Plans - negotiated charge amount (87.1%)** -> $2,599.94
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)** -> $1,313.40
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)** -> $1,313.40
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)** -> $1,313.40
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)** -> $1,313.40
- **All other insurances - non-negotiated charge amount (100%)** -> $2,985.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>COMPLETE ABDOMEN U/S</strong></td>
<td>4450010</td>
<td>76700</td>
<td>402</td>
<td>$ 945.00</td>
<td></td>
</tr>
</tbody>
</table>

**CMS-Specified Shoppable Service**

**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)------------------>$ 472.50
- Minimum negotiated charge amount (87.1%)------------------>$ 823.10
- Maximum negotiated charge amount (95%)------------------>$ 897.75
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**------------------>$ 897.75
- **Hometown Health - All Plans - negotiated charge amount (95%)**------------------>$ 897.75
- **Prominence - All Plans - negotiated charge amount (95%)**------------------>$ 897.75
- **Silver Summit - All Plans - negotiated charge amount (93%)**------------------>$ 878.85
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**------------------>$ 897.75
- **Aetna - All Plans - negotiated charge amount (87.1%)**------------------>$ 823.10
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**------------------>$ 415.80
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**------------------>$ 415.80
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**------------------>$ 415.80
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**------------------>$ 415.80
- **All other insurances - non-negotiated charge amount (100%)**------------------>$ 945.00

**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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>76705</td>
<td>402</td>
<td></td>
<td>$803.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $803.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) $401.50
Minimum negotiated charge amount (87.1%) $699.41
Maximum negotiated charge amount (95%) $762.85

Anthem Blue Cross - All Plans - negotiated charge amount (95%) $762.85
Hometown Health - All Plans - negotiated charge amount (95%) $762.85
Prominence - All Plans - negotiated charge amount (95%) $762.85
Silver Summit - All Plans - negotiated charge amount (93%) $746.79
United Healthcare/UMR - All Plans - negotiated charge amount (95%) $762.85
Aetna - All Plans - negotiated charge amount (87.1%) $699.41
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) $353.32
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) $353.32
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) $353.32
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) $353.32
All other insurances - non-negotiated charge amount (100%) $803.00

**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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4450080 RENAL ULTRA SOUND</td>
<td>RENAL ULTRA SOUND</td>
<td>76770</td>
<td>402</td>
<td></td>
<td>$ 723.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 723.00

### Self-pay/Cash Price (50% of charges, if balance is paid in full)
- **$ 361.50**

### Minimum negotiated charge amount (87.1%)
- **$ 629.73**

### Maximum negotiated charge amount (95%)
- **$ 686.85**

### Anthem Blue Cross - All Plans - negotiated charge amount (95%)
- **$ 686.85**

### Hometown Health - All Plans - negotiated charge amount (95%)
- **$ 686.85**

### Prominence - All Plans - negotiated charge amount (95%)
- **$ 686.85**

### Silver Summit - All Plans - negotiated charge amount (93%)
- **$ 672.39**

### United Healthcare/UMR - All Plans - negotiated charge amount (95%)
- **$ 686.85**

### Aetna - All Plans - negotiated charge amount (87.1%)
- **$ 629.73**

### OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)
- **$ 318.12**

### OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)
- **$ 318.12**

### OP - Humana - W/ Med Adv. - negotiated charge amount (44%)
- **$ 318.12**

### OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)
- **$ 318.12**

### All other insurances - non-negotiated charge amount (100%)
- **$ 723.00**

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>Ultrasound</td>
<td></td>
<td>4450090</td>
<td>76856</td>
<td>402</td>
<td>$830.00</td>
</tr>
</tbody>
</table>

## Total of Standard Charges: $830.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $415.00
- **Minimum negotiated charge amount (87.1%)**: $722.93
- **Maximum negotiated charge amount (95%)**: $788.50

### Negotiated Charge Amounts
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $788.50
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $788.50
- **Prominence - All Plans - negotiated charge amount (95%)**: $788.50
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $771.90
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $788.50
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $722.93
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $365.20
- **OP - Optumcare - W/Med Adv. - negotiated charge amount (44%)**: $365.20
- **OP - Humana - W/Med Adv. - negotiated charge amount (44%)**: $365.20
- **OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%)**: $365.20
- **All other insurances - non-negotiated charge amount (100%)**: $830.00

---

### 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.
- **For insurance in the Inpatient setting with Medicare Advntage**, the insurance will pay up to $2526 per day, regardless of charges.

**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>
</table>
| **4450100**  
LIMITED VENOUS STUDIES US | | 93971 | 921 | | $ 797.00 |

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

#### Ultrasound

| | | | | | |
|-----------------|-----------------|-----------------|-----------------|-----------------|
| | | | | |

- Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 398.50
- Minimum negotiated charge amount (87.1%) ------------------> $ 694.19
- Maximum negotiated charge amount (95%) ------------------> $ 757.15

- Anthem Blue Cross - All Plans - negotiated charge amount (95%) ------------------> $ 757.15
- Hometown Health - All Plans - negotiated charge amount (95%) ------------------> $ 757.15
- Prominence - All Plans - negotiated charge amount (95%) ------------------> $ 757.15
- Silver Summit - All Plans - negotiated charge amount (93%) ------------------> $ 741.21
- United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------------------> $ 757.15
- Aetna - All Plans - negotiated charge amount (87.1%) ------------------> $ 694.19
- OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ------------------> $ 350.68
- OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ------------------> $ 350.68
- OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ------------------> $ 350.68
- OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ------------------> $ 350.68
- All other insurances - non-negotiated charge amount (100%) ------------------> $ 797.00

### 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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>28456</td>
<td>39112</td>
<td>402</td>
<td>$ 726.00</td>
</tr>
</tbody>
</table>

### Total of Standard Charges:

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 363.00
- **Minimum negotiated charge amount (87.1%)**: $ 632.35
- **Maximum negotiated charge amount (95%)**: $ 689.70

### Notes on Charges

- **Self-pay/Cash Price**
- **Minimum negotiated charge**
- **Maximum negotiated charge**

### Additional Charges

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $ 689.70
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $ 689.70
- **Prominence - All Plans - negotiated charge amount (95%)**: $ 689.70
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $ 675.18
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $ 689.70
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $ 632.35
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $ 319.44
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $ 319.44
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $ 319.44
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $ 319.44

### Patient Discounts

- **For patients with insurance who have a patient balance after insurance has paid**: 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- **For patients who do not have insurance coverage**: 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.
- **For insurance in the Inpatient setting with Medicare AdVantage**, the insurance will pay up to $2526 per day, regardless of charges.

### 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>SCROTUM ULTRASOUND</td>
<td>SCROTUM ULTRASOUND</td>
<td>76870</td>
<td>402</td>
<td></td>
<td>$ 775.00</td>
</tr>
</tbody>
</table>

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

**Total of Standard Charges:** $ 775.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $ 387.50
- **Minimum negotiated charge amount (87.1%):** $ 675.03
- **Maximum negotiated charge amount (95%):** $ 736.25
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $ 736.25
- **Hometown Health - All Plans - negotiated charge amount (95%):** $ 736.25
- **Prominence - All Plans - negotiated charge amount (95%):** $ 736.25
- **Silver Summit - All Plans - negotiated charge amount (93%):** $ 720.75
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $ 736.25
- **Aetna - All Plans - negotiated charge amount (87.1%):** $ 675.03
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $ 341.00
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%):** $ 341.00
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%):** $ 341.00
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%):** $ 341.00
- **All other insurances - non-negotiated charge amount (100%):** $ 775.00

**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.
- For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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)

### 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>Transvaginal Ultrasound</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4450140</td>
<td>Transvaginal Ultrasound</td>
<td>76830</td>
<td>402</td>
<td></td>
<td>$717.00</td>
</tr>
<tr>
<td>Inpatient, Outpatient, Swing Bed or Skilled Nursing Facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>
</tbody>
</table>

**CMS-Specified Shoppable Service:** Ultrasound

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

**Total of Standard Charges:** $717.00

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

<table>
<thead>
<tr>
<th>Insurance</th>
<th>Negotiated Charge Amount (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna - All Plans</td>
<td>$681.15</td>
</tr>
<tr>
<td>Anthem Blue Cross - All Plans</td>
<td>$681.15</td>
</tr>
<tr>
<td>Hometown Health - All Plans</td>
<td>$681.15</td>
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<tr>
<td>Prominence - All Plans</td>
<td>$681.15</td>
</tr>
<tr>
<td>Silver Summit - All Plans</td>
<td>$666.81</td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans</td>
<td>$681.15</td>
</tr>
<tr>
<td>Aetna - All Plans</td>
<td>$624.51</td>
</tr>
<tr>
<td>Silver Summit - All Plans</td>
<td>$624.51</td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans</td>
<td>$681.15</td>
</tr>
<tr>
<td>Aetna - All Plans</td>
<td>$315.48</td>
</tr>
<tr>
<td>Silver Summit - All Plans</td>
<td>$315.48</td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans</td>
<td>$315.48</td>
</tr>
<tr>
<td>All other insurances</td>
<td>$717.00</td>
</tr>
</tbody>
</table>

**Minimum negotiated charge amount (87.1%)**

- $624.51

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

- $681.15

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

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

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

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>ECHOCARDIOGRAM, COMPLETE</td>
<td>4453306 ECHOCARDIOGRAM, COMPLETE</td>
<td>93306</td>
<td>483</td>
<td></td>
<td>$ 2,365.00</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. |

<table>
<thead>
<tr>
<th>Self-pay/Cash Price (50% of charges, if balance is paid in full)</th>
<th>Minimum negotiated charge amount (87.1%)</th>
<th>Maximum negotiated charge amount (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 1,182.50</td>
<td>$ 2,059.92</td>
<td>$ 2,246.75</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Major Insurers</th>
<th>Negotiated Charge Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem Blue Cross - All Plans</td>
<td>$ 2,246.75</td>
</tr>
<tr>
<td>Hometown Health - All Plans</td>
<td>$ 2,246.75</td>
</tr>
<tr>
<td>Prominence - All Plans</td>
<td>$ 2,246.75</td>
</tr>
<tr>
<td>Silver Summit - All Plans</td>
<td>$ 2,199.45</td>
</tr>
<tr>
<td>United Healthcare/UMR - All Plans</td>
<td>$ 2,246.75</td>
</tr>
<tr>
<td>Aetna - All Plans</td>
<td>$ 2,059.92</td>
</tr>
<tr>
<td>OP - Aetna - W/ Med Adv.</td>
<td>$ 1,040.60</td>
</tr>
<tr>
<td>OP - Optumcare - W/ Med Adv.</td>
<td>$ 1,040.60</td>
</tr>
<tr>
<td>OP - Humana - W/ Med Adv.</td>
<td>$ 1,040.60</td>
</tr>
<tr>
<td>OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv.</td>
<td>$ 1,040.60</td>
</tr>
<tr>
<td>All other insurances</td>
<td>$ 2,365.00</td>
</tr>
</tbody>
</table>

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

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

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ECHOCARDIOGRAM, LIMITED</strong></td>
<td><strong>ECHOCARDIOGRAM, LIMITED</strong></td>
<td>93308</td>
<td>483</td>
<td>$1,006.00</td>
</tr>
</tbody>
</table>

#### Radiologist

- **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)** $503.00

**Minimum negotiated charge amount (87.1%)** $876.23

**Maximum negotiated charge amount (95%)** $955.70

**Anthem Blue Cross - All Plans** - negotiated charge amount (95%) $955.70

**Hometown Health - All Plans** - negotiated charge amount (95%) $955.70

**Prominence - All Plans** - negotiated charge amount (95%) $955.70

**Silver Summit - All Plans** - negotiated charge amount (93%) $935.58

**United Healthcare/UMR - All Plans** - negotiated charge amount (95%) $955.70

**Aetna - All Plans** - negotiated charge amount (87.1%) $876.23

**OP - Aetna - W/ Med Adv.** - negotiated charge amount (44%) $442.64

**OP - Optumcare - W/ Med Adv.** - negotiated charge amount (44%) $442.64

**OP - Humana - W/ Med Adv.** - negotiated charge amount (44%) $442.64

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv.** - negotiated charge amount (44%) $442.64

**All other insurances - non-negotiated charge amount (100%)** $1,006.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4453880 DOPPLER SCAN XCRANIAL BILAT (CAROTID)</td>
<td>DOPPLER SCAN XCRANIAL BILAT (CAROTID)</td>
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</table>

**Total of Standard Charges:** $ 1,251.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 625.50

Minimum negotiated charge amount (87.1%)--------> $ 1,089.62

Maximum negotiated charge amount (95%) --------> $ 1,188.45

Anthem Blue Cross - All Plans - negotiated charge amount (95%) --------> $ 1,188.45

Hometown Health - All Plans - negotiated charge amount (95%) --------> $ 1,188.45

Prominence - All Plans - negotiated charge amount (95%) --------> $ 1,188.45

Silver Summit - All Plans - negotiated charge amount (93%) --------> $ 1,163.43

United Healthcare/UMR - All Plans - negotiated charge amount (95%) --------> $ 1,188.45

Aetna - All Plans - negotiated charge amount (87.1%) --------> $ 1,089.62

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) --------> $ 550.44

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) --------> $ 550.44

OP - Humana - W/ Med Adv. - negotiated charge amount (44%) --------> $ 550.44

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) --------> $ 550.44

All other insurances - non-negotiated charge amount (100%) --------> $ 1,251.00

-----------------------------

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>
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<th>Standard Charge</th>
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<tbody>
<tr>
<td><strong>4453925</strong> BILAT DOPPLER LOW EXT ARTERY</td>
<td><strong>RADIOLOGIST</strong> - not provided by facility (will be billed separately by the radiology group)</td>
<td>93925</td>
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<td><strong>$ 1,091.00</strong></td>
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</table>

**Total of Standard Charges:** **$ 1,091.00**

- Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> **$ 545.50**
- Minimum negotiated charge amount (87.1%)------------------> **$ 950.26**
- Maximum negotiated charge amount (95%)------------------> **$ 1,036.45**
- **Aetna - All Plans - negotiated charge amount (87.1%)**------------------> **$ 950.26**
- **Hometown Health - All Plans - negotiated charge amount (95%)**------------------> **$ 1,036.45**
- **Prominence - All Plans - negotiated charge amount (95%)**------------------> **$ 1,036.45**
- **Silver Summit - All Plans - negotiated charge amount (93%)**------------------> **$ 1,014.63**
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**------------------> **$ 1,036.45**
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**------------------> **$ 1,036.45**
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**------------------> **$ 480.04**
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**------------------> **$ 480.04**
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**------------------> **$ 480.04**
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**------------------> **$ 480.04**
- **All other insurances - non-negotiated charge amount (100%)**------------------> **$ 1,091.00**

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>4453926</td>
<td>UNI DUPLEX LOW EXT RT ARTERY</td>
</tr>
</tbody>
</table>

### 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>93926</td>
<td>402</td>
<td></td>
<td>$1,041.00</td>
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</tbody>
</table>

Total of Standard Charges: $1,041.00

**RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)**

**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.
- For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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)------------------>** $520.50

**Minimum negotiated charge amount (87.1%)------------------>** $906.71

**Maximum negotiated charge amount (95%)------------------>** $988.95

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------>** $988.95
- **Hometown Health - All Plans - negotiated charge amount (99%)------------------>** $988.95
- **Prominence - All Plans - negotiated charge amount (95%)------------------>** $988.95
- **Silver Summit - All Plans - negotiated charge amount (93%)------------------>** $968.13
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------>** $988.95
- **Aetna - All Plans - negotiated charge amount (87.1%)------------------>** $906.71
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------>** $458.04
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------>** $458.04
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------>** $458.04
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------>** $458.04
- **All other insurances - non-negotiated charge amount (100%)------------------>** $1,041.00
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
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<td>4453970</td>
<td>CMPL BILAT VENOUS STUD US</td>
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</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.

<table>
<thead>
<tr>
<th></th>
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<td>(50% of charges, if balance is paid in full)</td>
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<tr>
<td>Minimum negotiated charge amount (87.1%)</td>
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<tr>
<td>Maximum negotiated charge amount (95%)</td>
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<td>$1,147.60</td>
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</table>

**Aetna - All Plans - negotiated charge amount (87.1%)**

**Anthem Blue Cross - All Plans - negotiated charge amount (95%)**

**Hometown Health - All Plans - negotiated charge amount (95%)**

**Prominence - All Plans - negotiated charge amount (95%)**

**Silver Summit - All Plans - negotiated charge amount (95%)**

**United Healthcare/UMR - All Plans - negotiated charge amount (95%)**

**Aetna - All Plans - negotiated charge amount (87.1%)**

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**

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

**Total of Standard Charges:**

$1,208.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>
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<tbody>
<tr>
<td>4453975</td>
<td>RENAL DOPPLER US - COMPLETE</td>
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<td></td>
<td>$ 1,401.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 1,401.00

---

**Use CTRL-F to SEARCH**

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

---

**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:** 05/31/2023  
**Last Update:** 05/31/2023

<table>
<thead>
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<th>Shoppable Service</th>
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<tbody>
<tr>
<td>4453976 RENAL DOPPLER US - LIMITED</td>
<td>RENAL DOPPLER US - LIMITED</td>
</tr>
<tr>
<td>RADIIOLOGIST - not provided by facility (will be billed separately by the radiology group)</td>
<td></td>
</tr>
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</table>

**CPT Code: 93976**  
**HCPCS Code: 921**  
**Standard Charge: $2,593.00**

**Total of Standard Charges:** $2,593.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $1,296.50
- **Minimum negotiated charge amount (87.1%):** $2,258.50
- **Maximum negotiated charge amount (95%):** $2,463.35

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $2,463.35
- **Hometown Health - All Plans - negotiated charge amount (95%):** $2,463.35
- **Prominence - All Plans - negotiated charge amount (95%):** $2,463.35
- **Silver Summit - All Plans - negotiated charge amount (93%):** $2,411.49
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $2,463.35
- **Aetna - All Plans - negotiated charge amount (87.1%):** $2,258.50
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $1,140.92
- **OP - Optumcare - W/Med Adv. - negotiated charge amount (44%):** $1,140.92
- **OP - Humana - W/Med Adv. - negotiated charge amount (44%):** $1,140.92
- **OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%):** $1,140.92
- **All other insurances - non-negotiated charge amount (100%):** $2,593.00

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABDOMINAL AORTA ULTRASOUND</td>
<td>ABDOMINAL AORTA ULTRASOUND</td>
<td>4456770</td>
<td>76770</td>
<td>402</td>
<td>$723.00</td>
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</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) -> $361.50
Minimum negotiated charge amount (87.1%) -> $629.73
Maximum negotiated charge amount (95%) -> $686.85

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)** -> $686.85
- **Hometown Health - All Plans - negotiated charge amount (95%)** -> $686.85
- **Prominence - All Plans - negotiated charge amount (95%)** -> $686.85
- **Silver Summit - All Plans - negotiated charge amount (93%)** -> $672.39
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)** -> $686.85
- **Aetna - All Plans - negotiated charge amount (87.1%)** -> $629.73
- **All other insurances - non-negotiated charge amount (100%)** -> $723.00

**Total of Standard Charges:** $723.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4457680 S.T. BACK</td>
<td>S.T. BACK</td>
<td>76800</td>
<td>402</td>
<td>$1,585.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $1,585.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $792.50
- **Minimum negotiated charge amount (87.1%):** $1,380.54
- **Maximum negotiated charge amount (95%):** $1,505.75
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $1,505.75
- **Hometown Health - All Plans - negotiated charge amount (95%):** $1,505.75
- **Prominence - All Plans - negotiated charge amount (95%):** $1,505.75
- **Silver Summit - All Plans - negotiated charge amount (93%):** $1,474.05
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $1,505.75
- **Aetna - All Plans - negotiated charge amount (87.1%):** $1,380.54
- **OP - Aetna - W/ Med Adv - negotiated charge amount (44%):** $697.40
- **OP - Optumcare - W/ Med Adv - negotiated charge amount (44%):** $697.40
- **OP - Humana - W/ Med Adv - negotiated charge amount (44%):** $697.40
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv - negotiated charge amount (44%):** $697.40
- **All other insurances - non-negotiated charge amount (100%):** $1,585.00

**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.
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<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
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<td>76882</td>
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<td>$ \text{517.00} $</td>
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</table>

**Total of Standard Charges:** $ \text{517.00} $

**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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>
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<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNI DUPLEX LOW EXT LT ARTERY</td>
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<td>93926</td>
<td>402</td>
<td></td>
<td>$1,041.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $1,041.00

---

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)**: $520.50

**Minimum negotiated charge amount (87.1%)**: $906.71

**Maximum negotiated charge amount (95%)**: $988.95

**Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $988.95

**Hometown Health - All Plans - negotiated charge amount (95%)**: $988.95

**Prominence - All Plans - negotiated charge amount (95%)**: $988.95

**Silver Summit - All Plans - negotiated charge amount (93%)**: $968.13

**United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $968.95

**Aetna - All Plans - negotiated charge amount (87.1%)**: $906.71

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $458.04

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $458.04

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $458.04

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $458.04

**All other insurances - non-negotiated charge amount (100%)**: $1,041.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
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<th>Standard Charge</th>
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<tr>
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<td>IV PUSH INITIAL</td>
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</table>

Total of Standard Charges: $ 186.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 93.00**

**Minimum negotiated charge amount (87.1%)------------------> $ 162.01**

**Maximum negotiated charge amount (95%)------------------> $ 176.70**

**Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $ 176.70**

**Hometown Health - All Plans - negotiated charge amount (95%)------------------> $ 176.70**

**Prominence - All Plans - negotiated charge amount (95%)------------------> $ 176.70**

**Silver Summit - All Plans - negotiated charge amount (93%)------------------> $ 172.98**

**United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $ 176.70**

**Aetna - All Plans - negotiated charge amount (87.1%)------------------> $ 162.01**

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 81.84**

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 81.84**

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 81.84**

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 81.84**

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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

<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>
<tr>
<td>4480283</td>
<td>AMIODARONE 450 MG/9 ML, J0282 - INJECTION, PER 30 MG</td>
<td>J0282</td>
<td>636</td>
<td>$2.50</td>
<td></td>
</tr>
<tr>
<td>4487084F</td>
<td>SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML</td>
<td>96365</td>
<td>260</td>
<td>$362.00</td>
<td></td>
</tr>
<tr>
<td>4657365</td>
<td>THERAPEUTIC 16-60 MIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $421.50

### 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)**

- $210.75

**Minimum negotiated charge amount (87.1%)**

- $367.13

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

- $400.43

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**
  - $400.43

- **Hometown Health - All Plans - negotiated charge amount (95%)**
  - $400.43

- **Prominence - All Plans - negotiated charge amount (95%)**
  - $400.43

- **Silver Summit - All Plans - negotiated charge amount (93%)**
  - $392.00

- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**
  - $400.43

- **Aetna - All Plans - negotiated charge amount (87.1%)**
  - $367.13

- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**
  - $185.46

- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**
  - $185.46

- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**
  - $185.46

- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**
  - $185.46

- **All other insurances - non-negotiated charge amount (100%)**
  - $421.50

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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)

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<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>4480295</td>
<td>AMPICILLIN/SULBACTAM 3G/VIAL, J0295 - INJECTION, PER 1.5 GM</td>
<td>J0295</td>
<td>636</td>
<td>$37.00</td>
<td>258</td>
</tr>
<tr>
<td>4487084F</td>
<td>SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML</td>
<td>96365</td>
<td>260</td>
<td>$362.00</td>
<td></td>
</tr>
<tr>
<td>4657365</td>
<td>THERAPEUTIC 16-60 MIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total of Standard Charges: $456.00

---

**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.

---

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

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

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

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

---

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
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<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4480897 Denosumab 1 MG Inj</td>
<td>A quantity of 100MG will be charged for this medication -- the pricing shown is for a 1MG injection</td>
<td>J0897</td>
<td>636</td>
<td>$ 42.00</td>
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</tr>
<tr>
<td>4480897F Sodium Chloride 0.9% Intravenous Solution 50ml</td>
<td></td>
<td>96365</td>
<td>260</td>
<td>$ 362.00</td>
<td></td>
</tr>
<tr>
<td>4657365 Therapeutic 16-60 Min</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 461.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $ 230.50
- **Minimum negotiated charge amount (87.1%):** $ 401.53
- **Maximum negotiated charge amount (95%):** $ 437.95
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $ 437.95
- **Hometown Health - All Plans - negotiated charge amount (95%):** $ 437.95
- **Prominence - All Plans - negotiated charge amount (95%):** $ 437.95
- **Silver Summit - All Plans - negotiated charge amount (93%):** $ 428.73
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $ 437.95
- **Aetna - All Plans - negotiated charge amount (87.1%):** $ 401.53
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $ 202.84
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%):** $ 202.84
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%):** $ 202.84
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%):** $ 202.84
- **All other insurances - non-negotiated charge amount (100%):** $ 461.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
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<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>4480972 CMZ01 1 GM/VIAL, J0690 - INJECTION, PER 500 MG</td>
<td>CEFAZOLIN 1 GM/VIAL, J0690 - INJECTION, PER 500 MG</td>
<td>J0690</td>
<td>636</td>
<td>$ 28.00</td>
<td></td>
</tr>
<tr>
<td>4487084F SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML</td>
<td>SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML</td>
<td>96365</td>
<td>260</td>
<td>$ 360.00</td>
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</tr>
<tr>
<td>4657365 THERAPEUTIC 16-60 MIN</td>
<td>THERAPEUTIC 16-60 MIN</td>
<td></td>
<td></td>
<td></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 (87.1%) ------------------> $ 389.34
Maximum negotiated charge amount (95%) ------------------> $ 424.65

Anthem Blue Cross - All Plans - negotiated charge amount (95%) ------------------> $ 424.65
Hometown Health - All Plans - negotiated charge amount (95%) ------------------> $ 424.65
Prominence - All Plans - negotiated charge amount (95%) ------------------> $ 424.65
Silver Summit - All Plans - negotiated charge amount (95%) ------------------> $ 415.71
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------------------> $ 424.65
Aetna - All Plans - negotiated charge amount (87.1%) ------------------> $ 389.34
OP - Aetna W/ Med Adv. - negotiated charge amount (44%) ------------------> $ 196.68
OP - Optumcare W/ Med Adv. - negotiated charge amount (44%) ------------------> $ 196.68
OP - Humana W/ Med Adv. - negotiated charge amount (44%) ------------------> $ 196.68
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ------------------> $ 196.68
All other insurances - non-negotiated charge amount (100%) ------------------> $ 447.00

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.
For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

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>304</td>
<td></td>
<td>$7.50</td>
<td>636</td>
</tr>
<tr>
<td>9652015</td>
<td></td>
<td>$32.00</td>
<td>260</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.

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

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

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

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4481350</td>
<td>J1100</td>
<td>7.50</td>
<td>636</td>
</tr>
<tr>
<td>4652015</td>
<td>PHARMACY INJ FEE</td>
<td>32.00</td>
<td>260</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 (87.1%)** | $ 34.40 |
| **Maximum negotiated charge amount (95%)** | $ 37.53 |
| **Anthem Blue Cross - All Plans - negotiated charge amount (95%)** | $ 37.53 |
| **Prominence - All Plans - negotiated charge amount (95%)** | $ 37.53 |
| **Silver Summit - All Plans - negotiated charge amount (93%)** | $ 36.74 |
| **United Healthcare/UMR - All Plans - negotiated charge amount (95%)** | $ 37.53 |
| **Aetna - All Plans - negotiated charge amount (87.1%)** | $ 34.40 |
| **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)** | $ 17.38 |
| **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)** | $ 17.38 |
| **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)** | $ 17.38 |
| **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)** | $ 17.38 |
| **All other insurances - non-negotiated charge amount (100%)** | $ 39.50 |

---

**Pharmacy**

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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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)

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<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4481630</td>
<td>J3360 - INJECTION, DIAZEPAM, UP TO 5 MG</td>
<td>4481630</td>
<td>J3360</td>
<td>$ 13.00</td>
<td>636</td>
</tr>
<tr>
<td>4652015</td>
<td>PHARMACY INJ FEE</td>
<td>4652015</td>
<td>96372</td>
<td>$ 32.00</td>
<td>260</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 45.00

---

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 22.50
- **Minimum negotiated charge amount (87.1%)**: $ 39.20
- **Maximum negotiated charge amount (95%)**: $ 42.75

### Pharmacy

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

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $ 42.75
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $ 42.75
- **Prominence - All Plans - negotiated charge amount (95%)**: $ 42.75
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $ 41.85
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $ 42.75
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $ 39.20
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $ 19.80
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $ 19.80
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $ 19.80
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $ 19.80
- **All other insurances - non-negotiated charge amount (100%)**: $ 45.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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)

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</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4481830 J1200</td>
<td>J1200 - INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG</td>
<td>4481830</td>
<td>J1200</td>
<td>636</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 (87.1%) $ 45.29

Maximum negotiated charge amount (95%) $ 49.40

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)** $ 49.40
- **Hometown Health - All Plans - negotiated charge amount (95%)** $ 49.40
- **Prominence - All Plans - negotiated charge amount (95%)** $ 49.40
- **Silver Summit - All Plans - negotiated charge amount (93%)** $ 48.36
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)** $ 49.40
- **Aetna - All Plans - negotiated charge amount (87.1%)** $ 45.29
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)** $ 22.88
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)** $ 22.88
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)** $ 22.88
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)** $ 22.88
- **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.
- For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>J1265</td>
<td>636</td>
<td>96365</td>
<td>$ 78.00</td>
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<tr>
<td>96365</td>
<td>260</td>
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<td>$ 362.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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)

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<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVETIRACETAM INJ 10 MG</td>
<td>LEVETIRACETAM INJ 10 MG</td>
<td>J1953</td>
<td>636</td>
<td></td>
<td>$ 1.50</td>
</tr>
<tr>
<td>SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML</td>
<td></td>
<td>4481953</td>
<td></td>
<td></td>
<td>$ 57.00</td>
</tr>
<tr>
<td>THERAPEUTIC 16-60 MIN</td>
<td></td>
<td>4657365</td>
<td>258</td>
<td></td>
<td>$ 362.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 420.50

**Pharmacy**

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

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

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

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

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

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<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4482062</td>
<td>J2060 - INJECTION, LORAZEPAM, 2MG</td>
<td>J2060</td>
<td>636</td>
<td>636</td>
<td>$18.00</td>
</tr>
<tr>
<td>4652015</td>
<td>PHARMACY INJ FEE</td>
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<td>260</td>
<td>260</td>
<td>$32.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $50.00

### Outpatient

#### 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) | $25.00 |
| Minimum negotiated charge amount (87.1%) | $43.55 |
| Maximum negotiated charge amount (95%) | $47.50 |
| Aetna - All Plans - negotiated charge amount (95%) | $47.50 |
| United Healthcare/UMR - All Plans - negotiated charge amount (95%) | $47.50 |
| Silver Summit - All Plans - negotiated charge amount (93%) | $46.50 |
| Prominence - All Plans - negotiated charge amount (95%) | $47.50 |
| Hometown Health - All Plans - negotiated charge amount (95%) | $47.50 |
| Anthem Blue Cross - All Plans - negotiated charge amount (95%) | $47.50 |
| OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) | $22.00 |
| OP - OptumCare - W/ Med Adv. - negotiated charge amount (44%) | $22.00 |
| OP - Humana - W/ Med Adv. - negotiated charge amount (44%) | $22.00 |
| OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) | $22.00 |
| 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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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></td>
<td>311</td>
<td>J0171</td>
<td>636</td>
<td>$8.50</td>
</tr>
<tr>
<td>4482130 J0171 - INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG</td>
<td></td>
<td>391</td>
<td>96372</td>
<td>260</td>
<td>$32.00</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 (87.1%)-------------------> $35.28
Maximum negotiated charge amount (95%)-------------------> $38.48

Anthem Blue Cross - All Plans - negotiated charge amount (95%)-------------------> $38.48
Hometown Health - All Plans - negotiated charge amount (95%)-------------------> $38.48
Prominence - All Plans - negotiated charge amount (95%)-------------------> $37.67
Silver Summit - All Plans - negotiated charge amount (93%)-------------------> $38.48
United Healthcare/UMR - All Plans - negotiated charge amount (95%)-------------------> $38.48
Aetna - All Plans - negotiated charge amount (87.1%)-------------------> $35.28
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)-------------------> $17.82
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)-------------------> $17.82
OP - Humana - W/ Med Adv. - negotiated charge amount (44%)-------------------> $17.82
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)-------------------> $17.82
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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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

**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>4482185 MEROPENEM 100MG IV</td>
<td>MEROPENEM 100MG IV</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>J2185</td>
<td>258</td>
<td></td>
<td>$57.00</td>
</tr>
<tr>
<td>4657365 THERAPEUTIC 16-60 MIN</td>
<td></td>
<td>J2185</td>
<td>260</td>
<td></td>
<td>$362.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $436.00

### Pharmacy

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

<table>
<thead>
<tr>
<th>Pharmacy Details</th>
<th>Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-pay/Cash Price (50% of charges, if balance is paid in full)</td>
<td>$218.00</td>
</tr>
<tr>
<td>Minimum negotiated charge amount (87.1%)</td>
<td>$379.76</td>
</tr>
<tr>
<td>Maximum negotiated charge amount (95%)</td>
<td>$414.20</td>
</tr>
<tr>
<td><strong>Anthem Blue Cross - All Plans - negotiated charge amount (95%)</strong></td>
<td>$414.20</td>
</tr>
<tr>
<td><strong>Hometown Health - All Plans - negotiated charge amount (95%)</strong></td>
<td>$414.20</td>
</tr>
<tr>
<td><strong>Prominence - All Plans - negotiated charge amount (95%)</strong></td>
<td>$414.20</td>
</tr>
<tr>
<td><strong>Silver Summit - All Plans - negotiated charge amount (93%)</strong></td>
<td>$405.48</td>
</tr>
<tr>
<td><strong>United Healthcare/UMR - All Plans - negotiated charge amount (95%)</strong></td>
<td>$414.20</td>
</tr>
<tr>
<td><strong>Aetna - All Plans - negotiated charge amount (87.1%)</strong></td>
<td>$379.76</td>
</tr>
<tr>
<td><strong>OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)</strong></td>
<td>$191.84</td>
</tr>
<tr>
<td><strong>OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)</strong></td>
<td>$191.84</td>
</tr>
<tr>
<td><strong>OP - Humana - W/ Med Adv. - negotiated charge amount (44%)</strong></td>
<td>$191.84</td>
</tr>
<tr>
<td><strong>OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)</strong></td>
<td>$191.84</td>
</tr>
<tr>
<td><strong>All other insurances - non-negotiated charge amount (100%)</strong></td>
<td>$436.00</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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4482350</td>
<td>J3010</td>
<td>636</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 (87.1%) $ 230.82

Maximum negotiated charge amount (95%) $ 251.75

Anthem Blue Cross - All Plans - negotiated charge amount (95%) $ 251.75

Hometown Health - All Plans - negotiated charge amount (95%) $ 251.75

Prominence - All Plans - negotiated charge amount (95%) $ 246.45

Silver Summit - All Plans - negotiated charge amount (95%) $ 251.75

United Healthcare/UMR - All Plans - negotiated charge amount (95%) $ 251.75

Aetna - All Plans - negotiated charge amount (87.1%) $ 230.82

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) $ 116.60

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) $ 116.60

OP - Humana - W/ Med Adv. - negotiated charge amount (44%) $ 116.60

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) $ 116.60

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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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**

**Date Printed:** 05/31/2023  
**Last Update:** 05/31/2023

<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>
<tr>
<td>4482543</td>
<td>J2543 - INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)</td>
<td>J2543</td>
<td>636</td>
<td>$ 34.00</td>
<td></td>
</tr>
<tr>
<td>4487084F</td>
<td>SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML</td>
<td>J2543</td>
<td>258</td>
<td>$ 57.00</td>
<td></td>
</tr>
<tr>
<td>4657365</td>
<td>THERAPEUTIC 16-60 MIN</td>
<td>J2543</td>
<td>620</td>
<td>$ 362.00</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><strong>$ 453.00</strong></td>
<td></td>
</tr>
</tbody>
</table>

**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>4482800 J1630</td>
<td>INJECTION, HALOPERIDOL, UP TO 5MG</td>
<td>J1630</td>
<td>96372</td>
<td>260</td>
<td>$ 32.00</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: $ 83.00

Self-pay/Cash Price (50% of charges, if balance is paid in full) : $ 41.50
Minimum negotiated charge amount (87.1%): $ 72.29
Maximum negotiated charge amount (95%): $ 78.85

- Aetna - All Plans - negotiated charge amount (95%): $ 78.85
- Hometown Health - All Plans - negotiated charge amount (95%): $ 78.85
- Prominence - All Plans - negotiated charge amount (95%): $ 77.19
- Silver Summit - All Plans - negotiated charge amount (93%): $ 77.19
- United Healthcare/UMR - All Plans - negotiated charge amount (95%): $ 78.85
- Aetna - All Plans - negotiated charge amount (87.1%): $ 72.29
- OP - Aetna - W/ Med Adv. - negotiated charge amount (44%): $ 36.52
- OP - Optumcure - W/ Med Adv. - negotiated charge amount (44%): $ 36.52
- OP - Humana - W/ Med Adv. - negotiated charge amount (44%): $ 36.52
- OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%): $ 36.52
- 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.
- For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4483030</td>
<td>J1170 - INJECTION, HYDROMORPHONE, UP TO 4MG</td>
<td>J1170</td>
<td>636</td>
<td>$ 29.00</td>
<td>$ 30.00</td>
</tr>
<tr>
<td>4652015</td>
<td>PHARMACY INJ FEE</td>
<td>96372</td>
<td>260</td>
<td>$ 32.00</td>
<td>$ 32.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 61.00

- Self-pay/Cash Price (50% of charges, if balance is paid in full) $ 30.50
- Minimum negotiated charge amount (87.1%) $ 53.13
- Maximum negotiated charge amount (95%) $ 57.95
- Anthem Blue Cross - All Plans - negotiated charge amount (95%) $ 57.95
- Hometown Health - All Plans - negotiated charge amount (95%) $ 57.95
- Prominence - All Plans - negotiated charge amount (95%) $ 57.95
- Silver Summit - All Plans - negotiated charge amount (93%) $ 56.71
- United Healthcare/UMR - All Plans - negotiated charge amount (95%) $ 57.95
- Aetna - All Plans - negotiated charge amount (87.1%) $ 53.13
- OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) $ 26.84
- OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) $ 26.84
- OP - Humana - W/ Med Adv. - negotiated charge amount (44%) $ 26.84
- OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) $ 26.84
- 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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4483210</td>
<td>REGULAR INSULIN (HUMULIN-R), J1815 - INJECTION, PER 5 UNITS</td>
<td>4483210</td>
<td>J1815</td>
<td>636</td>
<td>$ 5.00</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>Pharmacy</th>
<th>Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self-pay/Cash Price (50% of charges, if balance is paid in full)--&gt;</td>
</tr>
<tr>
<td></td>
<td>Minimum negotiated charge amount (87.1%)--&gt;</td>
</tr>
<tr>
<td></td>
<td>Maximum negotiated charge amount (95%)--&gt;</td>
</tr>
<tr>
<td></td>
<td>Anthem Blue Cross - All Plans - negotiated charge amount (95%) --&gt;</td>
</tr>
<tr>
<td></td>
<td>Hometown Health - All Plans - negotiated charge amount (95%) --&gt;</td>
</tr>
<tr>
<td></td>
<td>Prominence - All Plans - negotiated charge amount (95%) --&gt;</td>
</tr>
<tr>
<td></td>
<td>Silver Summit - All Plans - negotiated charge amount (93%) --&gt;</td>
</tr>
<tr>
<td></td>
<td>United Healthcare/UMR - All Plans - negotiated charge amount (95%) --&gt;</td>
</tr>
<tr>
<td></td>
<td>Aetna - All Plans - negotiated charge amount (87.1%) --&gt;</td>
</tr>
<tr>
<td></td>
<td>OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) --&gt;</td>
</tr>
<tr>
<td></td>
<td>OP - Optumcare - W/Med Adv. - negotiated charge amount (44%) --&gt;</td>
</tr>
<tr>
<td></td>
<td>OP - Humana - W/Med Adv. - negotiated charge amount (44%) --&gt;</td>
</tr>
<tr>
<td></td>
<td>OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) --&gt;</td>
</tr>
<tr>
<td></td>
<td>All other insurances - non-negotiated charge amount (100%) --&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 5.00

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4483331 LANTUS INSULIN/VIAL, J1815 - INJECTION, PER 5 UNITS</td>
<td>J1815</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>318</td>
<td>391</td>
<td>$17.00</td>
<td>636</td>
</tr>
</tbody>
</table>

**Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $8.50

**Minimum negotiated charge amount (87.1%)**: $14.81

**Maximum negotiated charge amount (95%)**: $16.15

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $16.15
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $16.15
- **Prominence - All Plans - negotiated charge amount (95%)**: $16.15
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $15.81
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $16.15
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $14.81
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $7.48
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $7.48
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $7.48
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $7.48
- **All other insurances - non-negotiated charge amount (100%)**: $17.00

**Total of Standard Charges**: $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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**NOTE**: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
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<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4483336 SULFAMETHOXAZOLE 800 MG-TRIMETHOPRIM 160 MG TABLET</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$18.00</td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full)-----------> $9.00

Minimum negotiated charge amount (87.1%)-------------------------------------------------> $15.68

Maximum negotiated charge amount (95%)-------------------------------------------------> $17.10

Anthem Blue Cross - All Plans - negotiated charge amount (95%)-----------> $17.10

Hometown Health - All Plans - negotiated charge amount (95%)-----------> $17.10

Prominence - All Plans - negotiated charge amount (95%)-----------> $17.10

Silver Summit - All Plans - negotiated charge amount (93%)-----------> $16.74

United Healthcare/UMR - All Plans - negotiated charge amount (95%)-----------> $17.10

Aetna - All Plans - negotiated charge amount (87.1%)-----------> $15.68

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)-----------> $7.92

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)-----------> $7.92

OP - Humana - W/ Med Adv. - negotiated charge amount (44%)-----------> $7.92

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)-----------> $7.92

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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4483596</td>
<td><strong>J1650 - INJECTION, Enoxaparin Sodium, 10 MG</strong></td>
<td>J1650</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 (87.1%) $45.29
Maximum negotiated charge amount (95%) $49.40

- **Anthem Blue Cross - All Plans** - negotiated charge amount (95%) $49.40
- **Hometown Health - All Plans** - negotiated charge amount (95%) $49.40
- **Prominence - All Plans** - negotiated charge amount (95%) $49.40
- **Silver Summit - All Plans** - negotiated charge amount (93%) $48.36
- **United Healthcare/UMR - All Plans** - negotiated charge amount (95%) $49.40
- **Aetna - All Plans** - negotiated charge amount (87.1%) $45.29

**OP - Aetna - W/ Med Adv.** - negotiated charge amount (44%) $22.88
**OP - Optumcare - W/ Med Adv.** - negotiated charge amount (44%) $22.88
**OP - Humana - W/ Med Adv.** - negotiated charge amount (44%) $22.88
**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv.** - negotiated charge amount (44%) $22.88

**All other insurances - non-negotiated charge amount (100%)** $52.00

---

**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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4483602 J3475</td>
<td>INJECTION, MAGNESIUM SULFATE, PER 500 MG</td>
<td>J3475</td>
<td>636</td>
<td>258</td>
<td>$ 13.00</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>
<tr>
<td>4657365</td>
<td>THERAPEUTIC 16-60 MIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 432.00

**Pharmacy**

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

<table>
<thead>
<tr>
<th>Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>SOLU-MEDROL (PF) 125 MG/2 ML SOLUTION FOR INJECTION</td>
<td>SOLU-MEDROL (PF) 125 MG/2 ML SOLUTION FOR INJECTION</td>
<td>J2930</td>
<td>636</td>
<td>96374</td>
<td>9683791 SOLU-MEDROL (PF) 125 MG/2 ML SOLUTION FOR INJECTION</td>
</tr>
<tr>
<td>IV PUSH INITIAL</td>
<td></td>
<td>96374</td>
<td>260</td>
<td></td>
<td>$ 168.00</td>
</tr>
</tbody>
</table>

Pharmacy

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

- $ 112.00

**Minimum negotiated charge amount (87.1%)**

- $ 195.10

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

- $ 212.80

**Anthem Blue Cross - All Plans - negotiated charge amount (95%)**

- $ 212.80

**Hometown Health - All Plans - negotiated charge amount (95%)**

- $ 212.80

**Prominence - All Plans - negotiated charge amount (95%)**

- $ 212.80

**Silver Summit - All Plans - negotiated charge amount (93%)**

- $ 208.32

**United Healthcare/UMR - All Plans - negotiated charge amount (95%)**

- $ 212.80

**Aetna - All Plans - negotiated charge amount (87.1%)**

- $ 195.10

- $ 98.56

- $ 98.56

- $ 98.56

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**

- $ 98.56

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

- $ 224.00

---

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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>METOCLOPRAMIDE 5 MG/ML INJECTION SOLUTION</td>
<td>METOCLOPRAMIDE 5 MG/ML INJECTION SOLUTION</td>
<td>323</td>
<td>J2765</td>
<td>50%</td>
<td>$42.00</td>
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<tr>
<td>IV PUSH INITIAL</td>
<td></td>
<td>391</td>
<td>96374</td>
<td>50%</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.

Self-pay/Cash Price (50% of charges, if balance is paid in full) $105.00
Minimum negotiated charge amount (87.1%) $182.91
Maximum negotiated charge amount (95%) $199.50

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)** $199.50
- **Prominence - All Plans - negotiated charge amount (95%)** $199.50
- **Silver Summit - All Plans - negotiated charge amount (93%)** $195.30
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)** $199.50
- **Aetna - All Plans - negotiated charge amount (87.1%)** $182.91
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)** $92.40
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)** $92.40
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)** $92.40
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)** $92.40
- **All other insurances - non-negotiated charge amount (100%)** $210.00

---

**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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>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

---

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>4484070</td>
<td>J2310 - INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG</td>
<td>J2310</td>
<td>636</td>
<td>96374</td>
<td>$ 30.00</td>
</tr>
<tr>
<td>4657374</td>
<td>IV PUSH INITIAL</td>
<td>J2310</td>
<td>636</td>
<td>96374</td>
<td>$ 168.00</td>
</tr>
</tbody>
</table>

**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 (87.1%)*

- $ 172.46

*Maximum negotiated charge amount (95%)*

- $ 188.10

Anthem Blue Cross - All Plans - negotiated charge amount (95%)

- $ 188.10

Hometown Health - All Plans - negotiated charge amount (95%)

- $ 188.10

Prominence - All Plans - negotiated charge amount (95%)

- $ 188.10

Silver Summit - All Plans - negotiated charge amount (93%)

- $ 184.14

United Healthcare/UMR - All Plans - negotiated charge amount (95%)

- $ 188.10

Aetna - All Plans - negotiated charge amount (87.1%)

- $ 172.46

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)

- $ 87.12

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)

- $ 87.12

OP - Humana - W/ Med Adv. - negotiated charge amount (44%)

- $ 87.12

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)

- $ 87.12

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

- $ 198.00

---

**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.

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For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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

---

Pharmacy

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 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>4484310 J2360</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>258</td>
<td></td>
<td>$ 57.00</td>
</tr>
<tr>
<td>4657365</td>
<td>THERAPEUTIC 16-60 MIN</td>
<td>96365</td>
<td>260</td>
<td></td>
<td>$ 362.00</td>
</tr>
</tbody>
</table>

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 (87.1%) -----------------> $ 422.44
Maximum negotiated charge amount (95%) -----------------> $ 460.75

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)** -----------------> $ 460.75
- **Hometown Health - All Plans - negotiated charge amount (95%)** -----------------> $ 460.75
- **Prominence - All Plans - negotiated charge amount (95%)** -----------------> $ 460.75
- **Silver Summit - All Plans - negotiated charge amount (93%)** -----------------> $ 451.05
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)** -----------------> $ 460.75
- **Aetna - All Plans - negotiated charge amount (87.1%)** -----------------> $ 422.44
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)** -----------------> $ 213.40
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)** -----------------> $ 213.40
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)** -----------------> $ 213.40
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)** -----------------> $ 213.40
- **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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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><strong>APLISOL (PPD/TB TEST) 0.1 ML/DOSE, 86580 - INTRADERMAL INJECTION SOLUTION</strong></td>
<td>APLISOL (PPD/TB TEST) 0.1 ML/DOSE, 86580 - INTRADERMAL INJECTION SOLUTION</td>
<td>4484360</td>
<td>86580</td>
<td>636</td>
<td>$12.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $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.

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**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>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>
<tr>
<td>4484559 J3535</td>
<td>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.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self-pay/Cash Price (50% of charges, if balance is paid in full)</td>
<td>$58.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minimum negotiated charge amount (87.1%)</td>
<td>$101.04</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maximum negotiated charge amount (95%)</td>
<td>$110.20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anthem Blue Cross - All Plans - negotiated charge amount (95%)</td>
<td>$110.20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hometown Health - All Plans - negotiated charge amount (95%)</td>
<td>$110.20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prominence - All Plans - negotiated charge amount (95%)</td>
<td>$110.20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Silver Summit - All Plans - negotiated charge amount (93%)</td>
<td>$107.88</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>United Healthcare/UMR - All Plans - negotiated charge amount (95%)</td>
<td>$110.20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aetna - All Plans - negotiated charge amount (87.1%)</td>
<td>$101.04</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$51.04</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$51.04</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>OP - Humana - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$51.04</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$51.04</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$116.00</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.**
- **For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.**

**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>4484780 J3480 - INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ</td>
<td>J3480 - INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ</td>
<td>J3480</td>
<td>636</td>
<td>$ 6.50</td>
<td></td>
</tr>
<tr>
<td>4487084 J7030 - INFUSION, NORMAL SALINE SOLUTION, 1000CC</td>
<td>J7030 - INFUSION, NORMAL SALINE SOLUTION, 1000CC</td>
<td>J7030</td>
<td>258</td>
<td>$ 73.00</td>
<td></td>
</tr>
<tr>
<td>4657360 HYDRATION 31-60 MIN</td>
<td>96360</td>
<td>260</td>
<td>$ 326.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pharmacy**

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

**Total of Standard Charges:** $ 405.50

---

**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.

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For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>
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<tbody>
<tr>
<td>4484840 PREDNISONE 5 MG TABLET</td>
<td></td>
<td>330</td>
<td>J7599</td>
<td>636</td>
<td>$8.50</td>
</tr>
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</table>

**Total of Standard Charges:** $8.50

**Self-pay/Cash Price** (50% of charges, if balance is paid in full) -> $4.25

**Minimum negotiated charge amount** (87.1%) -> $7.40

**Maximum negotiated charge amount** (95%) -> $8.08

Anthem Blue Cross - All Plans - negotiated charge amount (95%) -> $8.08
Hometown Health - All Plans - negotiated charge amount (95%) -> $8.08
Prominence - All Plans - negotiated charge amount (95%) -> $8.08
Silver Summit - All Plans - negotiated charge amount (93%) -> $7.91
United Healthcare/UMR - All Plans - negotiated charge amount (95%) -> $8.08
Aetna - All Plans - negotiated charge amount (87.1%) -> $7.40
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) -> $3.74
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) -> $3.74
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) -> $3.74
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) -> $3.74
All other insurances - non-negotiated charge amount (100%) -> $8.50

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4484967</td>
<td>J3486 - INJECTION, ZIPRASIDONE MESYLATE, 10 MG</td>
<td>J3486</td>
<td>636</td>
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<td>$ 19.00</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>$ 32.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Total of Standard Charges:</strong> $ 51.00</td>
</tr>
</tbody>
</table>

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

**Minimum negotiated charge amount (87.1%) ------------------> $ 44.42**

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

**Anthem Blue Cross - All Plans - negotiated charge amount (95%) ------------------> $ 48.45**

**Hometown Health - All Plans - negotiated charge amount (95%) ------------------> $ 48.45**

**Prominence - All Plans - negotiated charge amount (95%) ------------------> $ 48.45**

**Silver Summit - All Plans - negotiated charge amount (93%) ------------------> $ 47.43**

**United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------------------> $ 48.45**

**Aetna - All Plans - negotiated charge amount (87.1%) ------------------> $ 44.42**

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ------------------> $ 22.44**

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ------------------> $ 22.44**

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ------------------> $ 22.44**

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ------------------> $ 22.44**

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

**Pharmacy**

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>J2550</td>
<td>INJECTION, PROMETHAZINE HCL, UP TO 50 MG</td>
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<td>636</td>
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<td>90372</td>
<td>FEE</td>
<td>90372</td>
<td>260</td>
<td></td>
<td>$ 32.00</td>
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</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 (87.1%):** $ 36.15
- **Maximum negotiated charge amount (95%):** $ 39.43

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.  

**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 Service

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
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</thead>
<tbody>
<tr>
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<td>J2704 - INJECTION, PROPOFOL, 10 MG</td>
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### CPT Code

<table>
<thead>
<tr>
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<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>J2704</td>
<td>636</td>
<td>$15.00</td>
<td>636</td>
</tr>
<tr>
<td>96374</td>
<td>260</td>
<td>$168.00</td>
<td>260</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $183.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $91.50
- **Minimum negotiated charge amount (87.1%):** $159.39
- **Maximum negotiated charge amount (95%):** $173.85

### Pharmacy

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

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $173.85
- **Hometown Health - All Plans - negotiated charge amount (95%):** $173.85
- **Prominence - All Plans - negotiated charge amount (95%):** $173.85
- **Silver Summit - All Plans - negotiated charge amount (93%):** $170.19
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $173.85
- **Aetna - All Plans - negotiated charge amount (87.1%):** $159.39
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $80.52
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%):** $80.52
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%):** $80.52
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%):** $80.52
- **All other insurances - non-negotiated charge amount (100%):** $183.00

---

### 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.
- **For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.**

**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>
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</thead>
<tbody>
<tr>
<td>4485310 INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20MG</td>
<td>4485310 INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20MG</td>
<td>0330</td>
<td>636</td>
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<tr>
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<td>96374</td>
<td>260</td>
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<td>$ 168.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 177.50

---

### 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

---

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

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

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

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>
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</thead>
<tbody>
<tr>
<td>4485600</td>
<td>ADMINISTRATION OF INFLUENZA VIRUS VACCINE</td>
<td>G0008</td>
<td>771</td>
<td>$ 29.00</td>
<td></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 (87.1%) $ 25.26
Maximum negotiated charge amount (95%) $ 27.55

- **Anthem Blue Cross - All Plans** - negotiated charge amount (95%) $ 27.55
- **Hometown Health - All Plans** - negotiated charge amount (95%) $ 27.55
- **Prominence - All Plans** - negotiated charge amount (95%) $ 27.55
- **Silver Summit - All Plans** - negotiated charge amount (93%) $ 26.97
- **United Healthcare/UMR - All Plans** - negotiated charge amount (95%) $ 27.55
- **Aetna - All Plans** - negotiated charge amount (87.1%) $ 25.26
- **OP - Aetna - W/ Med Adv.** - negotiated charge amount (44%) $ 12.76
- **OP - Optumcare - W/ Med Adv.** - negotiated charge amount (44%) $ 12.76
- **OP - Humana - W/ Med Adv.** - negotiated charge amount (44%) $ 12.76
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv.** - negotiated charge amount (44%) $ 12.76
- **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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>
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<tbody>
<tr>
<td>336</td>
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<tr>
<td>391</td>
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**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>4485772</td>
<td>J3301 - INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG</td>
<td>J3301</td>
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<td>$ 15.00</td>
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<tr>
<td>4652015</td>
<td>PHARMACY INJ FEE</td>
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<td>260</td>
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<td>$ 32.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 47.00

**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)**: $ 23.50

**Minimum negotiated charge amount (87.1%)**: $ 40.94

**Maximum negotiated charge amount (95%)**: $ 44.65

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $ 44.65
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $ 44.65
- **Prominence - All Plans - negotiated charge amount (95%)**: $ 44.65
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $ 43.71
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $ 44.65
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $ 40.94
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $ 20.68
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $ 20.68
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $ 20.68
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $ 20.68
- **All other insurances - non-negotiated charge amount (100%)**: $ 47.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>Description</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>337</td>
<td>INJECTION, VANCOMYCIN HCL, 500 MG</td>
<td>$15.00</td>
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<tr>
<td>4486615</td>
<td>J3370 - INFUSION, NORMAL SALINE SOLUTION, 250 CC</td>
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</tr>
<tr>
<td>4657365</td>
<td>THERAPEUTIC 16-60 MIN</td>
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<td>4487084A</td>
<td>J7050 - INFUSION, NORMAL SALINE SOLUTION, 250 CC</td>
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</table>

### Outpatient

**4486615  J3370 - INJECTION, VANCOMYCIN HCL, 500 MG**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Std Charge</th>
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</thead>
<tbody>
<tr>
<td>337</td>
<td>INJECTION, VANCOMYCIN HCL, 500 MG</td>
<td>$15.00</td>
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</table>

**Revenue Code**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>337</td>
<td>INJECTION, VANCOMYCIN HCL, 500 MG</td>
<td>636</td>
</tr>
<tr>
<td>4486615</td>
<td>J3370 - INFUSION, NORMAL SALINE SOLUTION, 250 CC</td>
<td>258</td>
</tr>
<tr>
<td>4657365</td>
<td>THERAPEUTIC 16-60 MIN</td>
<td>260</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 (87.1%)**

- **$378.01**

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

- **$412.30**

**Anthem Blue Cross - All Plans - negotiated charge amount (95%)**

- **$412.30**

**Hometown Health - All Plans - negotiated charge amount (95%)**

- **$412.30**

**Prominence - All Plans - negotiated charge amount (95%)**

- **$412.30**

**Silver Summit - All Plans - negotiated charge amount (93%)**

- **$403.62**

**United Healthcare/UMR - All Plans - negotiated charge amount (95%)**

- **$412.30**

**Aetna - All Plans - negotiated charge amount (87.1%)**

- **$378.01**

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**

- **$190.96**

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**

- **$190.96**

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**

- **$190.96**

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**

- **$190.96**

**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.**

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4489322</td>
<td>S0030 - INJECTION, METRONIDAZOLE, 500 MG</td>
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<td>S0030</td>
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<tr>
<td>4657365</td>
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<td>96365</td>
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</tr>
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</table>

**Total of Standard Charges:** $378.00

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

> $189.00

**Minimum negotiated charge amount (87.1%)**

> $329.24

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

> $359.10

**Anthem Blue Cross - All Plans - negotiated charge amount (95%)**

> $359.10

**Hometown Health - All Plans - negotiated charge amount (95%)**

> $359.10

**Prominence - All Plans - negotiated charge amount (95%)**

> $351.54

**Silver Summit - All Plans - negotiated charge amount (93%)**

> $351.54

**United Healthcare/UMR - All Plans - negotiated charge amount (95%)**

> $359.10

**Aetna - All Plans - negotiated charge amount (87.1%)**

> $329.24

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**

> $166.32

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**

> $166.32

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**

> $166.32

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**

> $166.32

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

> $378.00

---

### 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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>&lt;OR&gt;</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
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</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
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<td>$168.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $266.00

**Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------>** $133.00

**Minimum negotiated charge amount (87.1%)------------------>** $231.69

**Maximum negotiated charge amount (95%)------------------>** $252.70

**Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------>** $252.70

**Hometown Health - All Plans - negotiated charge amount (95%)------------------>** $252.70

**Prominence - All Plans - negotiated charge amount (95%)------------------>** $252.70

**Silver Summit - All Plans - negotiated charge amount (93%)------------------>** $247.38

**United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------>** $252.70

**Aetna - All Plans - negotiated charge amount (87.1%)------------------>** $231.69

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------>** $117.04

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------>** $117.04

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------>** $117.04

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------>** $117.04

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

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>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>90471</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

Self-pay/Cash Price (50% of charges, if balance is paid in full) $ 62.50
Minimum negotiated charge amount (87.1%) $ 108.88
Maximum negotiated charge amount (95%) $ 118.75

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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>4489513</td>
<td>ATROPINE SULFATE 1 MG/10 ML (0.1 MG/ML), J0461 - INJECTION, 0.01 MG</td>
<td>341</td>
<td>391</td>
<td>J0461</td>
<td>$ 1.50</td>
</tr>
<tr>
<td>4657374</td>
<td>IV PUSH INITIAL</td>
<td>96374</td>
<td>636</td>
<td>260</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 (87.1%) $ 147.63
Maximum negotiated charge amount (95%) $ 161.03

Anthem Blue Cross - All Plans - negotiated charge amount (95%) $ 161.03
Hometown Health - All Plans - negotiated charge amount (95%) $ 161.03
Prominence - All Plans - negotiated charge amount (95%) $ 161.03
Silver Summit - All Plans - negotiated charge amount (93%) $ 157.64
United Healthcare/UMR - All Plans - negotiated charge amount (95%) $ 161.03
Aetna - All Plans - negotiated charge amount (87.1%) $ 147.63
OP - Aetna - W/ Med Adv - negotiated charge amount (44%) $ 74.58
OP - Optumcare - W/ Med Adv - negotiated charge amount (44%) $ 74.58
OP - Humana - W/ Med Adv - negotiated charge amount (44%) $ 74.58
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv - negotiated charge amount (44%) $ 74.58
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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4489519</td>
<td>BICILLIN L-A 1,200,000 UNIT/2 ML, J0561 - Injection, PER 100,000 units</td>
<td>4489519</td>
<td>J0561</td>
<td>$34.00</td>
<td>636</td>
</tr>
<tr>
<td>4652015</td>
<td>PHARMACY INJ FEE</td>
<td></td>
<td>96372</td>
<td>$32.00</td>
<td>260</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

$66.00

---

发挥作用的法律

- **Self-pay/Cash Price** (50% of charges, if balance is paid in full): $33.00
- **Minimum negotiated charge amount** (87.1%): $57.49
- **Maximum negotiated charge amount** (95%): $62.70
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $62.70
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $62.70
- **Prominence - All Plans - negotiated charge amount (95%)**: $62.70
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $61.38
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $62.70
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $57.49
- **UnitedHealthcare/UMR - All Plans - negotiated charge amount (95%)**: $62.70
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $29.04
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $29.04
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $29.04
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $29.04
- **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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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

---

### Shoppable Services

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code (OR)</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTPATIENT</td>
<td></td>
<td>343</td>
<td>391</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4489575</td>
<td>J1885 - INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG</td>
<td>4489575</td>
<td>J1885</td>
<td>636</td>
<td>$ 9.50</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:** $ 41.50

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 20.75

Minimum negotiated charge amount (87.1%) ------------------> $ 36.15

Maximum negotiated charge amount (95%) ------------------> $ 39.43

Anthem Blue Cross - All Plans - negotiated charge amount (95%) --------------- $ 39.43

Hometown Health - All Plans - negotiated charge amount (95%) --------------- $ 39.43

Prominence - All Plans - negotiated charge amount (95%) --------------- $ 39.43

Silver Summit - All Plans - negotiated charge amount (93%) --------------- $ 38.60

United Healthcare/UMR - All Plans - negotiated charge amount (95%) --------------- $ 39.43

Aetna - All Plans - negotiated charge amount (87.1%) --------------- $ 36.15

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) --------------- $ 18.26

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) --------------- $ 18.26

OP - Humana - W/ Med Adv. - negotiated charge amount (44%) --------------- $ 18.26

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) --------------- $ 18.26

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.
## Shoppable Service 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>344</td>
<td>J1956</td>
<td>636</td>
<td>$42.00</td>
</tr>
<tr>
<td>391</td>
<td>96365</td>
<td>260</td>
<td>$362.00</td>
</tr>
</tbody>
</table>

### Outpatient

**4489579 LEVOFLOXACIN 500 MG/100 ML IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4489579</td>
<td>J1956</td>
<td>636</td>
<td>$42.00</td>
</tr>
<tr>
<td>4657365</td>
<td>96365</td>
<td>260</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 (87.1%): $351.88
- Maximum negotiated charge amount (95%): $383.80
- Anthem Blue Cross - All Plans - negotiated charge amount (95%): $383.80
- Hometown Health - All Plans - negotiated charge amount (95%): $383.80
- Prominence - All Plans - negotiated charge amount (95%): $383.80
- Silver Summit - All Plans - negotiated charge amount (93%): $375.72
- United Healthcare/UMR - All Plans - negotiated charge amount (95%): $383.80
- Aetna - All Plans - negotiated charge amount (87.1%): $351.88
- OP - Aetna - W/ Med Adv. - negotiated charge amount (44%): $177.76
- OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%): $177.76
- OP - Humana - W/ Med Adv. - negotiated charge amount (44%): $177.76
- OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%): $177.76
- 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.
- For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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</td>
<td>J2405 - INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG</td>
<td>J2405</td>
<td>636</td>
<td></td>
<td>$ 27.00</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:** $ 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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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 FUNCTIONAL ACT TRAIN</td>
<td></td>
<td>97530</td>
<td>420</td>
<td></td>
<td>$ 94.00</td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full) -> $ 47.00
Minimum negotiated charge amount (87.1%) -> $ 81.87
Maximum negotiated charge amount (95%) -> $ 89.30

Anthem Blue Cross - All Plans - negotiated charge amount (95%) -> $ 89.30
Hometown Health - All Plans - negotiated charge amount (95%) -> $ 89.30
Prominence - All Plans - negotiated charge amount (95%) -> $ 89.30
Silver Summit - All Plans - negotiated charge amount (93%) -> $ 87.42
United Healthcare/UMR - All Plans - negotiated charge amount (95%) -> $ 89.30
Aetna - All Plans - negotiated charge amount (87.1%) -> $ 81.87
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) -> $ 41.36
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) -> $ 41.36
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) -> $ 41.36
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) -> $ 41.36
All other insurances - non-negotiated charge amount (100%) -> $ 94.00

PhysTherapy

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS
For patients with insurance who have a patient balance after insurance has paid -----> 35% patient discount on patient balances if the entire patient account or family account is paid in full.
For patients who do not have insurance coverage -----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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

 yerleşmedik_CMS-1717-F2

### 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>4600110</td>
<td>MANUAL THERAPY</td>
<td>97140</td>
<td>421</td>
<td></td>
<td>$104.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $104.00

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<tbody>
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<td></td>
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</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PhysTherapy**

**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)**
  - $52.00
- **Minimum negotiated charge amount (87.1%)**
  - $90.58
- **Maximum negotiated charge amount (95%)**
  - $98.80
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**
  - $98.80
- **Hometown Health - All Plans - negotiated charge amount (95%)**
  - $98.80
- **Prominence - All Plans - negotiated charge amount (95%)**
  - $98.80
- **Silver Summit - All Plans - negotiated charge amount (93%)**
  - $96.72
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**
  - $98.80
- **Aetna - All Plans - negotiated charge amount (87.1%)**
  - $90.58
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**
  - $45.76
- **OP - Optumcare - W/ Med Adv - negotiated charge amount (44%)**
  - $45.76
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**
  - $45.76
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**
  - $45.76
- **All other insurances - non-negotiated charge amount (100%)**
  - $104.00

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

**For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.**

**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>
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<tbody>
<tr>
<td>4600190</td>
<td>THERAPEUTIC EXERCISE</td>
<td>97110</td>
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<td>$ 106.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 106.00

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

**CMS-Specified Shoppable Service**  
PhysTherapy

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
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<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>4608010</td>
<td>PT SCHOOL CHARGE - 1 HR</td>
<td>4608010</td>
<td>420</td>
<td>$ 200.00</td>
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</tbody>
</table>

**Total of Standard Charges:** $ 200.00

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

- $ 100.00

**Minimum negotiated charge amount (87.1%)**

- $ 174.20

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

- $ 190.00

**Anthem Blue Cross - All Plans - negotiated charge amount (95%)**

- $ 190.00

**Hometown Health - All Plans - negotiated charge amount (95%)**

- $ 190.00

**Prominence - All Plans - negotiated charge amount (95%)**

- $ 190.00

**Silver Summit - All Plans - negotiated charge amount (93%)**

- $ 186.00

**United Healthcare/UMR - All Plans - negotiated charge amount (95%)**

- $ 190.00

**Aetna - All Plans - negotiated charge amount (87.1%)**

- $ 174.20

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**

- $ 88.00

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**

- $ 88.00

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**

- $ 88.00

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**

- $ 88.00

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

- $ 200.00

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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**

### OUTPATIENT

<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>EMERGENCY DEPARTMENT VISIT LIMITED/MINOR PROB</td>
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<td>450</td>
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</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 131.50

Minimum negotiated charge amount (87.1%)------------------> $ 229.07

Maximum negotiated charge amount (95%)------------------> $ 249.85

Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $ 249.85

Hometown Health - All Plans - negotiated charge amount (95%)------------------> $ 249.85

Prominence - All Plans - negotiated charge amount (95%)------------------> $ 249.85

Silver Summit - All Plans - negotiated charge amount (93%)------------------> $ 244.59

United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $ 249.85

Aetna - All Plans - negotiated charge amount (87.1%)------------------> $ 229.07

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 115.72

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 115.72

OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 115.72

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 115.72

All other insurances - non-negotiated charge amount (100%)------------------> $ 263.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4630030</td>
<td>EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY</td>
<td>99282</td>
<td>450</td>
<td></td>
<td>$467.00</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.

<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)------------------> $233.50
- Minimum negotiated charge amount (87.1%)------------------> $406.76
- Maximum negotiated charge amount (95%)------------------> $443.65
- Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $443.65
- Hometown Health - All Plans - negotiated charge amount (95%)------------------> $443.65
- Prominence - All Plans - negotiated charge amount (95%)------------------> $443.65
- Silver Summit - All Plans - negotiated charge amount (93%)------------------> $434.31
- United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $443.65
- Aetna - All Plans - negotiated charge amount (87.1%)------------------> $406.76
- OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $205.48
- OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $205.48
- OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $205.48
- OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $205.48
- All other insurances - non-negotiated charge amount (100%)------------------> $467.00

**Total of Standard Charges:** $467.00

---

### 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.

For insurance in the Inpatient setting with Medicare Advantedge, the insurance will pay up to $2526 per day, regardless of charges.

**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>352</td>
<td>391</td>
<td>$775.00</td>
<td></td>
</tr>
<tr>
<td>OP</td>
<td>Aetna - All Plans - negotiated charge amount (95%)</td>
<td>$736.25</td>
<td></td>
</tr>
<tr>
<td>OP</td>
<td>Optumcare - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$341.00</td>
<td></td>
</tr>
<tr>
<td>OP</td>
<td>Humana - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$341.00</td>
<td></td>
</tr>
<tr>
<td>OP</td>
<td>Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)</td>
<td>$341.00</td>
<td></td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $387.50
Minimum negotiated charge amount (87.1%) ------------------> $675.03
Maximum negotiated charge amount (95%) ------------------> $736.25

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

**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>4630050</td>
<td>99284</td>
<td>450</td>
<td>$ 1,301.00</td>
</tr>
</tbody>
</table>

**Emergency Department Visit High/Urgent Severity**

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) -> $ 650.50
- Minimum negotiated charge amount (87.1%) -> $ 1,133.17
- Maximum negotiated charge amount (95%) -> $ 1,235.95
- Aetna - All Plans - negotiated charge amount (87.1%) -> $ 1,183.09
- Hometown Health - All Plans - negotiated charge amount (95%) -> $ 1,235.95
- Prominence - All Plans - negotiated charge amount (95%) -> $ 1,235.95
- Silver Summit - All Plans - negotiated charge amount (93%) -> $ 1,209.93
- United Healthcare/UMR - All Plans - negotiated charge amount (95%) -> $ 1,235.95
- Aetna - All Plans - negotiated charge amount (87.1%) -> $ 1,133.17
- OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) -> $ 572.44
- OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) -> $ 572.44
- OP - Humana - W/ Med Adv. - negotiated charge amount (44%) -> $ 572.44
- OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) -> $ 572.44
- All other insurances - non-negotiated charge amount (100%) -> $ 1,301.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4630060</td>
<td>EMERGENCY DEPT VISIT HIGH SEVERITY&amp;THREAT FUNCJ</td>
<td>99285</td>
<td>450</td>
<td></td>
<td>$1,893.00</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)**: $946.50
- **Minimum negotiated charge amount (87.1%)**: $1,648.80
- **Maximum negotiated charge amount (95%)**: $1,798.35
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $1,798.35
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $1,798.35
- **Prominence - All Plans - negotiated charge amount (95%)**: $1,798.35
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $1,706.49
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $1,798.35
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $1,648.80
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $832.92
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $832.92
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $832.92
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $832.92
- **All other insurances - non-negotiated charge amount (100%)**: $1,893.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>Service Description</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN</strong></td>
<td>99291</td>
<td>450</td>
<td></td>
<td>$2,556.00</td>
</tr>
<tr>
<td><strong>CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN</strong></td>
<td>99291</td>
<td>981</td>
<td></td>
<td>$965.00</td>
</tr>
<tr>
<td><strong>CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN</strong></td>
<td>99292</td>
<td>981</td>
<td></td>
<td>$343.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $3,864.00

---

### 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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>
</table>

#### OUTPATIENT

**CONTROL NASAL HEMMOR SMP**

This procedure will also have an ER facility fee and an ER professional fee added to it

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>30901</td>
<td></td>
<td>450</td>
<td>$343.00</td>
</tr>
<tr>
<td>30901</td>
<td></td>
<td>981</td>
<td>$393.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $736.00

---

**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)------------------> $368.00
- Minimum negotiated charge amount (87.1%)------------------> $641.06
- Maximum negotiated charge amount (95%)------------------> $699.20

- Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $699.20
- Hometown Health - All Plans - negotiated charge amount (95%)------------------> $699.20
- Prominence - All Plans - negotiated charge amount (95%)------------------> $699.20
- Silver Summit - All Plans - negotiated charge amount (93%)------------------> $684.48
- United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $699.20
- Aetna - All Plans - negotiated charge amount (87.1%)------------------> $641.06
- OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $323.84
- OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $323.84
- OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $323.84
- OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $323.84
- All other insurances - non-negotiated charge amount (100%)------------------> $736.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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.  
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.  

**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>IV INFUSION HYDRATION INITIAL</td>
<td>IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR</td>
<td>463630</td>
<td>96360</td>
<td>260</td>
<td>$ 326.00</td>
</tr>
<tr>
<td>31 MIN-1 HOUR</td>
<td>IV INFUSION HYDRATION EACH ADDITIONAL HOUR</td>
<td>4636361</td>
<td>96361</td>
<td>260</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 (87.1%)  $ 372.79
Maximum negotiated charge amount (95%)  $ 406.60

Anthem Blue Cross - All Plans - negotiated charge amount (95%)  $ 406.60
Hometown Health - All Plans - negotiated charge amount (95%)  $ 406.60
Prominence - All Plans - negotiated charge amount (95%)  $ 398.04
Silver Summit - All Plans - negotiated charge amount (93%)  $ 406.60
United Healthcare/UMR - All Plans - negotiated charge amount (95%)  $ 406.60
Aetna - All Plans - negotiated charge amount (87.1%)  $ 372.79
Optumcare - W/ Med Adv. - negotiated charge amount (44%)  $ 188.32
Humana - W/ Med Adv. - negotiated charge amount (44%)  $ 188.32
Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)  $ 188.32
All other insurances - non-negotiated charge amount (100%)  $ 428.00
## Shoppable Services Report - Table II

### Mt. Grant General Hospital

**Shoppable Services Report - Table II**

(Shoppable Services Report - Table II)

**CPT Code**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>463635</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>463636</td>
<td>IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR</td>
<td>96365</td>
<td>260</td>
<td></td>
<td>$190.00</td>
</tr>
<tr>
<td>463637</td>
<td>IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR</td>
<td>96365</td>
<td>260</td>
<td></td>
<td>$190.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $660.00

**EmerRoom**

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

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

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

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>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 (87.1%)--------------------> $ 129.78

Maximum negotiated charge amount (95%)----------------------> $ 141.55

Anthem Blue Cross - All Plans - negotiated charge amount (95%) -----------------> $ 141.55

Hometown Health - All Plans - negotiated charge amount (95%)--------------------> $ 141.55

Prominence - All Plans - negotiated charge amount (95%)----------------------> $ 141.55

Silver Summit - All Plans - negotiated charge amount (93%)------------------> $ 138.57

United Healthcare/UMR - All Plans - negotiated charge amount (95%)--------> $ 141.55

Aetna - All Plans - negotiated charge amount (87.1%)----------------------> $ 129.78

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $ 65.56

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)-------------> $ 65.56

OP - Humana - W/ Med Adv. - negotiated charge amount (44%)----------------> $ 65.56

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)-------------------> $ 65.56

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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM</td>
<td>THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM</td>
<td>96372</td>
<td>96372</td>
<td>260</td>
<td>$32.00</td>
</tr>
<tr>
<td>INJECT, SUBQ OR INTRAMUSC</td>
<td>** ProFee **</td>
<td>96372</td>
<td>987</td>
<td></td>
<td>$9.00</td>
</tr>
<tr>
<td>** Total of Standard Charges: **</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>** $41.00 **</td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full) $20.50
Minimum negotiated charge amount (87.1%) $35.71
Maximum negotiated charge amount (95%) $38.95
Anthem Blue Cross - All Plans - negotiated charge amount (95%) $38.95
Hometown Health - All Plans - negotiated charge amount (95%) $38.95
Prominence - All Plans - negotiated charge amount (95%) $38.95
Silver Summit - All Plans - negotiated charge amount (93%) $38.13
United Healthcare/UMR - All Plans - negotiated charge amount (95%) $38.95
Aetna - All Plans - negotiated charge amount (87.1%) $35.71
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) $18.04
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) $18.04
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) $18.04
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) $18.04
All other insurances - non-negotiated charge amount (100%) $41.00

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.
For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

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

**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 (87.1%)**: $146.33

**Maximum negotiated charge amount (95%)**: $159.60

**Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $159.60

**Hometown Health - All Plans - negotiated charge amount (95%)**: $159.60

**Prominence - All Plans - negotiated charge amount (95%)**: $159.60

**Silver Summit - All Plans - negotiated charge amount (93%)**: $156.24

**United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $159.60

**Aetna - All Plans - negotiated charge amount (87.1%)**: $146.33

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $73.92

**OP - Optumcare - W/Med Adv. - negotiated charge amount (44%)**: $73.92

**OP - Humana - W/Med Adv. - negotiated charge amount (44%)**: $73.92

**OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%)**: $73.92

**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.

---

### Patient Discount Programs

- For patients with insurance who have a patient balance after insurance has paid: 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- For patients who do not have insurance coverage: 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.
- For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
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<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG</td>
<td>4636375</td>
<td>96375</td>
<td>260</td>
<td>$ 92.00</td>
<td></td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $ 46.00
Minimum negotiated charge amount (87.1%)-------------------------------------> $ 80.13
Maximum negotiated charge amount (95%)(--------------------------------------> $ 87.40
Anthem Blue Cross - All Plans - negotiated charge amount (95%)----------------------> $ 87.40
Hometown Health - All Plans - negotiated charge amount (95%)----------------------> $ 87.40
Prominence - All Plans - negotiated charge amount (95%)--------------------------> $ 87.40
Silver Summit - All Plans - negotiated charge amount (93%)-----------------------> $ 85.56
United Healthcare/UMR - All Plans - negotiated charge amount (95%)---------------> $ 87.40
Aetna - All Plans - negotiated charge amount (87.1%)------------------------------> $ 80.13
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------------> $ 40.48
OP - Opumcare - W/Med Adv. - negotiated charge amount (44%)----------------------> $ 40.48
OP - Humana - W/Med Adv. - negotiated charge amount (44%)-----------------------> $ 40.48
OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%)> $ 40.48
All other insurances - non-negotiated charge amount (100%)------------------------> $ 92.00

**Total of Standard Charges:** $ 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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>
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<tbody>
<tr>
<td>4636376</td>
<td>THER PROPH/DX NJX EA S EQL IV PUSH SBST/DRUG FAC</td>
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<td>$ 92.00</td>
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</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 (87.1%) $ 80.13

Maximum negotiated charge amount (95%) $ 87.40

Anthem Blue Cross - All Plans - negotiated charge amount (95%) $ 87.40

Hometown Health - All Plans - negotiated charge amount (95%) $ 87.40

Prominence - All Plans - negotiated charge amount (95%) $ 87.40

Silver Summit - All Plans - negotiated charge amount (93%) $ 85.56

United Healthcare/UMR - All Plans - negotiated charge amount (95%) $ 87.40

Aetna - All Plans - negotiated charge amount (87.1%) $ 80.13

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) $ 40.48

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) $ 40.48

OP - Humana - W/ Med Adv. - negotiated charge amount (44%) $ 40.48

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) $ 40.48

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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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** | **Primary Service and Ancillary Services** | **CPT Code** | **<OR>** | **HCPCS Code** | **Revenue Code** | **Standard Charge**
--- | --- | --- | --- | --- | --- | ---
4636800  I&D DEEP ABSCESS | | 10060 | 450 | | $ 514.00
4806800  ** ProFee ** I&D DEEP ABSCESS | | 10060 | 981 | | $ 247.00
**Total of Standard Charges:** | | | | | $ 761.00

### Outpatient

**This procedure will also have an ER facility fee and an ER professional fee added to it**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4636800</td>
<td>10060</td>
<td>450</td>
<td>$ 514.00</td>
</tr>
<tr>
<td>4806800</td>
<td>10060</td>
<td>981</td>
<td>$ 247.00</td>
</tr>
</tbody>
</table>

**EmerRoom**

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

**Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------>** $ 380.50

**Minimum negotiated charge amount (87.1%)------------------>** $ 662.83

**Maximum negotiated charge amount (95%)------------------>** $ 722.95

**Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------>** $ 722.95

**Hometown Health - All Plans - negotiated charge amount (95%)------------------>** $ 722.95

**Prominence - All Plans - negotiated charge amount (95%)------------------>** $ 722.95

**Silver Summit - All Plans - negotiated charge amount (93%)------------------>** $ 707.73

**United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------>** $ 722.95

**Aetna - All Plans - negotiated charge amount (87.1%)------------------>** $ 662.83

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------>** $ 334.84

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------>** $ 334.84

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------>** $ 334.84

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------>** $ 334.84

**All other insurances - non-negotiated charge amount (100%)------------------>** $ 761.00

---

**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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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:** 05/31/2023  
**Last Update:** 05/31/2023  
**Page 365 of 391**

**Use CTRL-F to SEARCH**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td><strong>4636850</strong></td>
<td>REPAIR SUP WOUNDS &lt;2.5CM</td>
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<td>450</td>
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<td><strong>ProFee</strong> REPAIR SUP WOUNDS &lt;2.5CM</td>
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<td>981</td>
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</table>

**Total of Standard Charges:** $717.00

---

** 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) $358.50

Minimum negotiated charge amount (87.1%) $624.51

Maximum negotiated charge amount (95%) $681.15

Anthem Blue Cross - All Plans - negotiated charge amount (95%) $681.15

Hometown Health - All Plans - negotiated charge amount (95%) $681.15

Prominence - All Plans - negotiated charge amount (95%) $681.15

Silver Summit - All Plans - negotiated charge amount (93%) $666.81

United Healthcare/UMR - All Plans - negotiated charge amount (95%) $681.15

Aetna - All Plans - negotiated charge amount (87.1%) $624.51

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) $315.48

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) $315.48

OP - Humana - W/ Med Adv. - negotiated charge amount (44%) $315.48

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) $315.48

All other insurances - non-negotiated charge amount (100%) $717.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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

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<tr>
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</tr>
<tr>
<td>4636860</td>
<td>REPAIR WOUND 2.6-7.5 CM</td>
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<tr>
<td>4806860 ** ProFee **</td>
<td>REPAIR WOUND 2.6-7.5 CM*</td>
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<td>981</td>
<td></td>
<td>$368.00</td>
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</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 (87.1%) $680.25

Maximum negotiated charge amount (95%) $741.95

Anthem Blue Cross - All Plans - negotiated charge amount (95%) $741.95

Hometown Health - All Plans - negotiated charge amount (95%) $741.95

Prominence - All Plans - negotiated charge amount (95%) $741.95

Silver Summit - All Plans - negotiated charge amount (93%) $726.33

United Healthcare/UMR - All Plans - negotiated charge amount (95%) $741.95

Aetna - All Plans - negotiated charge amount (87.1%) $680.25

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) $343.64

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) $343.64

OP - Humana - W/ Med Adv. - negotiated charge amount (44%) $343.64

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) $343.64

All other insurances - non-negotiated charge amount (100%) $781.00

---

**EmerRoom**

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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
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<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4636900</td>
<td>REPAIR SIMPLE &lt;2.5 CM*</td>
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<td>450</td>
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<td>$443.00</td>
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<tr>
<td>4806900</td>
<td>** ProFee ** REPAIR SIMPLE &lt;2.5 CM*</td>
<td>12011</td>
<td>981</td>
<td></td>
<td>$461.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $904.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------> $452.00
Minimum negotiated charge amount (87.1%) ------------------> $787.38
Maximum negotiated charge amount (95%) ------------------> $858.80

Anthem Blue Cross - All Plans - negotiated charge amount (95%) --------> $858.80
Hometown Health - All Plans - negotiated charge amount (95%) --------> $858.80
Prominence - All Plans - negotiated charge amount (95%) --------> $858.80
Silver Summit - All Plans - negotiated charge amount (93%) --------> $840.72
United Healthcare/UMR - All Plans - negotiated charge amount (95%) -> $858.80
Aetna - All Plans - negotiated charge amount (87.1%) -> $787.38
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) -> $397.76
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) -> $397.76
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) -> $397.76
OP - Healthplan Nevada/Sierra Health and Life - W/Med Adv. - negotiated charge amount (44%) -> $397.76

All other insurances - non-negotiated charge amount (100%) -> $904.00

---

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.
For insurance in the Inpatient setting with Medicare Advance, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
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<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4642000 OBSERVATION ROOM TRANSFER</td>
<td>This is a PER HOUR observation room rate</td>
<td>G0378</td>
<td>762</td>
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<td>$ 71.00</td>
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</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full) -> $ 35.50
Minimum negotiated charge amount (87.1%) -> $ 61.84
Maximum negotiated charge amount (95%) -> $ 67.45
Anthem Blue Cross - All Plans - negotiated charge amount (95%) -> $ 67.45
Hometown Health - All Plans - negotiated charge amount (95%) -> $ 67.45
Promincence - All Plans - negotiated charge amount (95%) -> $ 67.45
Silver Summit - All Plans - negotiated charge amount (93%) -> $ 66.03
United Healthcare/UMR - All Plans - negotiated charge amount (95%) -> $ 67.45
Aetna - All Plans - negotiated charge amount (87.1%) -> $ 61.84
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) -> $ 31.24
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) -> $ 31.24
All other insurances - non-negotiated charge amount (100%) -> $ 71.00

Silver Summit - All Plans - negotiated charge amount (93%) -> $ 66.03

Observation

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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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)

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<tr>
<td><strong>OUTPATIENT</strong></td>
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</tr>
<tr>
<td>4642001</td>
<td>OBSERVATION DIRECT ENTRY</td>
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<td>$ 71.00</td>
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</table>

This is a PER HOUR observation room rate

| 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)**: $35.50
- **Minimum negotiated charge amount (87.1%)**: $61.84
- **Maximum negotiated charge amount (95%)**: $67.45
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $67.45
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $67.45
- **Prominence - All Plans - negotiated charge amount (95%)**: $67.45
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $66.03
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $67.45
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $61.84
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $31.24
- **All other insurances - non-negotiated charge amount (100%)**: $71.00

**Total of Standard Charges:** $71.00

---

### 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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
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<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4651122 DRESSING CHANGE COMPLEX</td>
<td>This dressing change does not include additional charges for any associated dressing supplies</td>
<td>99211</td>
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</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)\(\rightarrow\) $50.00

Minimum negotiated charge amount (87.1%)\(\rightarrow\) $87.10

Maximum negotiated charge amount (95%)\(\rightarrow\) $95.00

Anthem Blue Cross - All Plans - negotiated charge amount (95%)\(\rightarrow\) $95.00

Hometown Health - All Plans - negotiated charge amount (95%)\(\rightarrow\) $95.00

Prominence - All Plans - negotiated charge amount (95%)\(\rightarrow\) $95.00

Silver Summit - All Plans - negotiated charge amount (93%)\(\rightarrow\) $93.00

United Healthcare/UMR - All Plans - negotiated charge amount (95%)\(\rightarrow\) $95.00

Aetna - All Plans - negotiated charge amount (87.1%)\(\rightarrow\) $87.10

OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)\(\rightarrow\) $44.00

OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)\(\rightarrow\) $44.00

OP - Humana - W/ Med Adv. - negotiated charge amount (44%)\(\rightarrow\) $44.00

OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)\(\rightarrow\) $44.00

All other insurances - non-negotiated charge amount (100%)\(\rightarrow\) $100.00

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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

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

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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

Total of Standard Charges: $28.00

Self-pay/Cash Price (50% of charges, if balance is paid in full)------------------> $14.00
Minimum negotiated charge amount (87.1%)------------------> $24.39
Maximum negotiated charge amount (95%)------------------> $26.60

Anthem Blue Cross - All Plans - negotiated charge amount (95%)------------------> $26.60
Hometown Health - All Plans - negotiated charge amount (95%)------------------> $26.60
Prominence - All Plans - negotiated charge amount (95%)------------------> $26.60
Silver Summit - All Plans - negotiated charge amount (93%)------------------> $26.04
United Healthcare/UMR - All Plans - negotiated charge amount (95%)------------------> $26.60
Aetna - All Plans - negotiated charge amount (87.1%)------------------> $24.39
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)------------------> $12.32
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)------------------> $12.32
OP - Humana - W/ Med Adv. - negotiated charge amount (44%)------------------> $12.32
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)------------------> $12.32
All other insurances - non-negotiated charge amount (100%)------------------> $28.00

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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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>
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<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
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<th>Revenue Code</th>
<th>Standard Charge</th>
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<tbody>
<tr>
<td>4651702</td>
<td>BLADDER CATH TEMP INDWELL</td>
<td>51702</td>
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<td>$ 223.00</td>
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</table>

**Total of Standard Charges:** $ 223.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 111.50
- **Minimum negotiated charge amount (87.1%)**: $ 194.23
- **Maximum negotiated charge amount (95%)**: $ 211.85

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $ 211.85
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $ 211.85
- **Prominence - All Plans - negotiated charge amount (95%)**: $ 211.85
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $ 207.39
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $ 211.85
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $ 194.23
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $ 98.12
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $ 98.12
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $ 98.12
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $ 98.12
- **All other insurances - non-negotiated charge amount (100%)**: $ 223.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
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<tr>
<th>Shoppable Service</th>
<th>Primary Service and 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>PHLEBOTOMY THERAPEUTIC</td>
<td>4652040</td>
<td>99195</td>
<td>940</td>
<td>$ 211.00</td>
</tr>
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</table>

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

- $ 105.50

**Minimum negotiated charge amount (87.1%)**

- $ 183.78

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

- $ 200.45

**Anthem Blue Cross - All Plans - negotiated charge amount (95%)**

- $ 200.45

**Hometown Health - All Plans - negotiated charge amount (95%)**

- $ 200.45

**Prominence - All Plans - negotiated charge amount (95%)**

- $ 200.45

**Silver Summit - All Plans - negotiated charge amount (93%)**

- $ 196.23

**United Healthcare/UMR - All Plans - negotiated charge amount (95%)**

- $ 200.45

**Aetna - All Plans - negotiated charge amount (87.1%)**

- $ 183.78

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**

- $ 92.84

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**

- $ 92.84

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**

- $ 92.84

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**

- $ 92.84

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

- $ 211.00

---

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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

### 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>
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</thead>
<tbody>
<tr>
<td>4657360</td>
<td>HYDRATION 31-60 MIN</td>
<td>96360</td>
<td>260</td>
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</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>
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</table>

**Total of Standard Charges:** $428.00

**Outpatient Notes:**

- Self-pay/Cash Price (50% of charges, if balance is paid in full) $214.00
- Minimum negotiated charge amount (87.1%) $372.79
- Maximum negotiated charge amount (95%) $406.60
- Aetna - All Plans - negotiated charge amount (95%) $406.60
- Hometown Health - All Plans - negotiated charge amount (95%) $406.60
- Prominence - All Plans - negotiated charge amount (95%) $398.04
- Silver Summit - All Plans - negotiated charge amount (93%) $406.60
- United Healthcare/UMR - All Plans - negotiated charge amount (95%) $406.60
- United Healthcare/UMR - All Plans - negotiated charge amount (95%) $406.60
- Aetna - All Plans - negotiated charge amount (87.1%) $372.79
- Optumcare - W/ Med Adv. - negotiated charge amount (44%) $188.32
- Humana - W/ Med Adv. - negotiated charge amount (44%) $188.32
- Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) $188.32
- All other insurances - non-negotiated charge amount (100%) $428.00

---

### Patient Discount Programs

- For patients with insurance who have a patient balance after insurance has paid, 35% patient discount on patient balances if the entire patient account or family account is paid in full.
- For patients who do not have insurance coverage, 50% patient discount if the self pay balance on the entire patient account or family account is paid in full.
- For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
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<tr>
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<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
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<th>Revenue Code</th>
<th>Standard Charge</th>
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<tbody>
<tr>
<td>4657365 THERAPEUTIC 16-60 MIN</td>
<td></td>
<td>96365</td>
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<td>$362.00</td>
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<tr>
<td>4657366 THER. EA ADD HR&gt;30MIN</td>
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<td>96366</td>
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<tr>
<td>4657367 THER ADDL DRUG X1 ONLY</td>
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</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 (87.1%) $574.86
Maximum negotiated charge amount (95%) $627.00

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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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

<table>
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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
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<tbody>
<tr>
<td>4657374</td>
<td>IV PUSH INITIAL</td>
<td>96374</td>
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<tr>
<td>4657375</td>
<td>IV PUSH NEW SUBSTANCE</td>
<td>96375</td>
<td>260</td>
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<td>$92.00</td>
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<tr>
<td>4657376</td>
<td>IV PUSH SAME SUBSTANCE</td>
<td>96376</td>
<td>260</td>
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<td>$92.00</td>
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</table>

**Total of Standard Charges:** $352.00

### Outpatient

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):** $176.00

**Minimum negotiated charge amount (87.1%):** $306.59

**Maximum negotiated charge amount (95%):** $334.40

**Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $334.40

**Hometown Health - All Plans - negotiated charge amount (95%):** $334.40

**Prominence - All Plans - negotiated charge amount (95%):** $334.40

**Silver Summit - All Plans - negotiated charge amount (93%):** $327.36

**United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $334.40

**Aetna - All Plans - negotiated charge amount (87.1%):** $306.59

**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $154.88

**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%):** $154.88

**OP - Humana - W/ Med Adv. - negotiated charge amount (44%):** $154.88

**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%):** $154.88

**All other insurances - non-negotiated charge amount (100%):** $352.00

**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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>
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<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
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<th>Revenue Code</th>
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</thead>
<tbody>
<tr>
<td>377</td>
<td>391</td>
<td>$ 78.00</td>
<td>97802</td>
</tr>
<tr>
<td>909</td>
<td>942</td>
<td>$ 78.00</td>
<td>942</td>
</tr>
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</table>

### Outpatient

<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>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>$ 78.00</td>
<td>942</td>
</tr>
</tbody>
</table>

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $ 39.00
- **Minimum negotiated charge amount (87.1%)**: $ 67.94
- **Maximum negotiated charge amount (95%)**: $ 74.10

**Outpatient**

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

### Patient Discount Programs

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

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

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
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</tr>
</thead>
<tbody>
<tr>
<td>4657803 MNT; REASSESSMENT &amp; INTERVENTION, INDIVIDUAL, FACE-TO-FACE W/ PATIENT, EACH 15 MIN</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>

**Outpatient**

- **Self-pay/Cash Price (50% of charges, if balance is paid in full):** $26.50
- **Minimum negotiated charge amount (87.1%):** $46.16
- **Maximum negotiated charge amount (95%):** $50.35

**Anthem Blue Cross - All Plans - negotiated charge amount (95%):** $50.35
**Hometown Health - All Plans - negotiated charge amount (95%):** $50.35
**Prominence - All Plans - negotiated charge amount (95%):** $50.35
**Silver Summit - All Plans - negotiated charge amount (93%):** $49.29
**United Healthcare/UMR - All Plans - negotiated charge amount (95%):** $49.29
**Aetna - All Plans - negotiated charge amount (87.1%):** $46.16
**OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $23.32
**OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%):** $23.32
**OP - Humana - W/ Med Adv. - negotiated charge amount (44%):** $23.32
**OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%):** $23.32
**All other insurances - non-negotiated charge amount (100%):** $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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTPATIENT 4659623</td>
<td>IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS</td>
<td>96523</td>
<td>761</td>
<td></td>
<td>$158.00</td>
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</tbody>
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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) -> $79.00
Minimum negotiated charge amount (87.1%) -> $137.62
Maximum negotiated charge amount (95%) -> $150.10

Anthem Blue Cross - All Plans - negotiated charge amount (95%) -> $150.10
Hometown Health - All Plans - negotiated charge amount (95%) -> $150.10
Prominence - All Plans - negotiated charge amount (95%) -> $150.10
Silver Summit - All Plans - negotiated charge amount (93%) -> $146.94
United Healthcare/UMR - All Plans - negotiated charge amount (95%) -> $150.10
Aetna - All Plans - negotiated charge amount (87.1%) -> $137.62
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) -> $69.52
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) -> $69.52
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) -> $69.52
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) -> $69.52
All other insurances - non-negotiated charge amount (100%) -> $158.00

Total of Standard Charges: $158.00

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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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

### 4659800  TELEHEALTH ORIGINATING SITE FEE

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
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<tbody>
<tr>
<td>Q3014</td>
<td>780</td>
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<td>$ 87.00</td>
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**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 (87.1%):** $ 75.78
- **Maximum negotiated charge amount (95%):** $ 82.65

**Insurance Negotiation Rates:**
- **Anthem Blue Cross - All Plans:** $ 82.65
- **Hometown Health - All Plans:** $ 82.65
- **Prominence - All Plans:** $ 82.65
- **Silver Summit - All Plans:** $ 80.91
- **United Healthcare/UMR - All Plans:** $ 82.65
- **Aetna - All Plans:** $ 75.78
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%):** $ 38.28
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%):** $ 38.28
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%):** $ 38.28
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%):** $ 38.28
- **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.
- **For insurance in the Inpatient setting with Medicare Advntage:** the insurance will pay up to $2526 per day, regardless of charges.

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

---

**Outpatient**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.
## Shoppable Services Report - Table II

(CMS-1717-F2)

### Mt. Grant General Hospital

#### 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>OFFICE VISIT,NEW,EXPANDED</td>
<td>4725010</td>
<td>99202</td>
<td>521</td>
<td>$134.00</td>
<td></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 (87.1%)**: $116.71
- **Maximum negotiated charge amount (95%)**: $127.30

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**Clinic**

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

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</tr>
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<tbody>
<tr>
<td>CLINIC</td>
<td></td>
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<tr>
<td>4725020 OFFICE VISIT,NEW,DETAILED</td>
<td></td>
<td>99203</td>
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<td>$ 185.00</td>
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</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 (87.1%)**: $ 161.14
- **Maximum negotiated charge amount (95%)**: $ 175.75
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $ 175.75
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $ 175.75
- **Prominence - All Plans - negotiated charge amount (95%)**: $ 175.75
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $ 172.05
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $ 175.75
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $ 161.14
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $ 81.40
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $ 81.40
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $ 81.40
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $ 81.40
- **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.**

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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)

---

#### CLINIC

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<tr>
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<th>Revenue Code</th>
<th>Standard Charge</th>
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</thead>
<tbody>
<tr>
<td>4725030</td>
<td>OFFICE VISIT,NEW,MOD COMP</td>
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</tbody>
</table>

**Total of Standard Charges:** $259.00

---

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

**CMS-Specified Shoppable Service**

<table>
<thead>
<tr>
<th>Clinic</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.

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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**

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<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE VISIT,NEW,HGH COMP</td>
<td>OFFICE VISIT,NEW,HGH COMP</td>
<td>99205</td>
<td>521</td>
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<td>$ 344.00</td>
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</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 (87.1%)**: $ 299.62
- **Maximum negotiated charge amount (95%)**: $ 326.80
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $ 326.80
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $ 326.80
- **Prominence - All Plans - negotiated charge amount (95%)**: $ 326.80
- **Silver Summit - All Plans - negotiated charge amount (95%)**: $ 319.92
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $ 326.80
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $ 299.62
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $ 151.36
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $ 151.36
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $ 151.36
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $ 151.36
- **All other insurances - non-negotiated charge amount (100%)**: $ 344.00

### Patient Discount Programs

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

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

For patients who do not have insurance coverage:

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

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
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<th>Primary Service and 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 INIT CMP PRV EXAM 18-39YR</td>
<td>CLINIC</td>
<td>4729385 INIT CMP PRV EXAM 18-39YR</td>
<td>99385</td>
<td>521</td>
<td>$161.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $161.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $80.50
- **Minimum negotiated charge amount (87.1%)**: $140.23
- **Maximum negotiated charge amount (95%)**: $152.95
- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**: $152.95
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $152.95
- **Promience - All Plans - negotiated charge amount (95%)**: $152.95
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $149.73
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $152.95
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $140.23
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $70.84
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $70.84
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $70.84
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $70.84
- **All other insurances - non-negotiated charge amount (100%)**: $161.00

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.

For insurance in the Inpatient setting with Medicare Advantage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4729386 INIT CMP PRV EXAM 40-64YR</td>
<td>4729386 INIT CMP PRV EXAM 40-64YR</td>
<td>99386</td>
<td>521</td>
<td>$ 197.00</td>
<td></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 (87.1%) ------------------> $ 171.59
Maximum negotiated charge amount (95%) ------------------> $ 187.15
Anthem Blue Cross - All Plans - negotiated charge amount (95%) --------------->$ 187.15
Hometown Health - All Plans - negotiated charge amount (95%) --------------->$ 187.15
Prominence - All Plans - negotiated charge amount (95%) --------------->$ 187.15
Silver Summit - All Plans - negotiated charge amount (93%) --------------->$ 183.21
United Healthcare/UMR - All Plans - negotiated charge amount (95%) --------------->$ 187.15
Aetna - All Plans - negotiated charge amount (87.1%) --------------->$ 171.59
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) --------------->$ 86.68
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) --------------->$ 86.68
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) --------------->$ 86.68
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) --------------->$ 86.68
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.
For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4740804 PSYCH 30 MIN</td>
<td>PSYCH 30 MIN</td>
<td>90832</td>
<td>900</td>
<td></td>
<td>$ 133.00</td>
</tr>
</tbody>
</table>

### SPECIALTY CLINIC

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

1. **Minimum negotiated charge amount (87.1%)**
   - $ 115.84
2. **Maximum negotiated charge amount (95%)**
   - $ 126.35

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

**Clinic**

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**
  - $ 126.35
- **Hometown Health - All Plans - negotiated charge amount (95%)**
  - $ 126.35
- **Prominence - All Plans - negotiated charge amount (95%)**
  - $ 126.35
- **Silver Summit - All Plans - negotiated charge amount (93%)**
  - $ 123.69
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**
  - $ 126.35
- **Aetna - All Plans - negotiated charge amount (87.1%)**
  - $ 115.84
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**
  - $ 58.52
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**
  - $ 58.52
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**
  - $ 58.52
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**
  - $ 58.52
- **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.

For insurance in the Inpatient setting with Medicare Advnitage, the insurance will pay up to $2526 per day, regardless of charges.

**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**

**SPECIALTY CLINIC**

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<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4740806 PSYCH 45 MIN</td>
<td>4740806 PSYCH 45 MIN</td>
<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 (87.1%)--------------> $168.10

Maximum negotiated charge amount (95%)--------------> $183.35

- **Anthem Blue Cross - All Plans - negotiated charge amount (95%)**--------------> $183.35
- **Hometown Health - All Plans - negotiated charge amount (95%)**--------------> $183.35
- **Prominence - All Plans - negotiated charge amount (95%)**--------------> $183.35
- **Silver Summit - All Plans - negotiated charge amount (93%)**--------------> $179.49
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**--------------> $183.35
- **Aetna - All Plans - negotiated charge amount (87.1%)**--------------> $168.10
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**--------------> $84.92
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**--------------> $84.92
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**--------------> $84.92
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**--------------> $84.92

**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.**

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>4740808 PSYCH 60 MIN</td>
<td>4740808 PSYCH 60 MIN</td>
<td>90837</td>
<td>900</td>
<td>$255.00</td>
<td></td>
</tr>
</tbody>
</table>

Self-pay/Cash Price (50% of charges, if balance is paid in full) $127.50
Minimum negotiated charge amount (87.1%) $222.11
Maximum negotiated charge amount (95%) $242.25

Anthem Blue Cross - All Plans - negotiated charge amount (95%) $242.25
Hometown Health - All Plans - negotiated charge amount (95%) $242.25
Prominence - All Plans - negotiated charge amount (95%) $242.25
Silver Summit - All Plans - negotiated charge amount (93%) $237.15
United Healthcare/UMR - All Plans - negotiated charge amount (95%) $242.25
Aetna - All Plans - negotiated charge amount (87.1%) $222.11
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) $112.20
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) $112.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) $112.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) $112.20
All other insurances - non-negotiated charge amount (100%) $255.00

Total of Standard Charges: $255.00

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. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

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>SPECIALTY CLINIC</strong></td>
<td>PSYCH FAMILY 1HR</td>
<td>4740847</td>
<td>390</td>
<td>90847</td>
<td>900</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $208.00

- **Self-pay/Cash Price (50% of charges, if balance is paid in full)**: $104.00
- **Minimum negotiated charge amount (87.1%)**: $181.17
- **Maximum negotiated charge amount (95%)**: $197.60
- **Anthem Blue Cross - All Plans - negotiated charge amount (87.1%)**: $197.60
- **Hometown Health - All Plans - negotiated charge amount (95%)**: $197.60
- **Prominence - All Plans - negotiated charge amount (95%)**: $197.60
- **Silver Summit - All Plans - negotiated charge amount (93%)**: $193.44
- **United Healthcare/UMR - All Plans - negotiated charge amount (95%)**: $197.60
- **Aetna - All Plans - negotiated charge amount (87.1%)**: $181.17
- **OP - Aetna - W/ Med Adv. - negotiated charge amount (44%)**: $91.52
- **OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%)**: $91.52
- **OP - Humana - W/ Med Adv. - negotiated charge amount (44%)**: $91.52
- **OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%)**: $91.52
- **All other insurances - non-negotiated charge amount (100%)**: $208.00

---

**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.

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For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

**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>90846</td>
<td>Family psychotherapy, not including patient, 50 min</td>
</tr>
<tr>
<td>90853</td>
<td>Group psychotherapy</td>
</tr>
<tr>
<td>99243</td>
<td>Patient office consultation, typically 40 min</td>
</tr>
<tr>
<td>99244</td>
<td>Patient office consultation, typically 60 min</td>
</tr>
<tr>
<td>80055</td>
<td>Obstetric blood test panel</td>
</tr>
<tr>
<td>81000</td>
<td>Urine analysis test with examination using microscope (includes 81001)</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>
</tr>
<tr>
<td>77065</td>
<td>Mammography of one breast</td>
</tr>
<tr>
<td>77066</td>
<td>Mammography of both breasts</td>
</tr>
<tr>
<td>77067</td>
<td>Mammography, screening, bilateral</td>
</tr>
<tr>
<td>216</td>
<td>Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities</td>
</tr>
<tr>
<td>460</td>
<td>Spinal fusion except cervical without major comorbid conditions or complications</td>
</tr>
<tr>
<td>470</td>
<td>Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications</td>
</tr>
<tr>
<td>473</td>
<td>Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC).</td>
</tr>
<tr>
<td>19120</td>
<td>Removal of 1 or more breast growth, open procedure</td>
</tr>
<tr>
<td>29826</td>
<td>Shaving of shoulder bone using an endoscope</td>
</tr>
<tr>
<td>29881</td>
<td>Removal of one knee cartilage using an endoscope</td>
</tr>
<tr>
<td>42820</td>
<td>Removal of tonsils and adenoid glands patient younger than age 12</td>
</tr>
<tr>
<td>43591</td>
<td>Ultrasound examination of lower large bowel using an endoscope</td>
</tr>
<tr>
<td>47562</td>
<td>Removal of gallbladder using an endoscope</td>
</tr>
<tr>
<td>49505</td>
<td>Repair of groin hernia patient age 5 years or older</td>
</tr>
<tr>
<td>55700</td>
<td>Biopsy of prostate gland</td>
</tr>
<tr>
<td>55866</td>
<td>Surgical removal of prostate and surrounding lymph nodes using an endoscope</td>
</tr>
<tr>
<td>59400</td>
<td>Routine obstetric care for vaginal delivery, including pre-and post-delivery care</td>
</tr>
<tr>
<td>59510</td>
<td>Routine obstetric care for cesarean delivery, including pre-and post-delivery care</td>
</tr>
<tr>
<td>59610</td>
<td>Routine obstetric care for vaginal delivery after prior cesarean delivery including pre-and post-delivery care</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>
</tr>
<tr>
<td>64483</td>
<td>Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance</td>
</tr>
<tr>
<td>66821</td>
<td>Removal of recurring cataract in lens capsule using laser</td>
</tr>
<tr>
<td>66984</td>
<td>Removal of cataract with insertion of lens</td>
</tr>
<tr>
<td>93452</td>
<td>Insertion of catheter into left heart for diagnosis</td>
</tr>
<tr>
<td>95810</td>
<td>Sleep study</td>
</tr>
</tbody>
</table>

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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