

Consumer Shoppable File

for

Danbury Hospital

Prices Posted & Effective On

1/1/2021

DANBURY HOSPITAL CONSUMER SHOPPABLE TOOL
DISCLAIMER

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

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

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

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

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

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Drainage of skin abscess, CPT® 10061

Payer Aetna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$11,857
Drainage of skin abscess	VARIABLE	100%		
General procedure services	\$8,540	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$8,006
General supporting services	\$1,196	100%		
Culture othr specimn aerobic	\$80	100%		
Cultr bacteria except blood	\$97	100%		
Smear gram stain	\$70	100%		
Culture Aerobic Identify	\$172	50%		
Assay blood carbon dioxide	\$70	50%		
Assay of blood chloride	\$70	50%		
Assay of creatinine	\$62	50%		
Assay glucose blood quant	\$30	50%		
Assay of serum potassium	\$70	50%		
Assay of serum sodium	\$70	50%		
Assay of urea nitrogen	\$62	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Complete cbc automated	\$49	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Drainage of skin abscess, CPT® 10061
Payer Wellcare Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,092
Drainage of skin abscess	\$729	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$50	100%		
Assay blood carbon dioxide	\$35	100%		
Assay of blood chloride	\$35	100%		
Assay of creatinine	\$31	100%		
Assay glucose blood quant	\$30	100%		
Assay of serum potassium	\$35	100%		
Assay of serum sodium	\$35	100%		
Assay of urea nitrogen	\$31	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Culture othr specimn aerobic	\$80	100%		
Cultr bacteria except blood	\$97	100%		
Culture Aerobic Identify	\$86	100%		
Microbe susceptible mic	\$35	100%		
Immunization admin	\$21	100%		
Emergency dept visit	\$1,395	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,469
Drainage of skin abscess	\$729	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$63	100%		
Emergency dept visit	\$677	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Deb subq tissue 20 sq cm/<, CPT® 11042
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,278
Deb subq tissue 20 sq cm/<	\$1,278	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$370
Deb subq tissue add-on	\$1,022	30%		
Chemical cautery tissue	\$210	10%		

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Hospital Name Danbury Hospital
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Charge Display Deb subq tissue 20 sq cm/<, CPT® 11042
Payer Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,395
Deb subq tissue 20 sq cm/<	\$1,278	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$363
Office/outpatient visit est	\$234	25%		
Office/outpatient visit est	\$277	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Deb subq tissue 20 sq cm/<, CPT® 11042
Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,278
Deb subq tissue 20 sq cm/<	\$1,278	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$926
Office/outpatient visit est	\$234	7%		
Chemical cautery tissue	\$210	6%		
Office/outpatient visit est	\$189	4%		
Apply multlay comprs lwr leg	\$686	3%		
Culture othr specimn aerobic	\$80	3%		
Office/outpatient visit est	\$277	3%		
Office/outpatient visit est	\$330	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem

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Deb subq tissue 20 sq cm/<	\$1,278	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$839
Glucose blood test	\$144	9%		
Hbot, full body chamber, 30m	\$8,112	9%		
Office/outpatient visit est	\$234	8%		
Deb subq tissue add-on	\$1,533	6%		
Culture othr specimn aerobic	\$80	5%		
Culture Aerobic Identify	\$86	5%		
Microbe susceptible mic	\$35	5%		
Office/outpatient visit est	\$330	5%		
Office/outpatient visit est	\$277	3%		
Chemical cautery tissue	\$210	2%		
Apply multlay comprs lwr leg	\$686	2%		
Office/outpatient visit est	\$164	2%		
Office/outpatient visit est	\$189	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Multiplan

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,432
Deb subq tissue 20 sq cm/<	\$1,278	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$6,408
Deb subq tissue add-on	\$7,154	85%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,278
Deb subq tissue 20 sq cm/<	\$1,278	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$863
Office/outpatient visit est	\$234	7%		
Culture othr specimn aerobic	\$80	6%		
Culture Aerobic Identify	\$86	6%		
Microbe susceptible mic	\$35	6%		
Office/outpatient visit est	\$189	4%		
Cultr bacteria except blood	\$97	4%		
Office/outpatient visit est	\$330	4%		
General supporting services	\$360	4%		

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Payer Aetna Whole Health

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,300
Deb subq tissue 20 sq cm/<	\$1,278	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,362
Deb subq tissue add-on	\$1,022	67%		
Office/outpatient visit est	\$330	33%		

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

Payer Anthem Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,278
Deb subq tissue 20 sq cm/<	\$1,278	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$801
X-ray exam of lower leg	\$446	9%		
Culture othr specimn aerobic	\$80	9%		
Culture Aerobic Identify	\$86	9%		
Microbe susceptible mic	\$35	9%		
Office/outpatient visit est	\$234	9%		
Office/outpatient visit est	\$277	9%		

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Charge Display Deb subq tissue 20 sq cm/<, CPT® 11042
Payer Aetna Medicare Managed Care

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Deb subq tissue 20 sq cm/<	\$1,278	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$364
Deb subq tissue add-on	\$1,022	16%		
Office/outpatient visit est	\$234	4%		
Office/outpatient visit est	\$277	4%		
Office/outpatient visit est	\$330	2%		
Chemical cautery tissue	\$210	2%		
X-ray exam of foot	\$394	2%		
Culture othr specimn aerobic	\$160	2%		
Culture Aerobic Identify	\$86	2%		
Microbe susceptible mic	\$35	2%		
Tissue exam by pathologist	\$410	2%		
Upr/lxtr art stdy 3+ lvls	\$1,344	2%		

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Payer Cigna

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Deb subq tissue 20 sq cm/<	\$1,278	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$745
Office/outpatient visit est	\$234	7%		
Office/outpatient visit est	\$277	7%		
Office/outpatient visit est	\$330	7%		
Emergency dept visit	\$1,395	4%		
Chemical cautery tissue	\$210	4%		
Apply multlay comprs lwr leg	\$686	4%		
X-ray exam knee 4 or more	\$482	4%		
Culture screen only	\$336	4%		
Office/outpatient visit est	\$189	4%		

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

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,789
Deb subq tissue 20 sq cm/<	\$1,278	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,129
Deb subq tissue add-on	\$1,022	50%		

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Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,443
Deb subq tissue 20 sq cm/<	\$1,278	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$831
Glucose blood test	\$162	25%		
Hbot, full body chamber, 30m	\$7,098	25%		
X-ray exam of foot	\$394	13%		
Rmvl devital tis 20 cm/<	\$560	13%		
Office/outpatient visit est	\$164	13%		
Office/outpatient visit est	\$330	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,278
Deb subq tissue 20 sq cm/<	\$1,278	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$363
Deb subq tissue add-on	\$1,022	16%		
Office/outpatient visit est	\$234	12%		
Office/outpatient visit est	\$330	4%		
Chemical cautery tissue	\$210	4%		
Culture othr specimn aerobic	\$80	4%		
Cultr bacteria except blood	\$97	4%		
Culture Aerobic Identify	\$172	4%		
Microbe susceptible mic	\$70	4%		
Office/outpatient visit est	\$189	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Deb subq tissue 20 sq cm/<, CPT® 11042
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,278
Deb subq tissue 20 sq cm/<	\$1,278	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$363
Deb subq tissue add-on	\$1,022	14%		
Office/outpatient visit est	\$277	6%		
Culture othr specimn aerobic	\$80	5%		
Chemical cautery tissue	\$210	4%		
Culture Aerobic Identify	\$86	4%		
Microbe susceptible mic	\$35	4%		
Office/outpatient visit est	\$234	4%		
Office/outpatient visit est	\$330	3%		
Cultur bacteria except blood	\$97	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Removal of breast lesion, CPT® 19120
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$14,274
Removal of breast lesion	\$9,372	100%		
General procedure services	\$2,368	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$669	100%		
Glucose blood test	\$18	100%		
Tissue exam by pathologist	\$1,391	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Removal of breast lesion, CPT® 19120

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$15,081
Removal of breast lesion	VARIABLE	100%		
General procedure services	\$13,031	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$9,903
General supporting services	\$312	100%		
Tissue exam by pathologist	\$1,391	100%		
Culture othr specimn aerobic	\$80	50%		
Cultr bacteria except blood	\$97	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Removal of breast lesion, CPT® 19120

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$11,992
Removal of breast lesion	VARIABLE	100%		
General procedure services	\$10,826	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$528	100%		
Urine pregnancy test	\$42	100%		
Tissue exam by pathologist	\$360	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Removal of breast lesion, CPT® 19120
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$11,730
Removal of breast lesion	VARIABLE	100%		
General procedure services	\$10,848	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$197	100%		
Tissue exam by pathologist	\$410	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Removal of breast lesion, CPT® 19120

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$31,989
Removal of breast lesion	VARIABLE	100%		
General procedure services	\$25,247	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$20,155
General supporting services	\$587	100%		
Tissue exam by pathologist	\$4,173	100%		
X-ray exam breast specimen	\$327	50%		
Lymph system imaging	\$2,131	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Removal of breast lesion, CPT® 19120
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$15,928
Removal of breast lesion	VARIABLE	100%		
General procedure services	\$13,928	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$5,584
General supporting services	\$380	100%		
Tissue exam by pathologist	\$1,080	75%		
Tissue exam by pathologist	\$1,391	25%		
Special stains group 2	\$152	25%		
Urine pregnancy test	\$42	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Removal of breast lesion, CPT® 19120

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$18,018
Removal of breast lesion	VARIABLE	100%		
General procedure services	\$15,709	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$10,354
General supporting services	\$436	100%		
Tissue exam by pathologist	\$540	100%		
Tissue exam by pathologist	\$410	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Removal of breast lesion, CPT® 19120

Payer Anthem Tiered

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$12,901
Removal of breast lesion	VARIABLE	100%		
General procedure services	\$10,996	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$380	100%		
Tissue exam by pathologist	\$1,391	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,149
Drain/inj joint/bursa w/o us	\$1,063	100%		
General procedure services	\$2,476	25%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$765
General supporting services	\$80	75%		
Needle localization by xray	\$975	75%		
Glucose blood test	\$54	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,341
Drain/inj joint/bursa w/o us	\$1,063	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Office/outpatient visit est	\$234	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,133
Drain/inj joint/bursa w/o us	\$1,063	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,003
General supporting services	\$76	100%		
Needle localization by xray	\$975	80%		
Assay blood carbon dioxide	\$35	20%		
Assay of blood chloride	\$35	20%		
Assay of creatinine	\$31	20%		
Assay glucose blood quant	\$30	20%		
Assay of serum potassium	\$35	20%		
Assay of serum sodium	\$35	20%		
Assay of urea nitrogen	\$31	20%		
Complete cbc w/auto diff wbc	\$52	20%		
C-reactive protein	\$113	20%		
Blood typing serologic abo	\$31	20%		
Blood typing serologic rh(d)	\$31	20%		
Blood culture for bacteria	\$234	20%		
Emergency dept visit	\$1,395	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,118
Drain/inj joint/bursa w/o us	\$1,063	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$80	100%		
Needle localization by xray	\$975	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,340
Drain/inj joint/bursa w/o us	\$1,063	100%		
General procedure services	\$1,644	33%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$285
X-ray exam of knee 1 or 2	\$390	67%		
X-ray exam of knees	\$677	67%		
Office/outpatient visit est	\$164	67%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem Tiered

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,416
Drain/inj joint/bursa w/o us	\$1,063	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$80	100%		
Needle localization by xray	\$975	100%		
Culture othr specimn aerobic	\$80	100%		
Cultr bacteria except blood	\$97	100%		
Smear gram stain	\$70	100%		
Body fluid cell count	\$51	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,118
Drain/inj joint/bursa w/o us	\$1,063	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$285
Needle localization by xray	\$975	57%		
General supporting services	\$80	57%		
X-ray exam of shoulder	\$425	14%		
Culture othr specimn aerobic	\$80	14%		
Cultr bacteria except blood	\$97	14%		
Smear gram stain	\$70	14%		
Body fluid cell count	\$51	14%		
Office/outpatient visit est	\$164	14%		
Office/outpatient visit est	\$234	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Medicaid-Other

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,942
Drain/inj joint/bursa w/o us	\$1,063	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$2	100%		
X-ray exam of shoulder	\$425	100%		
Emergency dept visit	\$1,395	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,409
Drain/inj joint/bursa w/o us	\$1,063	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,094
General supporting services	\$80	100%		
Needle localization by xray	\$975	100%		
Culture othr specimn aerobic	\$80	40%		
Cultr bacteria except blood	\$97	40%		
Body fluid cell count	\$51	40%		
Culture Aerobic Identify	\$86	20%		
Fungus isolation culture	\$141	20%		
Mycobacteria culture	\$146	20%		
Microbe susceptible mic	\$35	20%		
Smear gram stain	\$70	20%		
Smear fluorescent/acid stai	\$52	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,925
Drain/inj joint/bursa w/o us	\$1,063	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$947
General supporting services	\$76	50%		
Needle localization by xray	\$975	50%		
Culture othr specimn aerobic	\$80	50%		
Cultr bacteria except blood	\$97	50%		
Smear gram stain	\$70	50%		
Lyme dis dna amp probe	\$97	50%		
Body fluid cell count	\$51	50%		
Office/outpatient visit est	\$234	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,458
Drain/inj joint/bursa w/o us	\$1,063	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$887
Needle localization by xray	\$975	60%		
General supporting services	\$80	60%		
Emergency dept visit	\$1,395	40%		
X-ray exam of femur 2/	\$269	20%		
Culture othr specimn aerobic	\$80	20%		
Cultr bacteria except blood	\$97	20%		
Smear gram stain	\$70	20%		
Lyme dis dna amp probe	\$97	20%		
Body fluid cell count	\$51	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Drain/inj joint/bursa w/o us, CPT® 20610
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,408
Drain/inj joint/bursa w/o us	\$1,063	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$416
General supporting services	\$38	50%		
Assay blood carbon dioxide	\$35	50%		
Assay of blood chloride	\$35	50%		
Assay of creatinine	\$31	50%		
Assay glucose blood quant	\$30	50%		
Assay of serum potassium	\$35	50%		
Assay of serum sodium	\$35	50%		
Assay of urea nitrogen	\$31	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Blood typing serologic abo	\$31	50%		
Blood typing serologic rh(d)	\$31	50%		
Culture othr specimn aerobic	\$80	50%		
Cultr bacteria except blood	\$97	50%		
Body fluid cell count	\$51	50%		
Emergency dept visit	\$1,395	50%		

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Hospital Name	Danbury Hospital
Prices Posted & Effective	1/1/2021
Charge Display	Cardiac Valve And Other Major Cardiothoracic Procedures With Cardiac Catheterization With Mcc, MS-DRG: 216
Payer	Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$285,735
Cardiac Valve And Other Major Cardiothoracic Procedures With Cardiac Catheterization With Mcc	\$285,735	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name	Danbury Hospital
Prices Posted & Effective	1/1/2021
Charge Display	Cardiac Valve And Other Major Cardiothoracic Procedures With Cardiac Catheterization With Mcc, MS-DRG: 216
Payer	Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$350,339
Cardiac Valve And Other Major Cardiothoracic Procedures With Cardiac Catheterization With Mcc	\$350,339	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Incise finger tendon sheath, CPT® 26055

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7,215
Incise finger tendon sheath	VARIABLE	100%		
General procedure services	\$6,898	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$150	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Incise finger tendon sheath, CPT® 26055

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,925
Incise finger tendon sheath	VARIABLE	100%		
General procedure services	\$5,428	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$264	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Incise finger tendon sheath, CPT® 26055

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,138
Incise finger tendon sheath	VARIABLE	100%		
General procedure services	\$8,338	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$175	100%		
Glucose blood test	\$36	100%		
Tissue exam by pathologist	\$360	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Total knee arthroplasty, CPT® 27447

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$56,216
Total knee arthroplasty	VARIABLE	100%		
General procedure services	\$34,344	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$12,485
General supporting services	\$3,777	100%		
Routine venipuncture	\$18	100%		
Tx/pro/dx inj same drug adon	\$702	100%		
Pt eval low complex 20 min	\$509	100%		
Ot eval low complex 30 min	\$509	67%		
Therapeutic activities	\$358	67%		
Therapeutic exercises	\$440	67%		
Gait training therapy	\$167	67%		
Complete cbc w/auto diff wbc	\$52	67%		
Ther/proph/diag inj iv push	\$351	67%		
Tx/pro/dx inj new drug addon	\$702	67%		
Assay blood carbon dioxide	\$70	33%		
Assay of blood chloride	\$70	33%		
Assay glucose blood quant	\$60	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Total knee arthroplasty, CPT® 27447

Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$53,584
Total knee arthroplasty	VARIABLE	100%		
General procedure services	\$32,013	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$29,968
General supporting services	\$6,035	100%		
Routine venipuncture	\$18	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Gait training therapy	\$251	100%		
Group therapeutic procedures	\$86	100%		
Pt eval low complex 20 min	\$509	100%		
Ot eval low complex 30 min	\$509	100%		
Tx/pro/dx inj new drug addon	\$527	100%		
Tx/pro/dx inj same drug adon	\$702	100%		
Therapeutic exercises	\$352	50%		
Therapeutic activities	\$179	50%		
Ther/proph/diag iv inf init	\$625	50%		
Ther/proph/diag inj iv push	\$351	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Total knee arthroplasty, CPT® 27447
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$54,255
Total knee arthroplasty	\$22,606	100%		
General procedure services	\$8,362	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$12,602
General supporting services	\$7,400	100%		
Routine venipuncture	\$18	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Gait training therapy	\$167	100%		
Pt eval low complex 20 min	\$509	100%		
Ot eval low complex 30 min	\$509	100%		
Tx/pro/dx inj new drug addon	\$351	75%		
Tx/pro/dx inj same drug adon	\$702	75%		
Therapeutic exercises	\$519	75%		
Ther/proph/diag inj iv push	\$351	50%		
Therapeutic activities	\$269	50%		
Group therapeutic procedures	\$86	25%		
Hydrate iv infusion add-on	\$882	25%		
Ther/proph/diag iv inf addon	\$294	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Total knee arthroplasty, CPT® 27447

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$58,462
Total knee arthroplasty	VARIABLE	100%		
General procedure services	\$34,849	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$9,684	100%		
Routine venipuncture	\$18	100%		
Glucose blood test	\$108	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Electrocardiogram tracing	\$255	100%		
Ther/proph/diag inj sc/im	\$270	100%		
Ther/proph/diag inj iv push	\$351	100%		
Tx/pro/dx inj new drug addon	\$351	100%		
Tx/pro/dx inj same drug adon	\$351	100%		
Pt eval low complex 20 min	\$509	100%		
Ot eval low complex 30 min	\$509	100%		
Therapeutic activities	\$179	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Total knee arthroplasty, CPT® 27447
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$57,822
Total knee arthroplasty	\$24,742	100%		
General procedure services	\$8,350	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$12,539
Pt eval low complex 20 min	\$509	100%		
General supporting services	\$8,260	100%		
Group therapeutic procedures	\$129	67%		
Routine venipuncture	\$18	67%		
Ot eval low complex 30 min	\$509	67%		
Therapeutic activities	\$179	67%		
Self care mngmt training	\$358	67%		
Complete cbc w/auto diff wbc	\$52	67%		
Ther/proph/diag inj iv push	\$351	67%		
Tx/pro/dx inj new drug addon	\$351	67%		
Tx/pro/dx inj same drug adon	\$1,053	67%		
Therapeutic exercises	\$176	67%		
Gait training therapy	\$334	33%		
Glucose blood test	\$180	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Total knee arthroplasty, CPT® 27447
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$52,822
Total knee arthroplasty	\$24,564	100%		
General procedure services	\$7,333	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$12,550
General supporting services	\$5,835	100%		
Pt eval low complex 20 min	\$509	80%		
Routine venipuncture	\$18	80%		
Complete cbc w/auto diff wbc	\$52	70%		
Ther/proph/diag inj iv push	\$351	70%		
Tx/pro/dx inj new drug addon	\$351	70%		
Tx/pro/dx inj same drug adon	\$702	70%		
Ot eval low complex 30 min	\$509	70%		
Gait training therapy	\$167	70%		
Therapeutic activities	\$179	60%		
Therapeutic exercises	\$352	60%		
Group therapeutic procedures	\$86	40%		
Glucose blood test	\$54	30%		
Complete cbc automated	\$74	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Total knee arthroplasty, CPT® 27447

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$55,666
Total knee arthroplasty	VARIABLE	100%		
General procedure services	\$30,401	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$30,133
General supporting services	\$6,039	100%		
Pt eval low complex 20 min	\$509	83%		
Routine venipuncture	\$18	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Tx/pro/dx inj new drug addon	\$1,053	50%		
Tx/pro/dx inj same drug adon	\$1,755	50%		
Therapeutic exercises	\$176	50%		
Gait training therapy	\$331	33%		
Ot eval low complex 30 min	\$509	33%		
Ther/proph/diag iv inf init	\$625	33%		
Therapeutic activities	\$179	33%		
Ot eval mod complex 45 min	\$572	17%		
Hydrate iv infusion add-on	\$1,764	17%		
Glucose blood test	\$36	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Total knee arthroplasty, CPT® 27447

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$57,878
Total knee arthroplasty	VARIABLE	100%		
General procedure services	\$34,203	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$9,241	100%		
Routine venipuncture	\$18	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Ther/proph/diag inj iv push	\$351	100%		
Tx/pro/dx inj new drug addon	\$351	100%		
Tx/pro/dx inj same drug adon	\$351	100%		
Therapeutic exercises	\$176	100%		
Gait training therapy	\$167	100%		
Pt eval low complex 20 min	\$509	100%		
Ot eval low complex 30 min	\$509	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Repair of hammertoe, CPT® 28285

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$16,337
Repair of hammertoe	VARIABLE	100%		
General procedure services	\$14,734	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$150	100%		
Glucose blood test	\$18	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Repair of hammertoe, CPT® 28285

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$26,405
Repair of hammertoe	VARIABLE	100%		
General procedure services	\$18,023	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$12,655
General supporting services	\$2,625	75%		
Glucose blood test	\$36	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Repair of hammertoe, CPT® 28285
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$18,646
Repair of hammertoe	\$4,260	100%		
General procedure services	\$4,948	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,044
General supporting services	\$879	100%		
Partial removal of toe	\$11,786	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Repair of hammertoe, CPT® 28285

Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$23,965
Repair of hammertoe	VARIABLE	100%		
General procedure services	\$18,619	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$13,575
General supporting services	\$2,012	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Repair of hammertoe, CPT® 28285

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,829
Repair of hammertoe	\$7,526	100%		
General procedure services	\$2,128	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,029
General supporting services	\$445	100%		
Correction hallux valgus	\$0	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Repair of hammertoe, CPT® 28285

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$10,240
Repair of hammertoe	VARIABLE	100%		
General procedure services	\$9,500	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$6,724
General supporting services	\$386	100%		
X-ray exam of foot	\$394	25%		
Surgical path gross	\$162	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Repair of hammertoe, CPT® 28285

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$32,003
Repair of hammertoe	VARIABLE	100%		
General procedure services	\$20,100	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$4,539	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Repair of hammertoe, CPT® 28285
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$10,301
Repair of hammertoe	\$8,520	100%		
General procedure services	\$1,348	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$132	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Repair of hammertoe, CPT® 28285

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$22,174
Repair of hammertoe	VARIABLE	100%		
General procedure services	\$19,198	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$370	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Arthroscop rotator cuff repr, CPT® 29827

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$19,684
Arthroscop rotator cuff repr	VARIABLE	100%		
General procedure services	\$15,533	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$2,167	100%		
RBC antibody screen	\$68	100%		
Blood typing serologic abo	\$62	100%		
Blood typing serologic rh(d)	\$62	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Arthroscop rotator cuff repr, CPT® 29827

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$21,328
Arthroscop rotator cuff repr	VARIABLE	100%		
General procedure services	\$16,831	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$2,942	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Arthroscop rotator cuff repr, CPT® 29827

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$21,638
Arthroscop rotator cuff repr	VARIABLE	100%		
General procedure services	\$17,623	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$2,405	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Arthroscop rotator cuff repr, CPT® 29827

Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$20,637
Arthroscop rotator cuff repr	VARIABLE	100%		
General procedure services	\$14,771	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$4,241	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Arthroscop rotator cuff repr, CPT® 29827

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$22,438
Arthroscop rotator cuff repr	VARIABLE	100%		
General procedure services	\$16,613	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$17,850
General supporting services	\$3,525	100%		
Glucose blood test	\$36	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Arthroscop rotator cuff repr, CPT® 29827

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$21,097
Arthroscop rotator cuff repr	VARIABLE	100%		
General procedure services	\$15,168	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$4,113	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Knee arthroscopy/surgery, CPT® 29880
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$17,569
Knee arthroscopy/surgery	\$9,063	100%		
General procedure services	\$2,298	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,026
General supporting services	\$5,752	100%		
Leg surgery procedure	\$0	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Knee arthroscopy/surgery, CPT® 29880
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$25,327
Knee arthroscopy/surgery	VARIABLE	100%		
General procedure services	\$15,563	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$9,298	100%		
Glucose blood test	\$36	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Knee arthroscopy/surgery, CPT® 29880
Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$13,903
Knee arthroscopy/surgery	VARIABLE	100%		
General procedure services	\$12,489	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$6,438
General supporting services	\$1,392	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Knee arthroscopy/surgery, CPT® 29881
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$15,804
Knee arthroscopy/surgery	VARIABLE	100%		
General procedure services	\$10,501	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$8,734
General supporting services	\$5,009	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Knee arthroscopy/surgery, CPT® 29881

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$14,706
Knee arthroscopy/surgery	VARIABLE	100%		
General procedure services	\$13,142	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$6,438
General supporting services	\$2,104	100%		
Urine pregnancy test	\$42	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Knee arthroscopy/surgery, CPT® 29881
Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$15,427
Knee arthroscopy/surgery	VARIABLE	100%		
General procedure services	\$14,139	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$828	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Knee arthroscopy/surgery, CPT® 29881
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$14,970
Knee arthroscopy/surgery	VARIABLE	100%		
General procedure services	\$13,558	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$1,246	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Knee arthroscopy/surgery, CPT® 29881
Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$24,585
Knee arthroscopy/surgery	\$10,758	100%		
General procedure services	\$3,378	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,026
General supporting services	\$10,114	100%		
Leg surgery procedure	\$0	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Knee arthroscopy/surgery, CPT® 29881
Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$13,379
Knee arthroscopy/surgery	VARIABLE	100%		
General procedure services	\$11,271	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$8,785
General supporting services	\$1,498	100%		
Glucose blood test	\$36	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Knee arthroscopy/surgery, CPT® 29881
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$31,048
Knee arthroscopy/surgery	\$15,664	100%		
General procedure services	\$4,047	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$11,001	100%		
Leg surgery procedure	\$0	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Diagnostic laryngoscopy, CPT® 31575

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$676
Diagnostic laryngoscopy	\$512	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Office/outpatient visit est	\$164	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Diagnostic laryngoscopy, CPT® 31575

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$676
Diagnostic laryngoscopy	\$512	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$189
Office/outpatient visit est	\$164	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Diagnostic laryngoscopy, CPT® 31575

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$866
Diagnostic laryngoscopy	\$512	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Office/outpatient visit new	\$354	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Diagnostic laryngoscopy, CPT® 31575

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$676
Diagnostic laryngoscopy	\$512	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Office/outpatient visit est	\$164	100%		

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

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Diagnostic laryngoscopy, CPT® 31575
Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$676
Diagnostic laryngoscopy	\$512	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Office/outpatient visit est	\$164	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Diagnostic laryngoscopy, CPT® 31575

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$771
Diagnostic laryngoscopy	\$512	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$559
Office/outpatient visit new	\$354	50%		
Office/outpatient visit est	\$164	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Insert heart pm ventricular, CPT® 33207

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$31,125
Insert heart pm ventricular	\$12,533	100%		
General procedure services	\$4,759	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$1,819	100%		
X-ray exam chest 2 views	\$356	100%		
Glucose blood test	\$18	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Prothrombin time	\$25	100%		
Hydrate iv infusion add-on	\$882	100%		
Ther/proph/diag inj iv push	\$351	100%		
Tx/pro/dx inj same drug adon	\$351	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$486	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Insert tunneled cv cath, CPT® 36561

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$15,773
Insert tunneled cv cath	\$9,403	100%		
General procedure services	\$1,080	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$8,226
General supporting services	\$685	100%		
Mod sed same phys/qhp 5/>yrs	\$1,107	75%		
Mod sed same phys/qhp ea	\$365	75%		
Us guide vascular access	\$698	75%		
Fluoroguide for Vein Device	\$975	75%		
Flowcytometry/ tc 1 marker	\$109	13%		
Flowcytometry/tc add-on	\$1,744	13%		
Tissue exam by pathologist	\$360	13%		
Tte w/doppler complete	\$2,951	13%		
X-ray exam chest 1 view	\$131	13%		
3d render w/intrp postproces	\$524	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Insert tunneled cv cath, CPT® 36561

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$15,548
Insert tunneled cv cath	\$9,403	100%		
General procedure services	\$1,080	75%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,050
General supporting services	\$1,141	100%		
Us guide vascular access	\$698	100%		
Fluoroguide for Vein Device	\$975	100%		
Mod sed same phys/qhp 5/>yrs	\$1,107	100%		
Mod sed same phys/qhp ea	\$243	75%		
Ther/proph/diag inj sc/im	\$90	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Insert tunneled cv cath, CPT® 36561

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$15,502
Insert tunneled cv cath	\$9,403	100%		
General procedure services	\$1,620	80%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$8,375
General supporting services	\$1,123	100%		
Us guide vascular access	\$698	80%		
Fluoroguide for Vein Device	\$975	80%		
Mod sed same phys/qhp 5/>yrs	\$1,107	80%		
Mod sed same phys/qhp ea	\$243	80%		
Surgical path gross	\$162	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Insert tunneled cv cath, CPT® 36561

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$14,888
Insert tunneled cv cath	\$9,403	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
General supporting services	\$769	100%		
Us guide vascular access	\$698	100%		
Fluoroguide for Vein Device	\$975	100%		
Mod sed same phys/qhp 5/>yrs	\$1,107	100%		
Mod sed same phys/qhp ea	\$972	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Insert tunneled cv cath, CPT® 36561
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$15,338
Insert tunneled cv cath	\$9,403	100%		
General procedure services	\$1,080	70%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,065
General supporting services	\$802	100%		
Us guide vascular access	\$698	80%		
Fluoroguide for Vein Device	\$975	80%		
Mod sed same phys/qhp 5/>yrs	\$1,107	80%		
Mod sed same phys/qhp ea	\$243	80%		
Assay blood carbon dioxide	\$35	10%		
Assay of blood chloride	\$35	10%		
Assay of creatinine	\$31	10%		
Assay glucose blood quant	\$30	10%		
Assay of GGT	\$57	10%		
Assay of lactic acid	\$64	10%		
Assay of lipase	\$59	10%		
Assay alkaline phosphatase	\$31	10%		
Alanine amino (ALT) (SGPT)	\$42	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Insert tunneled cv cath, CPT® 36561

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$15,935
Insert tunneled cv cath	\$9,403	100%		
General procedure services	\$1,708	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,050
General supporting services	\$666	100%		
Us guide vascular access	\$698	50%		
Fluoroguide for Vein Device	\$975	50%		
Mod sed same phys/qhp 5/>yrs	\$1,107	50%		
Mod sed same phys/qhp ea	\$729	50%		
X-ray exam chest 1 view	\$131	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Insert tunneled cv cath, CPT® 36561

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$15,477
Insert tunneled cv cath	\$9,403	100%		
General procedure services	\$1,080	86%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$9,338
General supporting services	\$733	100%		
Mod sed same phys/qhp 5/>yrs	\$1,107	93%		
Mod sed same phys/qhp ea	\$486	93%		
Us guide vascular access	\$698	93%		
Fluoroguide for Vein Device	\$975	93%		
Routine venipuncture	\$18	7%		
Ct pelvis w/o dye	\$2,179	7%		
Alpha-fetoprotein serum	\$102	7%		
Assay of creatinine	\$31	7%		
Lactate (LD) (LDH) enzyme	\$51	7%		
Chorionic gonadotropin test	\$194	7%		
Automated platelet count	\$27	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Insert tunneled cv cath, CPT® 36561

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$14,529
Insert tunneled cv cath	\$9,403	100%		
General procedure services	\$6,406	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$591	100%		
Us guide vascular access	\$698	50%		
Fluoroguide for Vein Device	\$975	50%		
Automated platelet count	\$27	50%		
Mod sed same phys/qhp 5/>yrs	\$1,107	50%		
Mod sed same phys/qhp ea	\$486	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Insert tunneled cv cath, CPT® 36561

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$15,791
Insert tunneled cv cath	\$9,403	100%		
General procedure services	\$1,080	80%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$6,814
General supporting services	\$797	100%		
Us guide vascular access	\$698	80%		
Fluoroguide for Vein Device	\$975	80%		
Mod sed same phys/qhp 5/>yrs	\$1,107	80%		
Mod sed same phys/qhp ea	\$365	80%		
Urine pregnancy test	\$42	10%		
X-ray exam chest 1 view	\$131	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Insert tunneled cv cath, CPT® 36561

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$15,769
Insert tunneled cv cath	\$9,403	100%		
General procedure services	\$1,080	92%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$9,792
General supporting services	\$808	100%		
Mod sed same phys/qhp 5/>yrs	\$1,107	83%		
Mod sed same phys/qhp ea	\$486	83%		
Fluoroguide for Vein Device	\$975	83%		
Us guide vascular access	\$698	75%		
Complete cbc w/auto diff wbc	\$52	17%		
Blood typing serologic abo	\$31	8%		
Assay blood carbon dioxide	\$35	8%		
Assay of blood chloride	\$35	8%		
Assay of creatinine	\$31	8%		
Assay glucose blood quant	\$30	8%		
Assay of serum potassium	\$35	8%		
Assay of serum sodium	\$35	8%		
Assay of urea nitrogen	\$31	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Insert tunneled cv cath, CPT® 36561

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$15,811
Insert tunneled cv cath	\$9,403	100%		
General procedure services	\$1,080	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$8,753
Us guide vascular access	\$698	100%		
Fluoroguide for Vein Device	\$975	100%		
General supporting services	\$868	100%		
Mod sed same phys/qhp 5/>yrs	\$1,107	100%		
Mod sed same phys/qhp ea	\$486	100%		
Dx bone marrow bx & aspir	\$2,430	33%		
Ct scan for needle biopsy	\$2,143	33%		
Complete cbc w/auto diff wbc	\$52	33%		
Reticyte/hgb concentrate	\$20	33%		
Flowcytometry/ tc 1 marker	\$109	33%		
Flowcytometry/tc add-on	\$1,744	33%		
Decalcify tissue	\$113	33%		
Immunohisto antb addl slide	\$876	33%		
Immunohisto antb 1st stain	\$292	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Insert tunneled cv cath, CPT® 36561

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$16,041
Insert tunneled cv cath	\$9,403	100%		
General procedure services	\$1,080	76%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,050
General supporting services	\$908	100%		
Us guide vascular access	\$698	81%		
Fluoroguide for Vein Device	\$975	81%		
Mod sed same phys/qhp 5/>yrs	\$1,107	76%		
Mod sed same phys/qhp ea	\$486	71%		
Glucose blood test	\$18	10%		
Removal tunneled cv cath	\$2,020	10%		
Av fusion direct any site	\$0	5%		
Place catheter in vein	\$685	5%		
Blood transfusion service	\$1,295	5%		
Metabolic panel total ca	\$29	5%		
Comprehen metabolic panel	\$38	5%		
Complete cbc automated	\$49	5%		
Electrocardiogram tracing	\$255	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Remove tonsils and adenoids, CPT® 42820

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$10,151
Remove tonsils and adenoids	VARIABLE	100%		
General procedure services	\$5,253	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$991	100%		
Hospital observation per hr	\$3,321	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Remove tonsils and adenoids, CPT® 42820

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$12,461
Remove tonsils and adenoids	VARIABLE	100%		
General procedure services	\$7,254	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$5,583
General supporting services	\$2,448	100%		
Hospital observation per hr	\$3,134	67%		
Hydration iv infusion init	\$625	33%		
Hydrate iv infusion add-on	\$294	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Egd diagnostic brush wash, CPT® 43235

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,137
Egd diagnostic brush wash	VARIABLE	100%		
General procedure services	\$4,075	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,610
General supporting services	\$64	50%		
Glucose blood test	\$18	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Egd diagnostic brush wash, CPT® 43235

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,229
Egd diagnostic brush wash	\$3,101	100%		
General procedure services	\$904	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$884
General supporting services	\$477	33%		
X-ray bile/panc endoscopy	\$1,332	17%		
Glucose blood test	\$18	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Egd diagnostic brush wash, CPT® 43235

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,309
Egd diagnostic brush wash	VARIABLE	100%		
General procedure services	\$4,125	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,483
General supporting services	\$43	67%		
Urine pregnancy test	\$42	17%		
Glucose blood test	\$36	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Egd diagnostic brush wash, CPT® 43235

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,188
Egd diagnostic brush wash	VARIABLE	100%		
General procedure services	\$4,005	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,188
General supporting services	\$64	50%		
Glucose blood test	\$18	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Egd diagnostic brush wash, CPT® 43235

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,226
Egd diagnostic brush wash	\$3,101	100%		
General procedure services	\$904	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$879
General supporting services	\$75	36%		
Glucose blood test	\$18	21%		
Prothrombin time	\$25	7%		
Office/outpatient visit est	\$164	7%		
Capillary blood draw	\$20	7%		
X-ray bile/panc endoscopy	\$1,332	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Egd diagnostic brush wash, CPT® 43235

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,130
Egd diagnostic brush wash	\$3,101	100%		
General procedure services	\$874	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$879
General supporting services	\$46	100%		
Glucose blood test	\$18	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Egd diagnostic brush wash, CPT® 43235

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,117
Egd diagnostic brush wash	VARIABLE	100%		
General procedure services	\$4,005	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,598
General supporting services	\$9	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Egd diagnostic brush wash, CPT® 43235

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,138
Egd diagnostic brush wash	VARIABLE	100%		
General procedure services	\$4,005	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Glucose blood test	\$18	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Egd diagnostic brush wash, CPT® 43235
Payer Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,889
Egd diagnostic brush wash	\$3,101	100%		
General procedure services	\$644	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
Glucose blood test	\$18	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Egd diagnostic brush wash, CPT® 43235

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,337
Egd diagnostic brush wash	VARIABLE	100%		
General procedure services	\$5,049	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,160
General supporting services	\$595	57%		
Urine pregnancy test	\$42	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Egd diagnostic brush wash, CPT® 43235

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,119
Egd diagnostic brush wash	VARIABLE	100%		
General procedure services	\$4,005	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,119
General supporting services	\$64	33%		
Glucose blood test	\$18	17%		
Urine pregnancy test	\$42	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Egd biopsy single/multiple, CPT® 43239

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,714
Egd biopsy single/multiple	\$3,493	100%		
General procedure services	\$904	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$884
Tissue exam by pathologist	\$1,080	100%		
General supporting services	\$22	62%		
Glucose blood test	\$18	17%		
Diagnostic colonoscopy	\$3,354	10%		
Immunohisto antb 1st stain	\$292	7%		
Special stains group 1	\$99	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Egd biopsy single/multiple, CPT® 43239

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,871
Egd biopsy single/multiple	VARIABLE	100%		
General procedure services	\$4,397	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,160
Tissue exam by pathologist	\$1,080	100%		
General supporting services	\$22	62%		
Urine pregnancy test	\$42	23%		
Immunohisto antb 1st stain	\$292	10%		
Glucose blood test	\$18	7%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Egd biopsy single/multiple, CPT® 43239
Payer Anthem Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,959
Egd biopsy single/multiple	VARIABLE	100%		
General procedure services	\$4,397	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,047
Tissue exam by pathologist	\$1,080	100%		
General supporting services	\$30	76%		
Urine pregnancy test	\$42	24%		
Immunohisto antb 1st stain	\$292	24%		
Glucose blood test	\$18	5%		
Special stains group 1	\$99	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Egd biopsy single/multiple, CPT® 43239
Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,672
Egd biopsy single/multiple	\$3,493	100%		
General procedure services	\$904	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$879
Tissue exam by pathologist	\$1,080	100%		
General supporting services	\$42	61%		
Glucose blood test	\$18	24%		
Diagnostic colonoscopy	\$3,354	14%		
Immunohisto antb 1st stain	\$292	9%		
Special stains group 1	\$149	2%		
Prothrombin time	\$25	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Egd biopsy single/multiple, CPT® 43239
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,916
Egd biopsy single/multiple	\$3,493	100%		
General procedure services	\$904	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$879
Tissue exam by pathologist	\$1,080	100%		
General supporting services	\$31	77%		
Glucose blood test	\$18	27%		
Diagnostic colonoscopy	\$3,354	13%		
Immunohisto antb 1st stain	\$292	10%		
Immunohisto antb addl slide	\$2,920	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Egd biopsy single/multiple, CPT® 43239

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7,301
Egd biopsy single/multiple	VARIABLE	100%		
General procedure services	\$6,254	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,962
General supporting services	\$60	100%		
Tissue exam by pathologist	\$900	100%		
Urine pregnancy test	\$42	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Egd biopsy single/multiple, CPT® 43239
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,909
Egd biopsy single/multiple	VARIABLE	100%		
General procedure services	\$4,397	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,729
Tissue exam by pathologist	\$1,080	100%		
General supporting services	\$35	64%		
Immunohisto antb 1st stain	\$292	21%		
Urine pregnancy test	\$42	17%		
Glucose blood test	\$18	6%		
Culture Aerobic Identify	\$86	2%		
Urine culture/colony count	\$74	2%		
Microbe susceptible mic	\$35	2%		
Urinalysis auto w/scope	\$26	2%		
Special stains group 1	\$99	2%		
Immunohisto antb addl slide	\$876	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Egd biopsy single/multiple, CPT® 43239
Payer Medicaid-Other

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$11,247
Egd biopsy single/multiple	VARIABLE	100%		
General procedure services	\$6,478	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$38	100%		
Assay blood carbon dioxide	\$35	100%		
Assay of blood chloride	\$35	100%		
Assay of creatinine	\$31	100%		
Assay glucose blood quant	\$30	100%		
Assay of serum potassium	\$35	100%		
Assay of serum sodium	\$35	100%		
Assay of urea nitrogen	\$31	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Tissue exam by pathologist	\$720	100%		
Ther/proph/diag inj iv push	\$351	100%		
Emergency dept visit	\$2,578	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Egd biopsy single/multiple, CPT® 43239
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7,271
Egd biopsy single/multiple	\$3,493	100%		
General procedure services	\$1,004	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,115
General supporting services	\$16	100%		
Tissue exam by pathologist	\$900	100%		
Diagnostic colonoscopy	\$3,354	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Egd biopsy single/multiple, CPT® 43239

Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,837
Egd biopsy single/multiple	VARIABLE	100%		
General procedure services	\$4,397	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,377
Tissue exam by pathologist	\$1,080	99%		
General supporting services	\$32	59%		
Urine pregnancy test	\$42	16%		
Immunohisto antb 1st stain	\$292	7%		
Glucose blood test	\$18	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Egd biopsy single/multiple, CPT® 43239

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,615
Egd biopsy single/multiple	VARIABLE	100%		
General procedure services	\$4,397	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,481
Tissue exam by pathologist	\$1,080	100%		
General supporting services	\$22	73%		
Immunohisto antb 1st stain	\$292	18%		
Urine pregnancy test	\$42	9%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Egd biopsy single/multiple, CPT® 43239

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,223
Egd biopsy single/multiple	VARIABLE	100%		
General procedure services	\$4,397	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,765
Tissue exam by pathologist	\$900	86%		
General supporting services	\$64	71%		
Urine pregnancy test	\$42	29%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Egd biopsy single/multiple, CPT® 43239

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,854
Egd biopsy single/multiple	VARIABLE	100%		
General procedure services	\$4,397	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,260
Tissue exam by pathologist	\$1,080	100%		
General supporting services	\$32	67%		
Urine pregnancy test	\$42	15%		
Immunohisto antb 1st stain	\$292	8%		
Glucose blood test	\$18	8%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Egd biopsy single/multiple, CPT® 43239
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,132
Egd biopsy single/multiple	\$3,493	100%		
General procedure services	\$904	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$879
Tissue exam by pathologist	\$720	100%		
General supporting services	\$22	55%		
Glucose blood test	\$18	9%		
Immunohisto antb 1st stain	\$292	9%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Egd biopsy single/multiple, CPT® 43239

Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,560
Egd biopsy single/multiple	VARIABLE	100%		
General procedure services	\$4,397	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,226
General supporting services	\$64	100%		
Tissue exam by pathologist	\$1,080	100%		
Immunohisto antb 1st stain	\$292	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Egd biopsy single/multiple, CPT® 43239

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,896
Egd biopsy single/multiple	VARIABLE	100%		
General procedure services	\$4,397	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,244
Tissue exam by pathologist	\$1,080	100%		
General supporting services	\$31	72%		
Urine pregnancy test	\$42	16%		
Immunohisto antb 1st stain	\$292	10%		
Glucose blood test	\$18	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Egd biopsy single/multiple, CPT® 43239

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,897
Egd biopsy single/multiple	VARIABLE	100%		
General procedure services	\$4,397	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,721
Tissue exam by pathologist	\$1,080	100%		
General supporting services	\$36	76%		
Urine pregnancy test	\$42	15%		
Immunohisto antb 1st stain	\$292	12%		
Glucose blood test	\$18	3%		
Us exam abdom complete	\$863	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Esoph egd dilation <30 mm, CPT® 43249

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$10,169
Esoph egd dilation <30 mm	VARIABLE	100%		
General procedure services	\$7,751	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$183	100%		
Tissue exam by pathologist	\$1,440	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Esoph egd dilation <30 mm, CPT® 43249

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,006
Esoph egd dilation <30 mm	\$3,620	100%		
General procedure services	\$904	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,713
Egd biopsy single/multiple	\$0	100%		
Tissue exam by pathologist	\$360	100%		
General supporting services	\$1,090	83%		
Colonoscopy and biopsy	\$3,493	17%		
Colonoscopy submucous njx	\$0	17%		
Colonoscopy w/lesion removal	\$0	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Esoph egd dilation <30 mm, CPT® 43249

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,613
Esoph egd dilation <30 mm	VARIABLE	100%		
General procedure services	\$7,891	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,244
Tissue exam by pathologist	\$1,440	100%		
General supporting services	\$407	81%		
Urine pregnancy test	\$42	11%		
Glucose blood test	\$18	7%		
Iadna-dna/rna probe tq 12-25	\$771	4%		
Cytopath cell enhance tech	\$137	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Esoph egd dilation <30 mm, CPT® 43249
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,048
Esoph egd dilation <30 mm	\$3,493	100%		
General procedure services	\$904	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$31	100%		
Egd biopsy single/multiple	\$3,354	100%		
Tissue exam by pathologist	\$1,080	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Esoph egd dilation <30 mm, CPT® 43249

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,792
Esoph egd dilation <30 mm	VARIABLE	100%		
General procedure services	\$4,687	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,286
Tissue exam by pathologist	\$1,080	100%		
General supporting services	\$1,136	100%		
Urine pregnancy test	\$42	17%		
Hydrate iv infusion add-on	\$1,176	17%		
Ther/proph/diag inj iv push	\$351	17%		
Tx/pro/dx inj new drug addon	\$702	17%		
Emergency dept visit	\$1,915	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Esoph egd dilation <30 mm, CPT® 43249

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,941
Esoph egd dilation <30 mm	\$3,620	100%		
General procedure services	\$904	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,721
General supporting services	\$183	100%		
Egd biopsy single/multiple	\$0	100%		
Tissue exam by pathologist	\$1,080	100%		
Colonoscopy w/lesion removal	\$1,747	24%		
Colonoscopy and biopsy	\$3,620	18%		
Immunohisto antb 1st stain	\$292	18%		
Glucose blood test	\$18	6%		
Diagnostic colonoscopy	\$0	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Esoph egd dilation <30 mm, CPT® 43249

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,868
Esoph egd dilation <30 mm	VARIABLE	100%		
General procedure services	\$7,751	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$5,737
Tissue exam by pathologist	\$1,440	100%		
General supporting services	\$1,090	76%		
Urine pregnancy test	\$42	10%		
Glucose blood test	\$18	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Esoph egd dilation <30 mm, CPT® 43249

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7,651
Esoph egd dilation <30 mm	VARIABLE	100%		
General procedure services	\$4,687	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,740
Tissue exam by pathologist	\$1,440	100%		
General supporting services	\$239	87%		
Glucose blood test	\$18	5%		
Immunohisto antb 1st stain	\$292	5%		
Urine pregnancy test	\$42	3%		
Str markers specimen anal	\$956	3%		
Special stains group 1	\$99	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Esoph egd dilation <30 mm, CPT® 43249

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,758
Esoph egd dilation <30 mm	VARIABLE	100%		
General procedure services	\$4,524	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,047
Tissue exam by pathologist	\$1,440	100%		
General supporting services	\$723	80%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Esoph egd dilation <30 mm, CPT® 43249

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7,810
Esoph egd dilation <30 mm	VARIABLE	100%		
General procedure services	\$4,617	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,260
Tissue exam by pathologist	\$1,440	96%		
General supporting services	\$1,090	92%		
Urine pregnancy test	\$42	10%		
Special stains group 1	\$99	6%		
Assay of calcium	\$30	2%		
Assay blood carbon dioxide	\$35	2%		
Assay of blood chloride	\$35	2%		
Assay of creatinine	\$31	2%		
Assay glucose blood quant	\$30	2%		
Assay of magnesium	\$49	2%		
Assay of natriuretic peptide	\$134	2%		
Assay alkaline phosphatase	\$31	2%		
Assay of serum potassium	\$35	2%		
Alanine amino (ALT) (SGPT)	\$42	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Esoph egd dilation <30 mm, CPT® 43249

Payer Empire Blue Cross

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,846
Esoph egd dilation <30 mm	VARIABLE	100%		
General procedure services	\$7,878	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$1,090	100%		
Tissue exam by pathologist	\$720	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Esoph egd dilation <30 mm, CPT® 43249

Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$10,703
Esoph egd dilation <30 mm	VARIABLE	100%		
General procedure services	\$5,885	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$8,134
General supporting services	\$472	100%		
Tissue exam by pathologist	\$1,260	100%		
Bilirubin total	\$63	50%		
Assay blood carbon dioxide	\$35	50%		
Assay of blood chloride	\$35	50%		
Assay of creatinine	\$31	50%		
Assay glucose blood quant	\$30	50%		
Assay of lipase	\$59	50%		
Assay alkaline phosphatase	\$31	50%		
Assay of serum potassium	\$35	50%		
Assay of serum sodium	\$35	50%		
Alanine amino (ALT) (SGPT)	\$42	50%		
Assay of urea nitrogen	\$31	50%		
Complete cbc w/auto diff wbc	\$52	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Esoph egd dilation <30 mm, CPT® 43249
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,327
Esoph egd dilation <30 mm	\$3,620	100%		
General procedure services	\$904	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,713
General supporting services	\$632	100%		
Egd biopsy single/multiple	\$0	100%		
Tissue exam by pathologist	\$1,080	100%		
Immunohisto antb 1st stain	\$292	17%		
Colonoscopy and biopsy	\$3,493	17%		
Colonoscopy submucous njx	\$0	17%		
Colonoscopy w/lesion removal	\$0	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Esoph egd dilation <30 mm, CPT® 43249

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,027
Esoph egd dilation <30 mm	VARIABLE	100%		
General procedure services	\$4,391	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,803
Tissue exam by pathologist	\$720	100%		
General supporting services	\$183	88%		
Urine pregnancy test	\$42	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Esoph egd dilation <30 mm, CPT® 43249

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7,722
Esoph egd dilation <30 mm	\$3,620	100%		
General procedure services	\$904	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,713
Tissue exam by pathologist	\$1,440	97%		
Egd biopsy single/multiple	\$0	97%		
General supporting services	\$249	90%		
Colonoscopy and biopsy	\$3,620	31%		
Glucose blood test	\$18	21%		
Colonoscopy w/lesion removal	\$0	21%		
Special stains group 1	\$99	10%		
Colonoscopy submucous njx	\$2,790	7%		
Assay of magnesium	\$49	3%		
Assay of serum potassium	\$35	3%		
Assay blood carbon dioxide	\$35	3%		
Assay of blood chloride	\$35	3%		
Assay of creatinine	\$31	3%		
Assay glucose blood quant	\$30	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Diagnostic colonoscopy, CPT® 45378

Payer Aetna BH

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,473
Diagnostic colonoscopy	VARIABLE	100%		
General procedure services	\$4,398	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$75	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Diagnostic colonoscopy, CPT® 45378

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,384
Diagnostic colonoscopy	VARIABLE	100%		
General procedure services	\$4,258	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,160
General supporting services	\$64	35%		
Urine pregnancy test	\$42	7%		
Glucose blood test	\$18	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Diagnostic colonoscopy, CPT® 45378

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,389
Diagnostic colonoscopy	VARIABLE	100%		
General procedure services	\$4,258	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,260
General supporting services	\$64	35%		
Urine pregnancy test	\$42	8%		
Glucose blood test	\$18	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Diagnostic colonoscopy, CPT® 45378

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,378
Diagnostic colonoscopy	VARIABLE	100%		
General procedure services	\$4,258	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,047
General supporting services	\$71	44%		
Urine pregnancy test	\$42	12%		
Glucose blood test	\$18	3%		
Chorionic gonadotropin assay	\$97	3%		
Routine venipuncture	\$18	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Diagnostic colonoscopy, CPT® 45378

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,390
Diagnostic colonoscopy	VARIABLE	100%		
General procedure services	\$4,258	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,244
General supporting services	\$66	35%		
Urine pregnancy test	\$42	9%		
Glucose blood test	\$18	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Diagnostic colonoscopy, CPT® 45378
Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,258
Diagnostic colonoscopy	VARIABLE	100%		
General procedure services	\$4,258	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Diagnostic colonoscopy, CPT® 45378
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,397
Diagnostic colonoscopy	\$3,354	100%		
General procedure services	\$904	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$860
General supporting services	\$64	29%		
Glucose blood test	\$18	12%		
Tissue exam by pathologist	\$900	12%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Diagnostic colonoscopy, CPT® 45378

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,352
Diagnostic colonoscopy	VARIABLE	100%		
General procedure services	\$4,248	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,962
General supporting services	\$75	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Diagnostic colonoscopy, CPT® 45378
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,352
Diagnostic colonoscopy	\$3,354	100%		
General procedure services	\$904	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$860
General supporting services	\$64	38%		
Glucose blood test	\$18	18%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Diagnostic colonoscopy, CPT® 45378
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,378
Diagnostic colonoscopy	\$3,354	100%		
General procedure services	\$864	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$876
Glucose blood test	\$18	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Diagnostic colonoscopy, CPT® 45378
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,378
Diagnostic colonoscopy	\$3,354	100%		
General procedure services	\$904	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$864
General supporting services	\$64	26%		
Glucose blood test	\$18	21%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Diagnostic colonoscopy, CPT® 45378

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,418
Diagnostic colonoscopy	VARIABLE	100%		
General procedure services	\$4,258	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,765
General supporting services	\$64	17%		
Urine pregnancy test	\$42	17%		
Glucose blood test	\$18	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Diagnostic colonoscopy, CPT® 45378

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,390
Diagnostic colonoscopy	VARIABLE	100%		
General procedure services	\$4,258	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,539
General supporting services	\$64	36%		
Urine pregnancy test	\$42	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Diagnostic colonoscopy, CPT® 45378

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,349
Diagnostic colonoscopy	VARIABLE	100%		
General procedure services	\$4,258	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,744
General supporting services	\$64	47%		
Urine pregnancy test	\$42	10%		
Glucose blood test	\$18	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Diagnostic colonoscopy, CPT® 45378

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,351
Diagnostic colonoscopy	VARIABLE	100%		
General procedure services	\$4,258	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,698
General supporting services	\$37	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Diagnostic colonoscopy, CPT® 45378

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,380
Diagnostic colonoscopy	VARIABLE	100%		
General procedure services	\$4,258	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,764
General supporting services	\$71	38%		
Glucose blood test	\$18	10%		
Urine pregnancy test	\$42	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Colonoscopy and biopsy, CPT® 45380
Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$10,692
Colonoscopy and biopsy	VARIABLE	100%		
General procedure services	\$8,377	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,148
Tissue exam by pathologist	\$2,160	100%		
General supporting services	\$89	82%		
Urine pregnancy test	\$42	45%		
Glucose blood test	\$18	18%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Colonoscopy and biopsy, CPT® 45380
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,896
Colonoscopy and biopsy	\$3,880	100%		
General procedure services	\$904	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,131
Tissue exam by pathologist	\$720	100%		
General supporting services	\$92	58%		
Egd biopsy single/multiple	\$3,493	29%		
Colonoscopy w/lesion removal	\$0	29%		
Glucose blood test	\$18	10%		
Colonoscopy submucous njx	\$0	3%		
Immunohisto antb 1st stain	\$292	3%		
Ther/proph/diag iv inf init	\$625	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Colonoscopy and biopsy, CPT® 45380
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,993
Colonoscopy and biopsy	VARIABLE	100%		
General procedure services	\$4,784	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,244
Tissue exam by pathologist	\$720	100%		
General supporting services	\$67	72%		
Urine pregnancy test	\$42	12%		
Glucose blood test	\$18	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Colonoscopy and biopsy, CPT® 45380
Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,018
Colonoscopy and biopsy	VARIABLE	100%		
General procedure services	\$4,824	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,160
Tissue exam by pathologist	\$1,080	100%		
General supporting services	\$67	72%		
Urine pregnancy test	\$42	12%		
Glucose blood test	\$18	6%		
Immunohisto antb 1st stain	\$292	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Colonoscopy and biopsy, CPT® 45380
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,867
Colonoscopy and biopsy	VARIABLE	100%		
General procedure services	\$4,804	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,047
Tissue exam by pathologist	\$720	100%		
General supporting services	\$75	85%		
Urine pregnancy test	\$42	15%		
Glucose blood test	\$18	6%		
Immunohisto antb 1st stain	\$292	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Colonoscopy and biopsy, CPT® 45380
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,501
Colonoscopy and biopsy	\$3,880	100%		
General procedure services	\$904	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,131
Tissue exam by pathologist	\$1,080	100%		
General supporting services	\$99	72%		
Colonoscopy w/lesion removal	\$0	42%		
Egd biopsy single/multiple	\$3,493	37%		
Glucose blood test	\$18	17%		
Colonoscopy submucous njx	\$0	8%		
Immunohisto antb 1st stain	\$292	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Colonoscopy and biopsy, CPT® 45380
Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,163
Colonoscopy and biopsy	VARIABLE	100%		
General procedure services	\$5,004	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,962
Tissue exam by pathologist	\$720	100%		
General supporting services	\$95	67%		
Urine pregnancy test	\$42	6%		
Glucose blood test	\$18	6%		
Special stains group 2	\$152	6%		
Immunohisto antb 1st stain	\$292	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Colonoscopy and biopsy, CPT® 45380
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,627
Colonoscopy and biopsy	VARIABLE	100%		
General procedure services	\$4,824	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,182
Tissue exam by pathologist	\$1,080	100%		
General supporting services	\$67	64%		
Urine pregnancy test	\$42	10%		
Glucose blood test	\$18	7%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Colonoscopy and biopsy, CPT® 45380
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,260
Colonoscopy and biopsy	\$3,880	100%		
General procedure services	\$904	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,131
Tissue exam by pathologist	\$1,080	100%		
General supporting services	\$92	73%		
Colonoscopy w/lesion removal	\$0	35%		
Egd biopsy single/multiple	\$3,493	31%		
Glucose blood test	\$18	15%		
Colonoscopy submucous njx	\$0	5%		
Immunohisto antb 1st stain	\$292	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Colonoscopy and biopsy, CPT® 45380
Payer Anthem

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,166
Colonoscopy and biopsy	VARIABLE	100%		
General procedure services	\$4,784	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,260
Tissue exam by pathologist	\$1,080	100%		
General supporting services	\$73	69%		
Urine pregnancy test	\$42	8%		
Glucose blood test	\$18	6%		
Immunohisto antb 1st stain	\$292	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Colonoscopy and biopsy, CPT® 45380
Payer Multiplan

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,062
Colonoscopy and biopsy	VARIABLE	100%		
General procedure services	\$6,531	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$6,127
Tissue exam by pathologist	\$1,080	100%		
Urine pregnancy test	\$42	50%		
General supporting services	\$42	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Colonoscopy and biopsy, CPT® 45380
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,894
Colonoscopy and biopsy	\$3,880	100%		
General procedure services	\$904	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,154
Tissue exam by pathologist	\$720	100%		
General supporting services	\$64	60%		
Glucose blood test	\$18	40%		
Egd biopsy single/multiple	\$3,493	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Colonoscopy and biopsy, CPT® 45380
Payer Connecticare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,356
Colonoscopy and biopsy	VARIABLE	100%		
General procedure services	\$4,844	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,011
Tissue exam by pathologist	\$1,080	100%		
General supporting services	\$67	81%		
Urine pregnancy test	\$42	11%		
Glucose blood test	\$18	5%		
Iadna-dna/rna probe tq 12-25	\$771	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Colonoscopy and biopsy, CPT® 45380
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,928
Colonoscopy and biopsy	\$3,880	100%		
General procedure services	\$904	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,137
Tissue exam by pathologist	\$720	100%		
General supporting services	\$73	78%		
Colonoscopy w/lesion removal	\$0	40%		
Egd biopsy single/multiple	\$3,493	24%		
Colonoscopy submucous njx	\$0	6%		
Glucose blood test	\$18	4%		
Immunohisto antb 1st stain	\$292	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Colonoscopy and biopsy, CPT® 45380
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,989
Colonoscopy and biopsy	VARIABLE	100%		
General procedure services	\$4,784	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,474
Tissue exam by pathologist	\$900	100%		
General supporting services	\$67	70%		
Urine pregnancy test	\$42	10%		
Glucose blood test	\$18	7%		
Immunohisto antb 1st stain	\$292	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Colonoscopy and biopsy, CPT® 45380
Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,070
Colonoscopy and biopsy	VARIABLE	100%		
General procedure services	\$4,784	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,763
Tissue exam by pathologist	\$720	100%		
General supporting services	\$73	47%		
Glucose blood test	\$18	13%		
Assay of serum potassium	\$35	7%		
Assay of serum sodium	\$35	7%		
Assay of urea nitrogen	\$31	7%		
Complete cbc automated	\$147	7%		
Blood typing serologic abo	\$31	7%		
Blood typing serologic rh(d)	\$31	7%		
Assay blood carbon dioxide	\$35	7%		
Assay of blood chloride	\$35	7%		
Assay of creatinine	\$31	7%		
Assay glucose blood quant	\$30	7%		
Emergency dept visit	\$2,578	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Colonoscopy w/lesion removal, CPT® 45385

Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,254
Colonoscopy w/lesion removal	VARIABLE	100%		
General procedure services	\$4,864	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,635
Tissue exam by pathologist	\$720	100%		
General supporting services	\$107	77%		
Glucose blood test	\$18	7%		
Urine pregnancy test	\$42	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Colonoscopy w/lesion removal, CPT® 45385

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,143
Colonoscopy w/lesion removal	VARIABLE	100%		
General procedure services	\$4,924	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,876
Tissue exam by pathologist	\$720	100%		
General supporting services	\$122	69%		
Urine pregnancy test	\$42	6%		
Glucose blood test	\$18	6%		
Immunohisto antb addl slide	\$292	3%		
Immunohisto antb 1st stain	\$292	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Colonoscopy w/lesion removal, CPT® 45385

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,961
Colonoscopy w/lesion removal	VARIABLE	100%		
General procedure services	\$4,804	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,761
Tissue exam by pathologist	\$720	99%		
General supporting services	\$122	72%		
Glucose blood test	\$18	8%		
Urine pregnancy test	\$42	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Colonoscopy w/lesion removal, CPT® 45385

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,043
Colonoscopy w/lesion removal	VARIABLE	100%		
General procedure services	\$4,804	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,047
Tissue exam by pathologist	\$720	100%		
General supporting services	\$100	81%		
Glucose blood test	\$18	8%		
Urine pregnancy test	\$42	6%		
Ct maxillofacial w/o dye	\$1,824	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Colonoscopy w/lesion removal, CPT® 45385
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,641
Colonoscopy w/lesion removal	\$3,493	100%		
General procedure services	\$944	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,131
Tissue exam by pathologist	\$1,080	98%		
General supporting services	\$116	82%		
Colonoscopy and biopsy	\$3,880	53%		
Egd biopsy single/multiple	\$0	33%		
Colonoscopy submucous njx	\$3,493	16%		
Glucose blood test	\$18	11%		
Immunohisto antb 1st stain	\$292	9%		
Immunohisto antb addl slide	\$730	4%		
Assay alkaline phosphatase	\$31	2%		
Alanine amino (ALT) (SGPT)	\$42	2%		
Assay of calcium	\$30	2%		
Assay blood carbon dioxide	\$35	2%		
Assay of blood chloride	\$35	2%		
Assay glucose blood quant	\$30	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Colonoscopy w/lesion removal, CPT® 45385

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7,140
Colonoscopy w/lesion removal	VARIABLE	100%		
General procedure services	\$5,364	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,962
Tissue exam by pathologist	\$1,080	100%		
General supporting services	\$109	86%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Colonoscopy w/lesion removal, CPT® 45385

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,072
Colonoscopy w/lesion removal	VARIABLE	100%		
General procedure services	\$4,824	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,244
Tissue exam by pathologist	\$720	100%		
General supporting services	\$100	76%		
Glucose blood test	\$18	8%		
Urine pregnancy test	\$42	6%		
Immunohisto antb addl slide	\$876	2%		
Immunohisto antb 1st stain	\$292	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Colonoscopy w/lesion removal, CPT® 45385
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,345
Colonoscopy w/lesion removal	\$3,493	100%		
General procedure services	\$904	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,131
Tissue exam by pathologist	\$1,080	99%		
General supporting services	\$100	74%		
Colonoscopy and biopsy	\$3,880	54%		
Egd biopsy single/multiple	\$0	27%		
Glucose blood test	\$18	11%		
Colonoscopy submucous njx	\$2,086	10%		
Immunohisto antb 1st stain	\$292	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Colonoscopy w/lesion removal, CPT® 45385
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,139
Colonoscopy w/lesion removal	\$2,086	100%		
General procedure services	\$904	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,137
Tissue exam by pathologist	\$1,080	100%		
General supporting services	\$97	80%		
Colonoscopy and biopsy	\$3,880	58%		
Egd biopsy single/multiple	\$0	23%		
Colonoscopy submucous njx	\$2,086	15%		
Glucose blood test	\$18	11%		
Prothrombin time	\$25	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Colonoscopy w/lesion removal, CPT® 45385

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,704
Colonoscopy w/lesion removal	VARIABLE	100%		
General procedure services	\$4,804	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,536
Tissue exam by pathologist	\$720	100%		
General supporting services	\$99	86%		
Immunohisto antb 1st stain	\$292	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Colonoscopy w/lesion removal, CPT® 45385
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,693
Colonoscopy w/lesion removal	\$0	100%		
General procedure services	\$904	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,154
General supporting services	\$64	100%		
Colonoscopy and biopsy	\$3,880	100%		
Tissue exam by pathologist	\$1,800	100%		
Glucose blood test	\$18	33%		
Egd biopsy single/multiple	\$0	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Colonoscopy w/lesion removal, CPT® 45385

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,867
Colonoscopy w/lesion removal	VARIABLE	100%		
General procedure services	\$4,784	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,148
Tissue exam by pathologist	\$720	100%		
General supporting services	\$97	82%		
Urine pregnancy test	\$63	18%		
Glucose blood test	\$18	9%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Colonoscopy w/lesion removal, CPT® 45385

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,159
Colonoscopy w/lesion removal	VARIABLE	100%		
General procedure services	\$4,824	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,260
Tissue exam by pathologist	\$720	100%		
General supporting services	\$100	78%		
Glucose blood test	\$18	7%		
Urine pregnancy test	\$42	5%		
Immunohisto antb 1st stain	\$292	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Colonoscopy w/lesion removal, CPT® 45385

Payer Empire Blue Cross

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,700
Colonoscopy w/lesion removal	VARIABLE	100%		
General procedure services	\$6,870	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Tissue exam by pathologist	\$1,800	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Colonoscopy w/lesion removal, CPT® 45385
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,959
Colonoscopy w/lesion removal	\$3,880	100%		
General procedure services	\$904	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,131
Tissue exam by pathologist	\$720	100%		
General supporting services	\$96	71%		
Colonoscopy and biopsy	\$3,880	24%		
Glucose blood test	\$18	24%		
Egd biopsy single/multiple	\$1,747	12%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Colonoscopy w/lesion removal, CPT® 45385

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,962
Colonoscopy w/lesion removal	VARIABLE	100%		
General procedure services	\$4,804	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,740
Tissue exam by pathologist	\$720	100%		
General supporting services	\$100	74%		
Urine pregnancy test	\$42	7%		
Glucose blood test	\$18	7%		
Immunohisto antb 1st stain	\$292	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Spinal Fusion Except Cervical Without Mcc, MS-DRG: 460
Payer Anthem

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$105,392
Spinal Fusion Except Cervical Without Mcc	\$105,392	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$83,173

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Spinal Fusion Except Cervical Without Mcc, MS-DRG: 460
Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$136,268
Spinal Fusion Except Cervical Without Mcc	\$136,268	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$80,345

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Spinal Fusion Except Cervical Without Mcc, MS-DRG: 460
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$98,702
Spinal Fusion Except Cervical Without Mcc	\$98,702	100%	Average Negotiated Charge (Payment) / Visit	\$33,261
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Spinal Fusion Except Cervical Without Mcc, MS-DRG: 460
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$91,993
Spinal Fusion Except Cervical Without Mcc	\$91,993	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$74,360

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Spinal Fusion Except Cervical Without Mcc, MS-DRG: 460

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$99,206
Spinal Fusion Except Cervical Without Mcc	\$99,206	100%	Average Negotiated Charge (Payment) / Visit	\$33,383
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Spinal Fusion Except Cervical Without Mcc, MS-DRG: 460
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$101,232
Spinal Fusion Except Cervical Without Mcc	\$101,232	100%	Average Negotiated Charge (Payment) / Visit	\$33,456
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Spinal Fusion Except Cervical Without Mcc, MS-DRG: 460
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$101,949
Spinal Fusion Except Cervical Without Mcc	\$101,949	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Spinal Fusion Except Cervical Without Mcc, MS-DRG: 460
Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$137,312
Spinal Fusion Except Cervical Without Mcc	\$137,312	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Spinal Fusion Except Cervical Without Mcc, MS-DRG: 460
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$120,995
Spinal Fusion Except Cervical Without Mcc	\$120,995	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Spinal Fusion Except Cervical Without Mcc, MS-DRG: 460
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$89,755
Spinal Fusion Except Cervical Without Mcc	\$89,755	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$74,250

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc, MS-DRG: 470
Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$56,181
Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc	\$56,181	100%	Average Negotiated Charge (Payment) / Visit	\$38,496
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name	Danbury Hospital
Prices Posted & Effective	1/1/2021
Charge Display	Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc, MS-DRG: 470
Payer	Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$55,489
Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc	\$55,489	100%	Average Negotiated Charge (Payment) / Visit	\$37,152
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc, MS-DRG: 470
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$56,537
Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc	\$56,537	100%	Average Negotiated Charge (Payment) / Visit	\$16,761
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc, MS-DRG: 470
Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$56,613
Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc	\$56,613	100%	Average Negotiated Charge (Payment) / Visit	\$35,950
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc, MS-DRG: 470
Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$49,630
Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc	\$49,630	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name	Danbury Hospital
Prices Posted & Effective	1/1/2021
Charge Display	Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc, MS-DRG: 470
Payer	Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$52,406
Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc	\$52,406	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$15,935

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc, MS-DRG: 470
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$51,158
Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc	\$51,158	100%	Average Negotiated Charge (Payment) / Visit	\$16,791
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc, MS-DRG: 470
Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$56,090
Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc	\$56,090	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc, MS-DRG: 470
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$61,029
Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc	\$61,029	100%	Average Negotiated Charge (Payment) / Visit	\$38,940
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name	Danbury Hospital
Prices Posted & Effective	1/1/2021
Charge Display	Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc, MS-DRG: 470
Payer	Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$55,432
Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc	\$55,432	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$16,700

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc, MS-DRG: 470
Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$48,038
Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc	\$48,038	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc, MS-DRG: 470
Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$52,513
Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc	\$52,513	100%	Average Negotiated Charge (Payment) / Visit	\$40,990
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc, MS-DRG: 470
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$53,862
Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc	\$53,862	100%	Average Negotiated Charge (Payment) / Visit	\$36,959
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc, MS-DRG: 470
Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$56,255
Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity Without Mcc	\$56,255	100%	Average Negotiated Charge (Payment) / Visit	\$36,904
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cervical Spinal Fusion Without Cc/Mcc, MS-DRG: 473
Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$77,873
Cervical Spinal Fusion Without Cc/Mcc	\$77,873	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$48,882

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cervical Spinal Fusion Without Cc/Mcc, MS-DRG: 473
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$101,219
Cervical Spinal Fusion Without Cc/Mcc	\$101,219	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$47,173

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cervical Spinal Fusion Without Cc/Mcc, MS-DRG: 473
Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$67,881
Cervical Spinal Fusion Without Cc/Mcc	\$67,881	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$40,103

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cervical Spinal Fusion Without Cc/Mcc, MS-DRG: 473
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$78,713
Cervical Spinal Fusion Without Cc/Mcc	\$78,713	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$47,102

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cervical Spinal Fusion Without Cc/Mcc, MS-DRG: 473

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$107,740
Cervical Spinal Fusion Without Cc/Mcc	\$107,740	100%	Average Negotiated Charge (Payment) / Visit	\$20,655
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cervical Spinal Fusion Without Cc/Mcc, MS-DRG: 473
Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$86,465
Cervical Spinal Fusion Without Cc/Mcc	\$86,465	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$49,135

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Laparoscopic cholecystectomy, CPT® 47562
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$24,876
Laparoscopic cholecystectomy	VARIABLE	100%		
General procedure services	\$19,391	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$15,311
General supporting services	\$3,167	100%		
Tissue exam by pathologist	\$410	100%		
Electrocardiogram tracing	\$255	14%		
Acute hepatitis panel	\$326	14%		
Bilirubin total	\$126	14%		
Assay of creatinine	\$62	14%		
Assay glucose blood quant	\$30	14%		
Assay of GGT	\$57	14%		
Assay of lipase	\$59	14%		
Assay alkaline phosphatase	\$62	14%		
Alanine amino (ALT) (SGPT)	\$84	14%		
Assay of urea nitrogen	\$62	14%		
Chorionic gonadotropin assay	\$97	14%		
Complete cbc w/auto diff wbc	\$104	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Laparoscopic cholecystectomy, CPT® 47562

Payer Medicaid-Other

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$24,162
Laparoscopic cholecystectomy	VARIABLE	100%		
General procedure services	\$16,943	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$3,130	100%		
Bilirubin total	\$63	100%		
Assay blood carbon dioxide	\$35	100%		
Assay of blood chloride	\$35	100%		
Assay of creatinine	\$31	100%		
Assay glucose blood quant	\$30	100%		
Assay of lipase	\$59	100%		
Assay alkaline phosphatase	\$31	100%		
Assay of serum potassium	\$35	100%		
Assay of serum sodium	\$35	100%		
Alanine amino (ALT) (SGPT)	\$42	100%		
Assay of urea nitrogen	\$31	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Emergency dept visit	\$2,578	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Laparoscopic cholecystectomy, CPT® 47562
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$28,275
Laparoscopic cholecystectomy	\$18,528	100%		
General procedure services	\$3,768	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$5,306
General supporting services	\$3,315	100%		
Tissue exam by pathologist	\$410	100%		
Assay blood carbon dioxide	\$105	33%		
Assay of blood chloride	\$105	33%		
Assay of creatinine	\$93	33%		
Assay glucose blood quant	\$90	33%		
Assay of GGT	\$57	33%		
Assay of lipase	\$89	33%		
Assay of magnesium	\$123	33%		
Assay alkaline phosphatase	\$78	33%		
Assay of phosphorus	\$74	33%		
Assay of serum potassium	\$105	33%		
Assay of serum sodium	\$105	33%		
Alanine amino (ALT) (SGPT)	\$105	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Laparoscopic cholecystectomy, CPT® 47562

Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$23,078
Laparoscopic cholecystectomy	\$15,478	100%		
General procedure services	\$3,854	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$2,428	100%		
Tissue exam by pathologist	\$410	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Laparoscopic cholecystectomy, CPT® 47562

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$23,876
Laparoscopic cholecystectomy	VARIABLE	100%		
General procedure services	\$19,351	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$16,122
General supporting services	\$3,149	100%		
Tissue exam by pathologist	\$410	100%		
Tx/pro/dx inj new drug addon	\$878	17%		
Tx/pro/dx inj same drug adon	\$351	17%		
Assay blood carbon dioxide	\$70	13%		
Assay of blood chloride	\$70	13%		
Assay of creatinine	\$62	13%		
Assay glucose blood quant	\$60	13%		
Assay of lipase	\$59	13%		
Assay alkaline phosphatase	\$31	13%		
Assay of serum potassium	\$70	13%		
Assay of serum sodium	\$70	13%		
Alanine amino (ALT) (SGPT)	\$42	13%		
Assay of urea nitrogen	\$62	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Laparoscopic cholecystectomy, CPT® 47562

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$17,473
Laparoscopic cholecystectomy	VARIABLE	100%		
General procedure services	\$13,192	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$3,119	100%		
Tissue exam by pathologist	\$410	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Laparoscopic cholecystectomy, CPT® 47562

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$26,251
Laparoscopic cholecystectomy	VARIABLE	100%		
General procedure services	\$20,861	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$16,197
General supporting services	\$3,021	100%		
Tissue exam by pathologist	\$410	100%		
Complete cbc automated	\$49	25%		
Ther/proph/diag inj iv push	\$351	25%		
Electrolyte panel	\$23	25%		
Bilirubin total	\$63	25%		
Assay of creatinine	\$31	25%		
Assay glucose blood quant	\$30	25%		
Assay alkaline phosphatase	\$31	25%		
Transferase (AST) (SGOT)	\$29	25%		
Alanine amino (ALT) (SGPT)	\$42	25%		
Assay of urea nitrogen	\$31	25%		
Bl smear w/diff wbc count	\$29	13%		
Assay of lipase	\$59	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Laparoscopic cholecystectomy, CPT® 47562

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$24,784
Laparoscopic cholecystectomy	VARIABLE	100%		
General procedure services	\$20,807	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$15,366
General supporting services	\$2,667	100%		
Tissue exam by pathologist	\$410	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Laparoscopic cholecystectomy, CPT® 47562
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$21,851
Laparoscopic cholecystectomy	\$13,064	100%		
General procedure services	\$4,782	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$5,332
General supporting services	\$3,757	100%		
Tissue exam by pathologist	\$410	100%		
Glucose blood test	\$36	33%		
Assay of lipase	\$59	17%		
Assay alkaline phosphatase	\$31	17%		
Assay of serum potassium	\$105	17%		
Assay of serum sodium	\$105	17%		
Alanine amino (ALT) (SGPT)	\$42	17%		
Assay of urea nitrogen	\$93	17%		
Bilirubin total	\$63	17%		
Assay blood carbon dioxide	\$105	17%		
Assay of blood chloride	\$105	17%		
Assay of creatinine	\$93	17%		
Assay glucose blood quant	\$90	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Laparoscopic cholecystectomy, CPT® 47562

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$24,227
Laparoscopic cholecystectomy	VARIABLE	100%		
General procedure services	\$19,784	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$13,586
General supporting services	\$3,212	100%		
Tissue exam by pathologist	\$410	100%		
Hydrate iv infusion add-on	\$3,969	13%		
Routine venipuncture	\$18	13%		
Bilirubin total	\$95	13%		
Assay blood carbon dioxide	\$53	13%		
Assay of blood chloride	\$53	13%		
Assay of creatinine	\$47	13%		
Assay alkaline phosphatase	\$47	13%		
Assay of serum potassium	\$53	13%		
Assay of serum sodium	\$53	13%		
Alanine amino (ALT) (SGPT)	\$63	13%		
Assay of urea nitrogen	\$47	13%		
Complete cbc w/auto diff wbc	\$78	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Laparoscopic cholecystectomy, CPT® 47562

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$23,229
Laparoscopic cholecystectomy	VARIABLE	100%		
General procedure services	\$18,863	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$11,264
General supporting services	\$3,165	100%		
Tissue exam by pathologist	\$410	100%		
Transferase (AST) (SGOT)	\$29	29%		
Alanine amino (ALT) (SGPT)	\$42	29%		
Assay alkaline phosphatase	\$31	29%		
Bilirubin total	\$63	29%		
Urine pregnancy test	\$42	26%		
Assay of serum potassium	\$35	23%		
Assay of serum sodium	\$35	23%		
Assay blood carbon dioxide	\$35	23%		
Assay of blood chloride	\$35	23%		
Assay of creatinine	\$31	23%		
Assay of urea nitrogen	\$31	23%		
Complete cbc w/auto diff wbc	\$52	23%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Laparoscopic cholecystectomy, CPT® 47562

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$25,420
Laparoscopic cholecystectomy	VARIABLE	100%		
General procedure services	\$19,883	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$14,701
General supporting services	\$2,930	100%		
Tissue exam by pathologist	\$410	95%		
Urine pregnancy test	\$42	23%		
Bilirubin total	\$63	18%		
Assay blood carbon dioxide	\$35	18%		
Assay of blood chloride	\$35	18%		
Assay of creatinine	\$31	18%		
Assay glucose blood quant	\$30	18%		
Assay of lipase	\$59	18%		
Assay alkaline phosphatase	\$31	18%		
Assay of serum potassium	\$35	18%		
Assay of serum sodium	\$35	18%		
Alanine amino (ALT) (SGPT)	\$42	18%		
Assay of urea nitrogen	\$31	18%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Laparoscopic cholecystectomy, CPT® 47562

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$25,098
Laparoscopic cholecystectomy	VARIABLE	100%		
General procedure services	\$20,490	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$10,701
General supporting services	\$3,170	100%		
Tissue exam by pathologist	\$410	100%		
Glucose blood test	\$36	14%		
RBC antibody screen	\$68	14%		
Blood typing serologic abo	\$62	14%		
Blood typing serologic rh(d)	\$62	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Abd paracentesis w/imaging, CPT® 49083
Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,875
Abd paracentesis w/imaging	\$2,072	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,739
General supporting services	\$320	100%		
Cytopath cell enhance tech	\$137	40%		
Assay of urine albumin	\$30	20%		
Assay blood carbon dioxide	\$35	20%		
Assay of blood chloride	\$35	20%		
Assay of creatinine	\$31	20%		
Assay glucose blood quant	\$30	20%		
Assay of lactic acid	\$64	20%		
Assay of lipase	\$59	20%		
Assay alkaline phosphatase	\$31	20%		
Assay of serum potassium	\$35	20%		
Assay of protein other	\$29	20%		
Assay of serum sodium	\$35	20%		
Alanine amino (ALT) (SGPT)	\$42	20%		
Assay of urea nitrogen	\$31	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Abd paracentesis w/imaging, CPT® 49083
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,894
Abd paracentesis w/imaging	\$2,072	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,397
General supporting services	\$410	100%		
Ther/proph/diag iv inf init	\$625	57%		
Albumin (human), 25%, 50ml	\$465	57%		
Culture othr specimn aerobic	\$80	43%		
Cultr bacteria except blood	\$97	43%		
Body fluid cell count	\$51	43%		
Assay blood carbon dioxide	\$35	29%		
Assay of blood chloride	\$35	29%		
Assay of creatinine	\$31	29%		
Assay glucose blood quant	\$30	29%		
Assay alkaline phosphatase	\$31	29%		
Assay of serum potassium	\$35	29%		
Assay of protein other	\$29	29%		
Assay of serum sodium	\$35	29%		
Alanine amino (ALT) (SGPT)	\$42	29%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Abd paracentesis w/imaging, CPT® 49083
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,629
Abd paracentesis w/imaging	\$2,072	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$607	100%		
Assay of urine albumin	\$30	100%		
Glucose Other Fluid	\$35	100%		
Lactate (LD) (LDH) enzyme	\$51	100%		
Assay of protein other	\$29	100%		
Culture othr specimn aerobic	\$80	100%		
Cultr bacteria except blood	\$97	100%		
Smear gram stain	\$70	100%		
Cytopath cell enhance tech	\$137	100%		
Tissue exam by pathologist	\$370	100%		
Body fluid cell count	\$51	100%		

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Hospital Name Danbury Hospital
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Charge Display Abd paracentesis w/imaging, CPT® 49083
Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,884
Abd paracentesis w/imaging	\$2,072	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,901
General supporting services	\$495	100%		
Ther/proph/diag iv inf init	\$625	50%		
Ther/proph/diag iv inf addon	\$294	50%		
Albumin (human), 25%, 50ml	\$781	50%		
Prothrombin time	\$25	18%		
Collect blood from picc	\$111	9%		
Us exam abdom complete	\$863	5%		
Routine venipuncture	\$18	5%		
Culture othr specimn aerobic	\$80	5%		
Cultur bacteria except blood	\$97	5%		
Smear gram stain	\$70	5%		

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Hospital Name Danbury Hospital
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Charge Display Abd paracentesis w/imaging, CPT® 49083
Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,772
Abd paracentesis w/imaging	\$2,072	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,530
General supporting services	\$485	100%		
Ther/proph/diag iv inf init	\$625	85%		
Albumin (human), 25%, 50ml	\$443	85%		
Cytopath cell enhance tech	\$137	35%		
Body fluid cell count	\$51	32%		
Glucose Other Fluid	\$35	32%		
Assay of protein other	\$29	32%		
Culture othr specimn aerobic	\$80	32%		
Cultr bacteria except blood	\$97	32%		
Smear gram stain	\$70	32%		
Lactate (LD) (LDH) enzyme	\$51	29%		
Assay of urine albumin	\$30	29%		
Tissue exam by pathologist	\$370	26%		
Office/outpatient visit est	\$164	6%		
Alanine amino (ALT) (SGPT)	\$42	3%		

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Hospital Name Danbury Hospital
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Charge Display Abd paracentesis w/imaging, CPT® 49083
Payer Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,382
Abd paracentesis w/imaging	\$2,072	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$360	100%		
Assay of urine albumin	\$30	100%		
Glucose Other Fluid	\$35	100%		
Lactate (LD) (LDH) enzyme	\$51	100%		
Assay of protein other	\$29	100%		
Culture othr specimn aerobic	\$80	100%		
Cultr bacteria except blood	\$97	100%		
Smear gram stain	\$70	100%		
Cytopath cell enhance tech	\$137	100%		
Tissue exam by pathologist	\$370	100%		
Body fluid cell count	\$51	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Abd paracentesis w/imaging, CPT® 49083
Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,464
Abd paracentesis w/imaging	\$2,072	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,502
General supporting services	\$356	100%		
Assay of urine albumin	\$30	25%		
Glucose Other Fluid	\$35	25%		
Lactate (LD) (LDH) enzyme	\$51	25%		
Assay of protein other	\$29	25%		
Culture othr specimn aerobic	\$80	25%		
Cultr bacteria except blood	\$97	25%		
Smear gram stain	\$70	25%		
Cytopath cell enhance tech	\$137	25%		
Tissue exam by pathologist	\$370	25%		
Body fluid cell count	\$51	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Abd paracentesis w/imaging, CPT® 49083
Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,610
Abd paracentesis w/imaging	\$2,072	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$879
General supporting services	\$344	100%		
Ther/proph/diag iv inf init	\$625	31%		
Albumin (human), 25%, 50ml	\$443	31%		
Chemo anti-neopl sq/im	\$557	15%		
Comprehen metabolic panel	\$38	15%		
Complete cbc w/auto diff wbc	\$52	15%		
Culture othr specimn aerobic	\$80	8%		
Cultr bacteria except blood	\$97	8%		
Cytopath cell enhance tech	\$137	8%		
Immunohisto antb 1st stain	\$292	8%		
Body fluid cell count	\$51	8%		
Assay of urine albumin	\$30	8%		
Glucose Other Fluid	\$35	8%		
Lactate (LD) (LDH) enzyme	\$51	8%		
Assay of protein other	\$29	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Prp i/hern init reduc >5 yr, CPT® 49505

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$17,168
Prp i/hern init reduc >5 yr	VARIABLE	100%		
General procedure services	\$15,771	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$11,273
General supporting services	\$576	100%		
Surgical path gross	\$162	30%		
Tissue exam by pathologist	\$410	10%		
X-ray exam of pelvis	\$543	5%		
Urine pregnancy test	\$42	5%		
Glucose blood test	\$36	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Prp i/hern init reduc >5 yr, CPT® 49505

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$18,507
Prp i/hern init reduc >5 yr	VARIABLE	100%		
General procedure services	\$16,586	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$11,604
General supporting services	\$1,055	100%		
Glucose blood test	\$36	50%		
Tissue exam by pathologist	\$410	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Prp i/hern init reduc >5 yr, CPT® 49505

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$19,005
Prp i/hern init reduc >5 yr	VARIABLE	100%		
General procedure services	\$18,174	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$7,260
General supporting services	\$375	100%		
Surgical path gross	\$162	22%		
Tissue exam by pathologist	\$410	22%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Prp i/hern init reduc >5 yr, CPT® 49505

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$16,899
Prp i/hern init reduc >5 yr	VARIABLE	100%		
General procedure services	\$15,855	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$11,411
General supporting services	\$25	100%		
Tissue exam by pathologist	\$410	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Prp i/hern init reduc >5 yr, CPT® 49505

Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$16,720
Prp i/hern init reduc >5 yr	VARIABLE	100%		
General procedure services	\$15,561	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$10,328
General supporting services	\$489	100%		
Urinalysis auto w/o scope	\$7	33%		
Glucose blood test	\$36	33%		
Complete cbc automated	\$49	33%		
Prothrombin time	\$25	33%		
Surgical path gross	\$162	33%		
Emergency dept visit	\$1,395	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Prp i/hern init reduc >5 yr, CPT® 49505
Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$18,734
Prp i/hern init reduc >5 yr	\$13,774	100%		
General procedure services	\$3,872	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$404	100%		
Surgical path gross	\$162	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Prp i/hern init reduc >5 yr, CPT® 49505

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$17,332
Prp i/hern init reduc >5 yr	\$12,070	100%		
General procedure services	\$3,401	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,403
General supporting services	\$619	100%		
Tissue exam by pathologist	\$410	80%		
Surgical path gross	\$162	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Prp i/hern init reduc >5 yr, CPT® 49505

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$17,409
Prp i/hern init reduc >5 yr	VARIABLE	100%		
General procedure services	\$16,174	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$9,909
General supporting services	\$548	100%		
Surgical path gross	\$162	22%		
Tissue exam by pathologist	\$410	11%		
Glucose blood test	\$18	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Prp i/hern init reduc >5 yr, CPT® 49505

Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$24,867
Prp i/hern init reduc >5 yr	\$18,602	100%		
General procedure services	\$3,963	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,420
General supporting services	\$309	100%		
Hospital observation per hr	\$3,696	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Prp i/hern init reduc >5 yr, CPT® 49505

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$24,052
Prp i/hern init reduc >5 yr	VARIABLE	100%		
General procedure services	\$22,670	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$14,961
General supporting services	\$539	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Fragmenting of kidney stone, CPT® 50590

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,358
Fragmenting of kidney stone	\$7,120	100%		
General procedure services	\$1,814	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,379
General supporting services	\$25	83%		
Glucose blood test	\$36	33%		

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Charge Display Fragmenting of kidney stone, CPT® 50590
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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,362
Fragmenting of kidney stone	\$7,298	100%		
General procedure services	\$1,644	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,373
General supporting services	\$27	67%		
Glucose blood test	\$18	44%		
X-ray exam abdomen 1 view	\$443	22%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Fragmenting of kidney stone, CPT® 50590

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,478
Fragmenting of kidney stone	VARIABLE	100%		
General procedure services	\$8,878	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$6,400
General supporting services	\$24	90%		
X-ray exam abdomen 1 view	\$443	25%		
Urine pregnancy test	\$42	10%		
Glucose blood test	\$27	10%		
Surgical path gross	\$162	5%		
Calculus assay quant	\$141	5%		
Ct abd & pelvis w/o contrast	\$3,147	5%		

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Hospital Name Danbury Hospital
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Charge Display Fragmenting of kidney stone, CPT® 50590
Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$11,209
Fragmenting of kidney stone	VARIABLE	100%		
General procedure services	\$10,872	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$7,073
General supporting services	\$25	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Fragmenting of kidney stone, CPT® 50590

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,555
Fragmenting of kidney stone	VARIABLE	100%		
General procedure services	\$9,166	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$7,168
General supporting services	\$27	88%		
X-ray exam abdomen 1 view	\$443	24%		
Glucose blood test	\$36	12%		
Electrocardiogram tracing	\$255	6%		
Urine pregnancy test	\$42	6%		

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,069
Fragmenting of kidney stone	VARIABLE	100%		
General procedure services	\$8,850	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$9,069
General supporting services	\$24	100%		
X-ray exam abdomen 1 view	\$443	21%		
Urine pregnancy test	\$42	7%		
Glucose blood test	\$36	7%		
Chorionic gonadotropin test	\$194	7%		
Routine venipuncture	\$18	7%		

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Hospital Name Danbury Hospital

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Charge Display Fragmenting of kidney stone, CPT® 50590

Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,034
Fragmenting of kidney stone	\$6,942	100%		
General procedure services	\$1,734	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,396
General supporting services	\$24	100%		
Glucose blood test	\$36	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Fragmenting of kidney stone, CPT® 50590

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$10,781
Fragmenting of kidney stone	VARIABLE	100%		
General procedure services	\$10,478	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$6,803
General supporting services	\$26	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Fragmenting of kidney stone, CPT® 50590
Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$10,159
Fragmenting of kidney stone	VARIABLE	100%		
General procedure services	\$9,838	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$28	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Fragmenting of kidney stone, CPT® 50590

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7,913
Fragmenting of kidney stone	VARIABLE	100%		
General procedure services	\$7,534	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$111	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Fragmenting of kidney stone, CPT® 50590
Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,964
Fragmenting of kidney stone	VARIABLE	100%		
General procedure services	\$8,530	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$35	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Fragmenting of kidney stone, CPT® 50590
Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$11,678
Fragmenting of kidney stone	VARIABLE	100%		
General procedure services	\$9,787	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$6,775
General supporting services	\$25	83%		
X-ray exam abdomen 1 view	\$443	33%		
Ct abd & pelvis w/o contrast	\$3,147	17%		
Bilirubin total	\$63	17%		
Assay blood carbon dioxide	\$35	17%		
Assay of blood chloride	\$35	17%		
Assay of creatinine	\$31	17%		
Assay glucose blood quant	\$30	17%		
Assay alkaline phosphatase	\$31	17%		
Assay of serum potassium	\$35	17%		
Assay of serum sodium	\$35	17%		
Alanine amino (ALT) (SGPT)	\$42	17%		
Assay of urea nitrogen	\$31	17%		
Complete cbc w/auto diff wbc	\$52	17%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Fragmenting of kidney stone, CPT® 50590
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$13,508
Fragmenting of kidney stone	\$11,214	100%		
General procedure services	\$2,048	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$25	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cystoscopy, CPT® 52000
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,244
Cystoscopy	\$3,550	100%		
General procedure services	\$2,064	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$446	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cystoscopy, CPT® 52000
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,675
Cystoscopy	\$5,538	100%		
General procedure services	\$1,713	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$317	100%		
Contrst x-ray urinary tract	\$1,696	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cystoscopy, CPT® 52000
Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,999
Cystoscopy	VARIABLE	100%		
General procedure services	\$3,600	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,999
General supporting services	\$200	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cystoscopy, CPT® 52000
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$13,838
Cystoscopy	VARIABLE	100%		
General procedure services	\$12,942	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$326	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cystoscopy and treatment, CPT® 52332
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7,945
Cystoscopy and treatment	\$5,396	100%		
General procedure services	\$1,532	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$292	100%		
Glucose blood test	\$36	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cystoscopy and treatment, CPT® 52332
Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,527
Cystoscopy and treatment	VARIABLE	100%		
General procedure services	\$8,097	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,260
General supporting services	\$466	100%		
X-ray exam abdomen 1 view	\$443	25%		
Contrst x-ray urinary tract	\$1,696	25%		
Urine pregnancy test	\$42	25%		
Calculus assay quant	\$141	25%		
Glucose blood test	\$18	25%		
Urine culture/colony count	\$74	25%		
Surgical path gross	\$162	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cystoscopy and treatment, CPT® 52332
Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$35,550
Cystoscopy and treatment	VARIABLE	100%		
General procedure services	\$21,077	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$27,018
Assay blood carbon dioxide	\$53	100%		
Assay of blood chloride	\$53	100%		
Assay of creatinine	\$47	100%		
Assay glucose blood quant	\$45	100%		
General supporting services	\$1,794	100%		
Assay of serum potassium	\$53	100%		
Assay of serum sodium	\$53	100%		
Assay of urea nitrogen	\$47	100%		
Complete cbc w/auto diff wbc	\$78	100%		
Alanine amino (ALT) (SGPT)	\$42	50%		
Assay of calcium	\$30	50%		
Assay of magnesium	\$49	50%		
Assay alkaline phosphatase	\$31	50%		
Assay of phosphorus	\$37	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cystoscopy and treatment, CPT® 52332
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$17,824
Cystoscopy and treatment	VARIABLE	100%		
General procedure services	\$8,051	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$5,583
General supporting services	\$474	100%		
Assay blood carbon dioxide	\$35	63%		
Assay of blood chloride	\$35	63%		
Assay of creatinine	\$31	63%		
Assay glucose blood quant	\$30	63%		
Assay of serum potassium	\$35	63%		
Assay of serum sodium	\$35	63%		
Assay of urea nitrogen	\$31	63%		
Complete cbc w/auto diff wbc	\$52	63%		
Ther/proph/diag inj iv push	\$351	63%		
Tx/pro/dx inj new drug addon	\$702	63%		
Emergency dept visit	\$2,578	63%		
Glucose blood test	\$36	50%		
Hospital observation per hr	\$1,134	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cystoscopy and treatment, CPT® 52332
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$21,566
Cystoscopy and treatment	VARIABLE	100%		
General procedure services	\$13,990	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$3,699	100%		
Calculus assay quant	\$141	100%		
Surgical path gross	\$162	100%		
Mod sed same phys/qhp 5/>yrs	\$1,107	100%		
Mod sed same phys/qhp ea	\$729	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cystoscopy and treatment, CPT® 52332
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$17,452
Cystoscopy and treatment	\$6,915	100%		
General procedure services	\$3,185	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,376
General supporting services	\$435	100%		
Ct abd & pelvis w/o contrast	\$3,147	50%		
Bilirubin total	\$63	50%		
Assay blood carbon dioxide	\$53	50%		
Assay of blood chloride	\$53	50%		
Assay of creatinine	\$47	50%		
Assay glucose blood quant	\$30	50%		
Assay of lipase	\$59	50%		
Assay alkaline phosphatase	\$31	50%		
Assay of serum potassium	\$70	50%		
Assay of serum sodium	\$53	50%		
Alanine amino (ALT) (SGPT)	\$42	50%		
Assay of urea nitrogen	\$47	50%		
Complete cbc w/auto diff wbc	\$78	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cystoscopy and treatment, CPT® 52332
Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$24,739
Cystoscopy and treatment	VARIABLE	100%		
General procedure services	\$11,188	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$13,959
General supporting services	\$1,032	100%		
Ct abd & pelvis w/o contrast	\$3,147	67%		
Assay blood carbon dioxide	\$53	67%		
Assay of blood chloride	\$53	67%		
Assay of creatinine	\$47	67%		
Assay glucose blood quant	\$30	67%		
Assay of serum potassium	\$53	67%		
Assay of serum sodium	\$53	67%		
Assay of urea nitrogen	\$47	67%		
Complete cbc w/auto diff wbc	\$78	67%		
Urine culture/colony count	\$111	67%		
Tx/pro/dx inj new drug addon	\$1,229	67%		
Emergency dept visit	\$3,867	67%		
Calculus assay quant	\$141	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cystoscopy and treatment, CPT® 52332
Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$17,170
Cystoscopy and treatment	VARIABLE	100%		
General procedure services	\$14,867	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$11,594
General supporting services	\$613	100%		
Routine venipuncture	\$36	50%		
Calculus assay quant	\$141	50%		
Assay blood carbon dioxide	\$70	50%		
Assay of blood chloride	\$70	50%		
Assay of creatinine	\$62	50%		
Assay glucose blood quant	\$60	50%		
Assay of serum potassium	\$70	50%		
Assay of serum sodium	\$70	50%		
Assay of urea nitrogen	\$62	50%		
Complete cbc w/auto diff wbc	\$104	50%		
Surgical path gross	\$162	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cystoscopy and treatment, CPT® 52332
Payer Connecticare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$23,686
Cystoscopy and treatment	VARIABLE	100%	Average Negotiated Charge (Payment) / Visit	*
Ct abd & pelvis w/o contrast	\$3,147	100%		
Assay blood carbon dioxide	\$105	100%		
Assay of blood chloride	\$105	100%		
Assay of creatinine	\$93	100%		
Assay glucose blood quant	\$30	100%		
Assay of lactic acid	\$64	100%		
Assay of serum potassium	\$105	100%		
Assay of serum sodium	\$105	100%		
Assay of urea nitrogen	\$93	100%		
Complete cbc w/auto diff wbc	\$104	100%		
Complete cbc automated	\$49	100%		
Blood typing serologic abo	\$62	100%		
Blood typing serologic rh(d)	\$62	100%		
Electrocardiogram tracing	\$255	100%		
Emergency dept visit	\$2,578	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cystoscopy and treatment, CPT® 52332
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$23,031
Cystoscopy and treatment	\$10,324	100%		
General procedure services	\$2,540	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$946	100%		
Routine venipuncture	\$18	100%		
Calculus assay quant	\$141	100%		
Assay blood carbon dioxide	\$70	100%		
Assay of blood chloride	\$70	100%		
Assay of creatinine	\$62	100%		
Assay glucose blood quant	\$60	100%		
Glucose blood test	\$54	100%		
Assay of serum potassium	\$70	100%		
Assay of serum sodium	\$70	100%		
Assay of urea nitrogen	\$62	100%		
Complete cbc w/auto diff wbc	\$104	100%		
Emergency dept visit	\$2,578	100%		
Hospital observation per hr	\$2,571	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cystoscopy and treatment, CPT® 52332
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$17,461
Cystoscopy and treatment	\$6,674	100%		
General procedure services	\$1,860	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,398
General supporting services	\$677	100%		
Ct abd & pelvis w/o contrast	\$3,147	50%		
Contrst x-ray urinary tract	\$1,696	50%		
Assay blood carbon dioxide	\$35	50%		
Assay of blood chloride	\$35	50%		
Assay of creatinine	\$31	50%		
Assay glucose blood quant	\$30	50%		
Assay of serum potassium	\$35	50%		
Assay of serum sodium	\$35	50%		
Assay of urea nitrogen	\$31	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Culture Aerobic Identify	\$86	50%		
Emergency dept visit	\$1,395	50%		
Emergency dept visit	\$1,915	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cysto/uretero w/lithotripsy, CPT® 52356
Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$26,511
Cysto/uretero w/lithotripsy	VARIABLE	100%		
General procedure services	\$21,747	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$2,856	100%		
Calculus assay quant	\$141	100%		
Surgical path gross	\$162	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cysto/uretero w/lithotripsy, CPT® 52356
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$31,442
Cysto/uretero w/lithotripsy	VARIABLE	100%		
General procedure services	\$17,121	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$8,577
General supporting services	\$2,837	100%		
Surgical path gross	\$162	57%		
X-ray exam abdomen 1 view	\$443	57%		
Bilirubin total	\$63	43%		
Calculus assay quant	\$141	43%		
Assay blood carbon dioxide	\$35	43%		
Assay of blood chloride	\$35	43%		
Assay of creatinine	\$31	43%		
Assay glucose blood quant	\$30	43%		
Assay alkaline phosphatase	\$31	43%		
Assay of serum potassium	\$35	43%		
Assay of serum sodium	\$35	43%		
Alanine amino (ALT) (SGPT)	\$42	43%		
Assay of urea nitrogen	\$31	43%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cysto/uretero w/lithotripsy, CPT® 52356
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$25,921
Cysto/uretero w/lithotripsy	\$12,638	100%		
General procedure services	\$3,281	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,642
General supporting services	\$2,475	100%		
Surgical path gross	\$162	50%		
Calculus assay quant	\$141	50%		
Glucose blood test	\$36	33%		
Assay of lactic acid	\$64	17%		
Assay of lipase	\$59	17%		
Assay of natriuretic peptide	\$134	17%		
Assay alkaline phosphatase	\$31	17%		
Assay of serum potassium	\$35	17%		
Alanine amino (ALT) (SGPT)	\$42	17%		
Assay blood carbon dioxide	\$35	17%		
Assay of blood chloride	\$35	17%		
Assay of creatinine	\$31	17%		
Assay glucose blood quant	\$30	17%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cysto/uretero w/lithotripsy, CPT® 52356
Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$23,004
Cysto/uretero w/lithotripsy	VARIABLE	100%		
General procedure services	\$16,499	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$15,105
General supporting services	\$2,463	100%		
Surgical path gross	\$162	88%		
Calculus assay quant	\$141	75%		
Assay blood carbon dioxide	\$35	44%		
Assay of blood chloride	\$35	44%		
Assay of creatinine	\$31	44%		
Assay glucose blood quant	\$30	44%		
Assay of serum potassium	\$35	44%		
Assay of serum sodium	\$35	44%		
Assay of urea nitrogen	\$31	44%		
Complete cbc w/auto diff wbc	\$52	44%		
Tx/pro/dx inj new drug addon	\$1,053	44%		
Emergency dept visit	\$2,578	44%		
Glucose blood test	\$36	38%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cysto/uretero w/lithotripsy, CPT® 52356
Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$18,427
Cysto/uretero w/lithotripsy	VARIABLE	100%		
General procedure services	\$14,284	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$12,443
General supporting services	\$2,127	100%		
Surgical path gross	\$162	78%		
Calculus assay quant	\$141	78%		
X-ray exam abdomen 1 view	\$443	33%		
Urine culture/colony count	\$74	33%		
Emergency dept visit	\$2,578	22%		
Assay blood carbon dioxide	\$53	22%		
Assay of blood chloride	\$53	22%		
Assay of creatinine	\$47	22%		
Assay glucose blood quant	\$30	22%		
Assay of serum potassium	\$53	22%		
Assay of serum sodium	\$53	22%		
Assay of urea nitrogen	\$47	22%		
Complete cbc w/auto diff wbc	\$78	22%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cysto/uretero w/lithotripsy, CPT® 52356
Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$22,859
Cysto/uretero w/lithotripsy	VARIABLE	100%		
General procedure services	\$14,334	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$12,947
General supporting services	\$2,124	100%		
Calculus assay quant	\$141	100%		
Surgical path gross	\$162	100%		
Tx/pro/dx inj new drug addon	\$527	29%		
Emergency dept visit	\$2,578	29%		
Assay blood carbon dioxide	\$35	29%		
Assay of blood chloride	\$35	29%		
Assay of creatinine	\$31	29%		
Assay glucose blood quant	\$30	29%		
Assay of serum potassium	\$35	29%		
Assay of serum sodium	\$35	29%		
Assay of urea nitrogen	\$31	29%		
Complete cbc w/auto diff wbc	\$52	29%		
Prothrombin time	\$25	29%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cysto/uretero w/lithotripsy, CPT® 52356
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$24,490
Cysto/uretero w/lithotripsy	VARIABLE	100%		
General procedure services	\$17,185	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$15,076
General supporting services	\$3,957	100%		
Calculus assay quant	\$141	50%		
Glucose blood test	\$36	50%		
Surgical path gross	\$162	50%		
Ther/proph/diag inj iv push	\$351	50%		
Tx/pro/dx inj new drug addon	\$351	50%		
Tx/pro/dx inj same drug adon	\$702	50%		
Emergency dept visit	\$2,578	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cysto/uretero w/lithotripsy, CPT® 52356
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$26,016
Cysto/uretero w/lithotripsy	\$17,266	100%		
General procedure services	\$4,275	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$2,295	100%		
Calculus assay quant	\$141	100%		
Surgical path gross	\$162	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Biopsy of prostate, CPT® 55700
Payer Aetna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$11,196
Biopsy of prostate	\$936	100%		
General procedure services	\$2,160	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,447
General supporting services	\$469	100%		
Echo guide for biopsy	\$698	100%		
Tissue exam by pathologist	\$4,320	100%		
Mod sed same phys/qhp 5/>yrs	\$1,107	100%		
Mod sed same phys/qhp ea	\$243	100%		
Us transrectal	\$1,263	67%		
Immunohisto antibody slide	\$584	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Biopsy of prostate, CPT® 55700

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,606
Biopsy of prostate	\$936	100%		
General procedure services	\$2,160	50%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,289
General supporting services	\$444	100%		
Echo guide for biopsy	\$698	100%		
Tissue exam by pathologist	\$4,320	100%		
Mod sed same phys/qhp 5/>yrs	\$1,107	100%		
Mod sed same phys/qhp ea	\$486	50%		
Immunohisto antibody slide	\$292	50%		
Us transrectal	\$1,263	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Biopsy of prostate, CPT® 55700

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,952
Biopsy of prostate	\$936	100%		
General procedure services	\$1,620	50%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,729
General supporting services	\$492	100%		
Us transrectal	\$1,263	100%		
Echo guide for biopsy	\$698	100%		
Tissue exam by pathologist	\$4,320	100%		
Mod sed same phys/qhp 5/>yrs	\$1,107	100%		
Mod sed same phys/qhp ea	\$243	100%		
Immunohisto antibody slide	\$292	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Biopsy of prostate, CPT® 55700
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$11,886
Biopsy of prostate	\$936	100%		
General procedure services	\$2,160	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,019
Echo guide for biopsy	\$698	100%		
General supporting services	\$268	100%		
Tissue exam by pathologist	\$4,320	100%		
Us transrectal	\$1,263	67%		
Mod sed same phys/qhp 5/>yrs	\$1,107	67%		
Exc tr-ext b9+marg 1.1-2 cm	\$8,378	33%		
Assay blood carbon dioxide	\$35	33%		
Assay of blood chloride	\$35	33%		
Assay of creatinine	\$31	33%		
Assay glucose blood quant	\$30	33%		
Assay of serum potassium	\$35	33%		
Assay of serum sodium	\$35	33%		
Assay of urea nitrogen	\$31	33%		
Complete cbc automated	\$49	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Biopsy of prostate, CPT® 55700
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$10,532
Biopsy of prostate	\$936	100%		
General procedure services	\$2,160	67%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,377
General supporting services	\$419	100%		
Us transrectal	\$1,263	100%		
Echo guide for biopsy	\$698	100%		
Tissue exam by pathologist	\$4,320	100%		
Mod sed same phys/qhp 5/>yrs	\$1,107	100%		
Mod sed same phys/qhp ea	\$243	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Laparo radical prostatectomy, CPT® 55866

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$90,563
Laparo radical prostatectomy	VARIABLE	100%		
General procedure services	\$75,008	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$52,429
General supporting services	\$8,581	100%		
Routine venipuncture	\$18	100%		
Assay blood carbon dioxide	\$35	100%		
Assay of blood chloride	\$35	100%		
Assay of creatinine	\$31	100%		
Assay of serum potassium	\$35	100%		
Assay of serum sodium	\$35	100%		
Assay of urea nitrogen	\$31	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Blood typing serologic abo	\$31	100%		
Blood typing serologic rh(d)	\$31	100%		
Tissue exam by pathologist	\$1,343	100%		
Hydrate iv infusion add-on	\$2,793	100%		
Hydration iv infusion init	\$625	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Laparo radical prostatectomy, CPT® 55866

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$89,267
Laparo radical prostatectomy	VARIABLE	100%		
General procedure services	\$73,282	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$7,742	100%		
Routine venipuncture	\$18	100%		
Electrolyte panel	\$23	100%		
Assay of creatinine	\$31	100%		
Assay of urea nitrogen	\$31	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Blood typing serologic abo	\$31	100%		
Blood typing serologic rh(d)	\$31	100%		
Tissue exam by pathologist	\$360	100%		
Tissue exam by pathologist	\$1,343	100%		
Path consult intraop 1 bloc	\$502	100%		
Hydration iv infusion init	\$625	100%		
Hydrate iv infusion add-on	\$4,116	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Laparo radical prostatectomy, CPT® 55866

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$97,705
Laparo radical prostatectomy	VARIABLE	100%		
General procedure services	\$82,062	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$8,935
General supporting services	\$9,373	100%		
Routine venipuncture	\$27	100%		
Assay blood carbon dioxide	\$53	100%		
Assay of blood chloride	\$53	100%		
Assay of creatinine	\$47	100%		
Assay of serum potassium	\$53	100%		
Assay of serum sodium	\$53	100%		
Assay of urea nitrogen	\$47	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Blood typing serologic abo	\$31	100%		
Blood typing serologic rh(d)	\$31	100%		
Tissue exam by pathologist	\$1,343	100%		
Hydrate iv infusion add-on	\$4,410	50%		
Complete cbc automated	\$49	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Laparo radical prostatectomy, CPT® 55866
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$87,535
Laparo radical prostatectomy	\$64,068	100%		
General procedure services	\$7,792	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$7,730	100%		
Routine venipuncture	\$36	100%		
Assay blood carbon dioxide	\$35	100%		
Assay of blood chloride	\$35	100%		
Assay of creatinine	\$31	100%		
Assay of serum potassium	\$35	100%		
Assay of serum sodium	\$35	100%		
Assay of urea nitrogen	\$31	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Blood typing serologic abo	\$31	100%		
Blood typing serologic rh(d)	\$31	100%		
Tissue exam by pathologist	\$1,343	100%		
Hydrate iv infusion add-on	\$4,998	100%		
Ther/proph/diag inj iv push	\$351	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Laparo radical prostatectomy, CPT® 55866

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$121,936
Laparo radical prostatectomy	VARIABLE	100%		
General procedure services	\$109,054	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$8,032	100%		
Routine venipuncture	\$18	100%		
Assay blood carbon dioxide	\$35	100%		
Assay of blood chloride	\$35	100%		
Assay of creatinine	\$31	100%		
Assay of serum potassium	\$35	100%		
Assay of serum sodium	\$35	100%		
Assay of urea nitrogen	\$31	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Blood typing serologic abo	\$31	100%		
Blood typing serologic rh(d)	\$31	100%		
Tissue exam by pathologist	\$1,343	100%		
Hydrate iv infusion add-on	\$1,764	100%		
Ther/proph/diag inj iv push	\$351	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Laparo radical prostatectomy, CPT® 55866

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$87,989
Laparo radical prostatectomy	VARIABLE	100%		
General procedure services	\$73,789	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$9,887	100%		
Routine venipuncture	\$36	100%		
Assay blood carbon dioxide	\$35	100%		
Assay of blood chloride	\$35	100%		
Assay of creatinine	\$31	100%		
Assay of serum potassium	\$35	100%		
Assay of serum sodium	\$35	100%		
Assay of urea nitrogen	\$31	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Blood typing serologic abo	\$31	100%		
Blood typing serologic rh(d)	\$31	100%		
Tissue exam by pathologist	\$1,343	100%		
Hydration iv infusion init	\$625	100%		
Hydrate iv infusion add-on	\$588	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Laparo radical prostatectomy, CPT® 55866

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$89,189
Laparo radical prostatectomy	VARIABLE	100%		
General procedure services	\$73,998	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$58,337
General supporting services	\$9,792	100%		
Routine venipuncture	\$36	100%		
Assay blood carbon dioxide	\$35	100%		
Assay of blood chloride	\$35	100%		
Assay of creatinine	\$31	100%		
Assay of serum potassium	\$35	100%		
Assay of serum sodium	\$35	100%		
Assay of urea nitrogen	\$31	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Blood typing serologic abo	\$31	100%		
Blood typing serologic rh(d)	\$31	100%		
Tissue exam by pathologist	\$1,343	100%		
Hydrate iv infusion add-on	\$2,058	100%		
Hydration iv infusion init	\$625	67%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Laparo radical prostatectomy, CPT® 55866

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$89,579
Laparo radical prostatectomy	VARIABLE	100%		
General procedure services	\$77,383	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$8,132	100%		
Routine venipuncture	\$18	100%		
Electrolyte panel	\$23	100%		
Assay of creatinine	\$31	100%		
Assay of urea nitrogen	\$31	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Blood typing serologic abo	\$31	100%		
Blood typing serologic rh(d)	\$31	100%		
Tissue exam by pathologist	\$360	100%		
Tissue exam by pathologist	\$1,343	100%		
Path consult intraop 1 bloc	\$502	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Njx interlaminar lmbr/sac, CPT® 62323
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,698
Njx interlaminar lmbr/sac	\$2,543	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
General supporting services	\$145	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Njx interlaminar Imbr/sac, CPT® 62323

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,691
Njx interlaminar Imbr/sac	\$2,543	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
General supporting services	\$138	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Insrt/redo spine n generator, CPT® 63685
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$120,427
Insrt/redo spine n generator	\$28,116	100%		
General procedure services	\$10,180	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$32,070
General supporting services	\$12,771	100%		
Tx/pro/dx inj new drug addon	\$702	100%		
Tx/pro/dx inj same drug adon	\$1,404	100%		
Pt eval low complex 20 min	\$509	100%		
Ther/proph/diag iv inf init	\$625	67%		
Implant neuroelectrodes	\$0	67%		
Assay blood carbon dioxide	\$35	33%		
Assay of blood chloride	\$35	33%		
Assay of creatinine	\$31	33%		
Assay of serum potassium	\$35	33%		
Assay of serum sodium	\$35	33%		
Assay of urea nitrogen	\$31	33%		
Complete cbc w/auto diff wbc	\$52	33%		
Hydrate iv infusion add-on	\$294	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Insrt/redo spine n generator, CPT® 63685
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$99,028
Insrt/redo spine n generator	\$21,868	100%		
General procedure services	\$3,137	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$15,174	100%		
Implant neuroelectrodes	\$0	100%		
Glucose blood test	\$36	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Insrt/redo spine n generator, CPT® 63685

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$104,404
Insrt/redo spine n generator	VARIABLE	100%		
General procedure services	\$29,927	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72,368
General supporting services	\$14,230	100%		
Tx/pro/dx inj same drug adon	\$351	100%		
Pt eval low complex 20 min	\$509	67%		
Ther/proph/diag inj iv push	\$351	67%		
Tx/pro/dx inj new drug addon	\$527	67%		
Glucose blood test	\$90	33%		
Hydrate iv infusion add-on	\$2,940	33%		
Ther/proph/diag iv inf init	\$625	33%		
Ther/proph/diag iv inf addon	\$294	33%		
Ther/proph/diag inj sc/im	\$450	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Insrt/redo spine n generator, CPT® 63685

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$82,172
Insrt/redo spine n generator	VARIABLE	100%		
General procedure services	\$18,081	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$4,190	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Insrt/redo spine n generator, CPT® 63685
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$108,650
Insrt/redo spine n generator	\$22,129	100%		
General procedure services	\$5,410	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$32,023
General supporting services	\$13,011	100%		
Implant neuroelectrodes	\$0	50%		
Implant neuroelectrodes	\$0	50%		
Mri chest spine w/o dye	\$3,577	50%		
Glucose blood test	\$36	50%		
Hydrate iv infusion add-on	\$1,176	50%		
Ther/proph/diag iv inf init	\$625	50%		
Tx/pro/dx inj new drug addon	\$351	50%		
Tx/pro/dx inj same drug adon	\$1,053	50%		
Pt eval mod complex 30 min	\$572	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Insrt/redo spine n generator, CPT® 63685

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$113,063
Insrt/redo spine n generator	VARIABLE	100%		
General procedure services	\$36,191	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$15,882	100%		
Glucose blood test	\$18	100%		
Ther/proph/diag inj sc/im	\$270	100%		
Ther/proph/diag inj iv push	\$351	100%		
Tx/pro/dx inj new drug addon	\$351	100%		
Tx/pro/dx inj same drug adon	\$351	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Inj foramen epidural l/s, CPT® 64483

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,354
Inj foramen epidural l/s	VARIABLE	100%		
General procedure services	\$2,129	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$175	100%		
Glucose blood test	\$18	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Inj foramen epidural l/s, CPT® 64483

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,552
Inj foramen epidural l/s	VARIABLE	100%		
General procedure services	\$3,059	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$200	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Inj foramen epidural l/s, CPT® 64483

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,679
Inj foramen epidural l/s	\$1,474	100%		
General procedure services	\$910	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$883
General supporting services	\$195	100%		
Glucose blood test	\$18	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Inj foramen epidural l/s, CPT® 64483

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$22,653
Inj foramen epidural l/s	VARIABLE	100%		
General procedure services	\$1,407	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$208	100%		
Bilirubin total	\$63	100%		
Assay blood carbon dioxide	\$35	100%		
Assay of blood chloride	\$35	100%		
Assay of creatinine	\$31	100%		
Assay glucose blood quant	\$30	100%		
Assay of lipase	\$59	100%		
Assay alkaline phosphatase	\$31	100%		
Assay of serum potassium	\$35	100%		
Assay of serum sodium	\$35	100%		
Alanine amino (ALT) (SGPT)	\$42	100%		
Assay of urea nitrogen	\$31	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Emergency dept visit	\$2,578	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Inj foramen epidural l/s, CPT® 64483
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,216
Inj foramen epidural l/s	\$1,608	100%		
General procedure services	\$1,440	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$168	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Inj foramen epidural l/s, CPT® 64483

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,696
Inj foramen epidural l/s	VARIABLE	100%		
General procedure services	\$2,469	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$159	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Inj paravert f jnt c/t 1 lev, CPT® 64490
Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,826
Inj paravert f jnt c/t 1 lev	VARIABLE	100%		
General procedure services	\$3,586	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$209	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Inj paravert f jnt l/s 1 lev, CPT® 64493

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,771
Inj paravert f jnt l/s 1 lev	VARIABLE	100%		
General procedure services	\$2,487	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,871
General supporting services	\$172	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Destroy lumb/sac facet jnt, CPT® 64635
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$18,316
Destroy lumb/sac facet jnt	\$15,762	100%		
General procedure services	\$1,896	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$435	100%		
Destroy l/s facet jnt addl	\$0	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Carpal tunnel surgery, CPT® 64721

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,686
Carpal tunnel surgery	VARIABLE	100%		
General procedure services	\$4,739	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$649	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Carpal tunnel surgery, CPT® 64721
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,147
Carpal tunnel surgery	\$3,417	100%		
General procedure services	\$2,448	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$100	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Carpal tunnel surgery, CPT® 64721

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,688
Carpal tunnel surgery	VARIABLE	100%		
General procedure services	\$6,234	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,516
General supporting services	\$242	100%		
Glucose blood test	\$36	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cataract surgery complex, CPT® 66982
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$17,779
Cataract surgery complex	\$12,282	100%		
General procedure services	\$608	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$4,148	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cataract surgery complex, CPT® 66982
Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$10,800
Cataract surgery complex	VARIABLE	100%		
General procedure services	\$6,738	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$2,930	100%		
Glucose blood test	\$18	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cataract surgery complex, CPT® 66982
Payer Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,508
Cataract surgery complex	\$3,916	100%		
General procedure services	\$744	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$3,160	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cataract surgery complex, CPT® 66982
Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$19,862
Cataract surgery complex	VARIABLE	100%		
General procedure services	\$16,626	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$2,546	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cataract surgery complex, CPT® 66982
Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$10,469
Cataract surgery complex	\$5,874	100%		
General procedure services	\$1,164	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,213
General supporting services	\$2,982	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cataract surgery complex, CPT® 66982

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$12,503
Cataract surgery complex	\$6,942	100%		
General procedure services	\$904	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$3,940	100%		
Glucose blood test	\$18	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cataract surg w/iol 1 stage, CPT® 66984

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,159
Cataract surg w/iol 1 stage	VARIABLE	100%		
General procedure services	\$6,233	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$6,184
General supporting services	\$1,661	100%		
Urine pregnancy test	\$42	8%		
Vitamin d 25 hydroxy	\$163	4%		
Assay thyroid stim hormone	\$81	4%		
Hepatitis c ab test	\$115	4%		
Lipid panel	\$71	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cataract surg w/iol 1 stage, CPT® 66984
Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,505
Cataract surg w/iol 1 stage	VARIABLE	100%		
General procedure services	\$5,964	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$1,762	100%		
Glucose blood test	\$18	100%		

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,075
Cataract surg w/iol 1 stage	\$5,340	100%		
General procedure services	\$904	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,213
General supporting services	\$1,554	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cataract surg w/iol 1 stage, CPT® 66984

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,159
Cataract surg w/iol 1 stage	VARIABLE	100%		
General procedure services	\$6,778	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$6,014
General supporting services	\$1,648	100%		
Glucose blood test	\$18	21%		
Urine pregnancy test	\$42	7%		

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Charge Display Cataract surg w/iol 1 stage, CPT® 66984
Payer Anthem Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$12,671
Cataract surg w/iol 1 stage	VARIABLE	100%		
General procedure services	\$9,754	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$2,150	100%		
Glucose blood test	\$18	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cataract surg w/iol 1 stage, CPT® 66984

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,378
Cataract surg w/iol 1 stage	VARIABLE	100%		
General procedure services	\$6,542	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$5,583
General supporting services	\$1,741	100%		
Urine pregnancy test	\$42	13%		

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Hospital Name Danbury Hospital
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Charge Display Cataract surg w/iol 1 stage, CPT® 66984
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,346
Cataract surg w/iol 1 stage	\$5,874	100%		
General procedure services	\$926	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,224
General supporting services	\$1,585	100%		
Glucose blood test	\$18	18%		
Assay of magnesium	\$49	3%		
Assay of serum potassium	\$35	3%		
Assay of serum sodium	\$35	3%		
Assay thyroid stim hormone	\$81	3%		
Assay of troponin quant	\$71	3%		
Assay of urea nitrogen	\$31	3%		
Complete cbc w/auto diff wbc	\$104	3%		
Electrocardiogram tracing	\$765	3%		
Assay blood carbon dioxide	\$35	3%		
Assay of blood chloride	\$35	3%		
Assay of creatinine	\$31	3%		
Assay glucose blood quant	\$30	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cataract surg w/iol 1 stage, CPT® 66984

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,799
Cataract surg w/iol 1 stage	VARIABLE	100%		
General procedure services	\$7,192	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$5,817
General supporting services	\$1,704	100%		
Glucose blood test	\$27	67%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cataract surg w/iol 1 stage, CPT® 66984

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,167
Cataract surg w/iol 1 stage	\$5,518	100%		
General procedure services	\$816	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,213
General supporting services	\$1,599	100%		
Glucose blood test	\$18	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cataract surg w/iol 1 stage, CPT® 66984

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,502
Cataract surg w/iol 1 stage	VARIABLE	100%		
General procedure services	\$6,331	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$5,165
General supporting services	\$1,431	100%		
Glucose blood test	\$18	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cataract surg w/iol 1 stage, CPT® 66984
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,474
Cataract surg w/iol 1 stage	\$5,340	100%		
General procedure services	\$804	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,213
General supporting services	\$1,648	100%		
Glucose blood test	\$18	19%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cataract surg w/iol 1 stage, CPT® 66984

Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7,545
Cataract surg w/iol 1 stage	VARIABLE	100%		
General procedure services	\$5,650	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,050
General supporting services	\$1,367	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct head/brain w/o dye, CPT® 70450
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,454
Ct head/brain w/o dye	\$1,454	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$131

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

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct head/brain w/o dye, CPT® 70450
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,454
Ct head/brain w/o dye	\$1,454	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$132

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct head/brain w/o dye, CPT® 70450

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,454
Ct head/brain w/o dye	\$1,454	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$178

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct head/brain w/o dye, CPT® 70450

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,454
Ct head/brain w/o dye	\$1,454	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130
Comprehen metabolic panel	\$38	4%		
Complete cbc w/auto diff wbc	\$52	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct head/brain w/o dye, CPT® 70450

Payer Aetna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,454
Ct head/brain w/o dye	\$1,454	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$200

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct head/brain w/o dye, CPT® 70450

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,454
Ct head/brain w/o dye	\$1,454	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct head/brain w/o dye, CPT® 70450

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,454
Ct head/brain w/o dye	\$1,454	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$228

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct head/brain w/o dye, CPT® 70450

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,454
Ct head/brain w/o dye	\$1,454	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct head/brain w/o dye, CPT® 70450

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,454
Ct head/brain w/o dye	\$1,454	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct head/brain w/o dye, CPT® 70450

Payer Anthem

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,454
Ct head/brain w/o dye	\$1,454	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$143

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct head/brain w/o dye, CPT® 70450

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,454
Ct head/brain w/o dye	\$1,454	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct head/brain w/o dye, CPT® 70450

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,454
Ct head/brain w/o dye	\$1,454	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$180

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct head/brain w/o & w/dye, CPT® 70470
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,402
Ct head/brain w/o & w/dye	\$2,355	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct head/brain w/o & w/dye, CPT® 70470

Payer Anthem

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,402
Ct head/brain w/o & w/dye	\$2,355	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct head/brain w/o & w/dye, CPT® 70470
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,400
Ct head/brain w/o & w/dye	\$2,355	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct head/brain w/o & w/dye, CPT® 70470
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,402
Ct head/brain w/o & w/dye	\$2,355	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$233

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct orbit/ear/fossa w/o dye, CPT® 70480

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,348
Ct orbit/ear/fossa w/o dye	\$1,824	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
3d render w/intrp postproces	\$524	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct orbit/ear/fossa w/o dye, CPT® 70480

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,824
Ct orbit/ear/fossa w/o dye	\$1,824	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$525

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct orbit/ear/fossa w/o dye, CPT® 70480
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,824
Ct orbit/ear/fossa w/o dye	\$1,824	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$131

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct orbit/ear/fossa w/o dye, CPT® 70480
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,824
Ct orbit/ear/fossa w/o dye	\$1,824	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct orbit/ear/fossa w/o dye, CPT® 70480
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,824
Ct orbit/ear/fossa w/o dye	\$1,824	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct orbit/ear/fossa w/o dye, CPT® 70480
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,824
Ct orbit/ear/fossa w/o dye	\$1,824	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct orbit/ear/fossa w/o dye, CPT® 70480
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,824
Ct orbit/ear/fossa w/o dye	\$1,824	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct orbit/ear/fossa w/o dye, CPT® 70480

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,824
Ct orbit/ear/fossa w/o dye	\$1,824	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$305

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct orbit/ear/fossa w/o dye, CPT® 70480

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,824
Ct orbit/ear/fossa w/o dye	\$1,824	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$236

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct orbit/ear/fossa w/dye, CPT® 70481

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,164
Ct orbit/ear/fossa w/dye	\$2,117	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct maxillofacial w/o dye, CPT® 70486

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,824
Ct maxillofacial w/o dye	\$1,824	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct maxillofacial w/o dye, CPT® 70486

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,824
Ct maxillofacial w/o dye	\$1,824	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$234

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct maxillofacial w/o dye, CPT® 70486

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,824
Ct maxillofacial w/o dye	\$1,824	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$190
Ct thorax w/o dye	\$1,953	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct maxillofacial w/o dye, CPT® 70486

Payer Empire Blue Cross

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,824
Ct maxillofacial w/o dye	\$1,824	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct maxillofacial w/o dye, CPT® 70486

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,824
Ct maxillofacial w/o dye	\$1,824	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$131

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct maxillofacial w/o dye, CPT® 70486

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,824
Ct maxillofacial w/o dye	\$1,824	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$300
X-ray exam chest 2 views	\$356	5%		
Ct thorax w/o dye	\$1,953	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct maxillofacial w/o dye, CPT® 70486

Payer Aetna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,824
Ct maxillofacial w/o dye	\$1,824	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$265
Ct head/brain w/o dye	\$1,454	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct maxillofacial w/o dye, CPT® 70486

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,824
Ct maxillofacial w/o dye	\$1,824	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$181

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct maxillofacial w/o dye, CPT® 70486

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,824
Ct maxillofacial w/o dye	\$1,824	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct maxillofacial w/o dye, CPT® 70486
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,824
Ct maxillofacial w/o dye	\$1,824	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct maxillofacial w/o dye, CPT® 70486

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,824
Ct maxillofacial w/o dye	\$1,824	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$180
Ct thorax w/o dye	\$1,953	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct maxillofacial w/o dye, CPT® 70486
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,824
Ct maxillofacial w/o dye	\$1,824	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130
Ct thorax w/o dye	\$1,953	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct maxillofacial w/o dye, CPT® 70486

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,824
Ct maxillofacial w/o dye	\$1,824	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$234

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct maxillofacial w/dye, CPT® 70487
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,164
Ct maxillofacial w/dye	\$2,117	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct maxillofacial w/dye, CPT® 70487

Payer Aetna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,358
Ct maxillofacial w/dye	\$2,117	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$466

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct maxillofacial w/dye, CPT® 70487

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,541
Ct maxillofacial w/dye	\$2,117	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$233

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct maxillofacial w/o & w/dye, CPT® 70488
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,402
Ct maxillofacial w/o & w/dye	\$2,355	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct soft tissue neck w/dye, CPT® 70491

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,164
Ct soft tissue neck w/dye	\$2,117	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$416

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct soft tissue neck w/dye, CPT® 70491
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,348
Ct soft tissue neck w/dye	\$2,117	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$233

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct soft tissue neck w/dye, CPT® 70491

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,164
Ct soft tissue neck w/dye	\$2,117	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$365

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct soft tissue neck w/dye, CPT® 70491

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,551
Ct soft tissue neck w/dye	\$2,117	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$380

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct soft tissue neck w/dye, CPT® 70491
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,357
Ct soft tissue neck w/dye	\$2,117	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$234

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct soft tissue neck w/dye, CPT® 70491
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,892
Ct soft tissue neck w/dye	\$2,117	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$233
Us exam of head and neck	\$723	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct soft tissue neck w/dye, CPT® 70491

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,348
Ct soft tissue neck w/dye	\$2,117	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$548

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct soft tissue neck w/dye, CPT® 70491
Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,531
Ct soft tissue neck w/dye	\$2,117	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct soft tissue neck w/dye, CPT® 70491

Payer Aetna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,338
Ct soft tissue neck w/dye	\$2,117	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$472
Ultrasound breast limited	\$350	17%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct soft tissue neck w/dye, CPT® 70491
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,531
Ct soft tissue neck w/dye	\$2,117	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$664

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct angiography head, CPT® 70496
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,211
Ct angiography head	\$2,286	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Ct angiography neck	\$3,459	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angiography head, CPT® 70496

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,333
Ct angiography head	\$2,286	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$380

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angiography head, CPT® 70496

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,804
Ct angiography head	\$2,286	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Ct angiography neck	\$3,459	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angiography head, CPT® 70496

Payer Connecticare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,211
Ct angiography head	\$2,286	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,289
Ct angiography neck	\$3,459	67%		
Ct head/brain w/o dye	\$1,454	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angiography head, CPT® 70496

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,455
Ct angiography head	\$2,286	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$957
Ct angiography neck	\$3,459	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angiography head, CPT® 70496

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,762
Ct angiography head	\$2,286	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$233
Ct angiography neck	\$3,459	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angiography head, CPT® 70496

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,804
Ct angiography head	\$2,286	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Ct angiography neck	\$3,459	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angiography neck, CPT® 70498

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,515
Ct angiography neck	\$3,459	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$233

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct angiography neck, CPT® 70498
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,511
Ct angiography neck	\$3,459	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct angiography neck, CPT® 70498
Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,883
Ct angiography neck	\$3,459	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$233
Ct angiography head	\$2,286	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angiography neck, CPT® 70498

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,262
Ct angiography neck	\$3,459	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Ct angiography head	\$2,286	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angiography neck, CPT® 70498

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,893
Ct angiography neck	\$3,459	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angiography neck, CPT® 70498

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,052
Ct angiography neck	\$3,459	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$570
Ct angiography head	\$2,286	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angiography neck, CPT® 70498

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,065
Ct angiography neck	\$3,459	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Comprehen metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Vitamin B-12	\$129	100%		
Assay of psa total	\$104	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Rbc sed rate automated	\$25	100%		
C-reactive protein	\$113	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri orbit/fac/nck w/o &w/dye, CPT® 70543

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,587
Mri orbit/fac/nck w/o &w/dye	\$3,084	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$948
Us exam of head and neck	\$723	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri orbit/fac/nck w/o &w/dye, CPT® 70543

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,234
Mri orbit/fac/nck w/o &w/dye	\$3,084	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$859

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri orbit/fac/nck w/o &w/dye, CPT® 70543
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,285
Mri orbit/fac/nck w/o &w/dye	\$3,084	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri orbit/fac/nck w/o &w/dye, CPT® 70543

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,234
Mri orbit/fac/nck w/o &w/dye	\$3,084	100%		
General procedure services	\$2,160	25%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$728
General supporting services	\$265	25%		
Injection for myelogram	\$442	25%		
Ct head/brain w/dye	\$2,117	25%		
Fluoroguide for Spine Inject	\$975	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri orbit/fac/nck w/o &w/dye, CPT® 70543
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,224
Mri orbit/fac/nck w/o &w/dye	\$3,084	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$446
General supporting services	\$589	11%		
Collect blood from picc	\$111	11%		
Comprehen metabolic panel	\$38	11%		
Complete cbc w/auto diff wbc	\$52	11%		
Hydration iv infusion init	\$625	11%		
Hydrate iv infusion add-on	\$882	11%		
Ther/proph/diag iv inf init	\$625	11%		
Ther/proph/diag iv inf addon	\$294	11%		
Tx/proph/dg addl seq iv inf	\$1,530	11%		
Tx/pro/dx inj new drug addon	\$702	11%		
Chemo iv infusion 1 hr	\$1,284	11%		
Chemo iv infus each addl seq	\$886	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri orbit/fac/nck w/o &w/dye, CPT® 70543

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,285
Mri orbit/fac/nck w/o &w/dye	\$3,084	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$913
Routine venipuncture	\$18	14%		
Radiation physics consult	\$2,404	14%		
Radiation treatment delivery	\$8,500	14%		
Radiology port images(s)	\$144	14%		
Complete cbc w/auto diff wbc	\$52	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri orbit/fac/nck w/o &w/dye, CPT® 70543

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,237
Mri orbit/fac/nck w/o &w/dye	\$3,084	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$447

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri orbit/fac/nck w/o &w/dye, CPT® 70543

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,270
Mri orbit/fac/nck w/o &w/dye	\$3,084	100%		
General procedure services	\$1,371	20%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$925
Mri brain stem w/o & w/dye	\$3,754	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri orbit/fac/nck w/o &w/dye, CPT® 70543

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,234
Mri orbit/fac/nck w/o &w/dye	\$3,084	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mr Angiography Head W/O Dye, CPT® 70544

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,941
Mr Angiography Head W/O Dye	\$1,941	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$562

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mr Angiography Head W/O Dye, CPT® 70544

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,941
Mr Angiography Head W/O Dye	\$1,941	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$438

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mr Angiography Head W/O Dye, CPT® 70544

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,883
Mr Angiography Head W/O Dye	\$1,941	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$724
Mri brain stem w/o dye	\$1,849	33%		
General supporting services	\$4	17%		
Mr Angiography Neck W/O Dye	\$1,941	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mr Angiography Head W/O Dye, CPT® 70544

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,941
Mr Angiography Head W/O Dye	\$1,941	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$834
Mri brain stem w/o dye	\$1,849	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mr Angiography Head W/O Dye, CPT® 70544

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,941
Mr Angiography Head W/O Dye	\$1,941	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mr Angiography Head W/O Dye, CPT® 70544
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,941
Mr Angiography Head W/O Dye	\$1,941	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$268
Mri brain stem w/o dye	\$1,849	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o dye, CPT® 70551

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,849
Mri brain stem w/o dye	\$1,849	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$268
X-ray exam chest 2 views	\$356	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o dye, CPT® 70551

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,849
Mri brain stem w/o dye	\$1,849	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$409
Mri neck spine w/o dye	\$3,290	3%		
Mri lumbar spine w/o dye	\$3,666	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o dye, CPT® 70551

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,849
Mri brain stem w/o dye	\$1,849	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$358

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o dye, CPT® 70551

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,849
Mri brain stem w/o dye	\$1,849	100%		
General procedure services	\$2,580	2%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$305
Mri neck spine w/o dye	\$3,290	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o dye, CPT® 70551

Payer Empire Blue Cross

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,963
Mri brain stem w/o dye	\$1,849	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,178
Ct angiography chest	\$3,459	50%		
Us exam of head and neck	\$723	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o dye, CPT® 70551

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,849
Mri brain stem w/o dye	\$1,849	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o dye, CPT® 70551

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,849
Mri brain stem w/o dye	\$1,849	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$438
Mri neck spine w/o dye	\$3,290	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o dye, CPT® 70551

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,849
Mri brain stem w/o dye	\$1,849	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o dye, CPT® 70551

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,849
Mri brain stem w/o dye	\$1,849	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o dye, CPT® 70551

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,849
Mri brain stem w/o dye	\$1,849	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$488
Mr Angiography Head W/O Dye	\$1,941	6%		
Mri neck spine w/o dye	\$3,290	6%		
Mri chest spine w/o dye	\$3,577	6%		
X-ray exam hip uni 2-3 views	\$288	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o dye, CPT® 70551

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,849
Mri brain stem w/o dye	\$1,849	100%		
General procedure services	\$810	17%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$380

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o dye, CPT® 70551

Payer Anthem Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,849
Mri brain stem w/o dye	\$1,849	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$289
Routine venipuncture	\$18	11%		
Mri neck spine w/o dye	\$3,290	11%		
Comprehen metabolic panel	\$38	11%		
Assay thyroid stim hormone	\$81	11%		
Complete cbc w/auto diff wbc	\$52	11%		
C-reactive protein	\$113	11%		
Lyme disease antibody	\$32	11%		
Detect agent nos dna amp	\$348	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o dye, CPT® 70551

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,849
Mri brain stem w/o dye	\$1,849	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266
Dxa bone density axial	\$579	9%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o dye, CPT® 70551

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,849
Mri brain stem w/o dye	\$1,849	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

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Charge Display Mri brain stem w/o dye, CPT® 70551

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,849
Mri brain stem w/o dye	\$1,849	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o & w/dye, CPT® 70553

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,921
Mri brain stem w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$800
Mri neck spine w/o & w/dye	\$3,754	6%		
Mri chest spine w/o & w/dye	\$3,754	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o & w/dye, CPT® 70553

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,897
Mri brain stem w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$727

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o & w/dye, CPT® 70553

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,964
Mri brain stem w/o & w/dye	\$3,754	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o & w/dye, CPT® 70553

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,904
Mri brain stem w/o & w/dye	\$3,754	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o & w/dye, CPT® 70553

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,920
Mri brain stem w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$446

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o & w/dye, CPT® 70553

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,905
Mri brain stem w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$728
Mr Angiography Head W/O Dye	\$1,941	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri brain stem w/o & w/dye, CPT® 70553
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,881
Mri brain stem w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$454

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o & w/dye, CPT® 70553

Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,935
Mri brain stem w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$447
Mr Angiography Head W/O Dye	\$1,941	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o & w/dye, CPT® 70553

Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,950
Mri brain stem w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$822
X-ray exam neck spine 4/5vws	\$882	4%		
Us exam of head and neck	\$723	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri brain stem w/o & w/dye, CPT® 70553
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,905
Mri brain stem w/o & w/dye	\$3,754	100%	Average Negotiated Charge (Payment) / Visit	\$446
Supporting Service Description	Average Gross Charges	Patient Utilization %		
General supporting services	\$625	3%		
Mr Angiography Head W/O Dye	\$1,941	3%		
Mr angiograph neck w/o&w/dye	\$2,586	3%		
Ct thorax w/dye	\$2,541	3%		
Bone imaging whole body	\$1,760	3%		
Comprehen metabolic panel	\$38	3%		
Tx/proph/dg addl seq iv inf	\$1,530	3%		
Ther/proph/diag inj sc/im	\$90	3%		
Chemo iv infusion 1 hr	\$3,852	3%		
Chemo iv infus each addl seq	\$886	3%		
Office/outpatient visit est	\$189	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o & w/dye, CPT® 70553

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,926
Mri brain stem w/o & w/dye	\$3,754	100%		
General procedure services	\$630	17%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$605
Us exam of head and neck	\$723	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o & w/dye, CPT® 70553

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,921
Mri brain stem w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$446
Mr angiograph head w/o&w/dye	\$2,586	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o & w/dye, CPT® 70553

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,884
Mri brain stem w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,408

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o & w/dye, CPT® 70553

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,915
Mri brain stem w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$626

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri brain stem w/o & w/dye, CPT® 70553

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,920
Mri brain stem w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$742
Ct maxillofacial w/o dye	\$1,824	17%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam chest 1 view, CPT® 71045
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$131
X-ray exam chest 1 view	\$131	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$131
X-ray exam chest 1 view	\$131	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$461
X-ray exam chest 1 view	\$131	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Comprehensive metabolic panel	\$38	100%		
Assay of ck (cpk)	\$63	100%		
Assay of natriuretic peptide	\$134	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Prothrombin time	\$25	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$131
X-ray exam chest 1 view	\$131	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam chest 1 view, CPT® 71045
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$131
X-ray exam chest 1 view	\$131	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam chest 2 views, CPT® 71046
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$356
X-ray exam chest 2 views	\$356	100%	Average Negotiated Charge (Payment) / Visit	\$78
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Complete cbc w/auto diff wbc	\$52	7%		
Rbc sed rate automated	\$25	3%		
Lyme disease antibody	\$290	3%		
Lyme disease antibody	\$32	3%		
Office/outpatient visit est	\$660	3%		
Office consultation	\$469	3%		
X-ray exam of sinuses	\$301	3%		
X-ray exam of neck	\$392	3%		
Metabolic panel total ca	\$29	3%		
Comprehen metabolic panel	\$38	3%		
Lipid panel	\$71	3%		
Urinalysis auto w/o scope	\$7	3%		
Assay of magnesium	\$49	3%		
Assay thyroid stim hormone	\$81	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$356
X-ray exam chest 2 views	\$356	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$76

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$356
X-ray exam chest 2 views	\$356	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$99
Routine venipuncture	\$18	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam chest 2 views, CPT® 71046
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$356
X-ray exam chest 2 views	\$356	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$73

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam chest 2 views, CPT® 71046
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$356
X-ray exam chest 2 views	\$356	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72
Comprehensive metabolic panel	\$38	5%		
Assay of natriuretic peptide	\$134	5%		
Bl smear w/diff wbc count	\$29	5%		
Complete cbc automated	\$49	5%		
Lyme disease antibody	\$32	5%		
Detect agent nos dna amp	\$348	5%		
Prgrmg eval implantable dfb	\$487	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$356
X-ray exam chest 2 views	\$356	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$271
Electrocardiogram tracing	\$255	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$356
X-ray exam chest 2 views	\$356	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$82

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$356
X-ray exam chest 2 views	\$356	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$60

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam chest 2 views, CPT® 71046
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$356
X-ray exam chest 2 views	\$356	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$356
X-ray exam chest 2 views	\$356	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$52

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$356
X-ray exam chest 2 views	\$356	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$356
X-ray exam chest 2 views	\$356	100%	Average Negotiated Charge (Payment) / Visit	\$221
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	25%		
Comprehensive metabolic panel	\$38	25%		
Assay of natriuretic peptide	\$134	25%		
Assay thyroid stim hormone	\$81	25%		
Complete cbc w/auto diff wbc	\$52	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam chest 2 views, CPT® 71046
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$356
X-ray exam chest 2 views	\$356	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam chest 2 views, CPT® 71046
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$356
X-ray exam chest 2 views	\$356	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$47

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$356
X-ray exam chest 2 views	\$356	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$47
X-ray exam of sinuses	\$654	2%		
Comprehen metabolic panel	\$38	2%		
Lipid panel	\$71	2%		
Assay of troponin quant	\$71	2%		
Complete cbc w/auto diff wbc	\$52	2%		
Fibrin degradj d-dimer	\$88	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$356
X-ray exam chest 2 views	\$356	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$61
Routine venipuncture	\$18	2%		
X-ray exam of sinuses	\$654	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam unilat ribs/chest, CPT® 71101

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$566
X-ray exam unilat ribs/chest	\$566	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$75
X-ray exam thorac spine 2vws	\$560	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam unilat ribs/chest, CPT® 71101
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$566
X-ray exam unilat ribs/chest	\$566	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam unilat ribs/chest, CPT® 71101

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$566
X-ray exam unilat ribs/chest	\$566	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$76

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam unilat ribs/chest, CPT® 71101

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$566
X-ray exam unilat ribs/chest	\$566	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$94

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam unilat ribs/chest, CPT® 71101

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$566
X-ray exam unilat ribs/chest	\$566	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$161

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam unilat ribs/chest, CPT® 71101

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$566
X-ray exam unilat ribs/chest	\$566	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam unilat ribs/chest, CPT® 71101
Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$566
X-ray exam unilat ribs/chest	\$566	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130
X-ray exam thorac spine 2vws	\$560	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam unilat ribs/chest, CPT® 71101
Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$566
X-ray exam unilat ribs/chest	\$566	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/o dye, CPT® 71250
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,953
Ct thorax w/o dye	\$1,953	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$224
Ct maxillofacial w/o dye	\$1,824	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/o dye, CPT® 71250
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,953
Ct thorax w/o dye	\$1,953	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$325
Routine venipuncture	\$18	2%		
Comprehen metabolic panel	\$38	2%		
Complete cbc w/auto diff wbc	\$52	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/o dye, CPT® 71250
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,953
Ct thorax w/o dye	\$1,953	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,953
Ct thorax w/o dye	\$1,953	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$275

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/o dye, CPT® 71250
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,953
Ct thorax w/o dye	\$1,953	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/o dye, CPT® 71250
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,953
Ct thorax w/o dye	\$1,953	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$271
X-ray exam of hand	\$974	5%		
Us exam abdo back wall comp	\$971	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/o dye, CPT® 71250
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,953
Ct thorax w/o dye	\$1,953	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$131

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/o dye, CPT® 71250
Payer Multiplan

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,953
Ct thorax w/o dye	\$1,953	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/o dye, CPT® 71250
Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,953
Ct thorax w/o dye	\$1,953	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/o dye, CPT® 71250
Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,953
Ct thorax w/o dye	\$1,953	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/o dye, CPT® 71250
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,953
Ct thorax w/o dye	\$1,953	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/o dye, CPT® 71250
Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,865
Ct thorax w/o dye	\$1,953	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$357
Ct maxillofacial w/o dye	\$1,824	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,953
Ct thorax w/o dye	\$1,953	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$236
Ct maxillofacial w/o dye	\$1,824	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/o dye, CPT® 71250
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,953
Ct thorax w/o dye	\$1,953	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$180

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/o dye, CPT® 71250
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,953
Ct thorax w/o dye	\$1,953	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$132

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/o dye, CPT® 71250
Payer Connecticare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,953
Ct thorax w/o dye	\$1,953	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$271

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/dye, CPT® 71260
Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,588
Ct thorax w/dye	\$2,541	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$400
Ct soft tissue neck w/dye	\$2,117	9%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/dye, CPT® 71260
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,975
Ct thorax w/dye	\$2,541	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$679

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/dye, CPT® 71260
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,965
Ct thorax w/dye	\$2,541	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$234
Routine venipuncture	\$18	8%		
Ct abdomen w/dye	\$2,507	8%		
Us exam abdom complete	\$863	8%		
Renal function panel	\$49	8%		
Assay of calcium	\$81	8%		
Col chromatography qual/quan	\$278	8%		
Assay of magnesium	\$49	8%		
Assay of parathormone	\$252	8%		
Assay of free thyroxine	\$86	8%		
Assay thyroid stim hormone	\$81	8%		
Complete cbc w/auto diff wbc	\$52	8%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/dye, CPT® 71260
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,588
Ct thorax w/dye	\$2,541	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$417

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/dye, CPT® 71260
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,975
Ct thorax w/dye	\$2,541	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$232
Routine venipuncture	\$18	14%		
Ct head/brain w/o dye	\$1,454	14%		
Assay of creatinine	\$31	14%		
Glycosylated hemoglobin test	\$113	14%		
Assay of serum potassium	\$35	14%		
Rbc sed rate automated	\$25	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/dye, CPT® 71260
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,975
Ct thorax w/dye	\$2,541	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/dye, CPT® 71260
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,588
Ct thorax w/dye	\$2,541	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$380

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

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/dye, CPT® 71260
Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,955
Ct thorax w/dye	\$2,541	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$366
Ct soft tissue neck w/dye	\$2,117	5%		
Glucose Other Fluid	\$35	5%		
Lactate (LD) (LDH) enzyme	\$51	5%		
Assay of protein other	\$29	5%		
Culture othr specimn aerobic	\$80	5%		
Cultr bacteria except blood	\$97	5%		
Smear gram stain	\$70	5%		
Cytopath cell enhance tech	\$137	5%		
Tissue exam by pathologist	\$370	5%		
Body fluid cell count	\$51	5%		
Ther/proph/diag inj sc/im	\$180	5%		
Office/outpatient visit est	\$164	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/dye, CPT® 71260
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,942
Ct thorax w/dye	\$2,541	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$233
Ct soft tissue neck w/dye	\$2,117	3%		
X-ray exam chest 2 views	\$356	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/dye, CPT® 71260
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,975
Ct thorax w/dye	\$2,541	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/dye, CPT® 71260
Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,586
Ct thorax w/dye	\$2,541	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct thorax w/o & w/dye, CPT® 71270
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,409
Ct thorax w/o & w/dye	\$3,168	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$232

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angiography chest, CPT® 71275

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,518
Ct angiography chest	\$3,459	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$535

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angiography chest, CPT® 71275

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,873
Ct angiography chest	\$3,459	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$233

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angiography chest, CPT® 71275

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,873
Ct angiography chest	\$3,459	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$448
X-ray exam chest 2 views	\$356	9%		
X-ray exam abdomen 1 view	\$443	9%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angiography chest, CPT® 71275

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,705
Ct angiography chest	\$3,459	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$430

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angiography chest, CPT® 71275

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,512
Ct angiography chest	\$3,459	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$380

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angiography chest, CPT® 71275

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,504
Ct angiography chest	\$3,459	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$650

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angiography chest, CPT® 71275

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,704
Ct angiography chest	\$3,459	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$662

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct angiography chest, CPT® 71275
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,517
Ct angiography chest	\$3,459	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$234

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angiography chest, CPT® 71275

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,688
Ct angiography chest	\$3,459	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$652

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct angiography chest, CPT® 71275
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,873
Ct angiography chest	\$3,459	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$233

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angiography chest, CPT® 71275

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,800
Ct angiography chest	\$3,459	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Extremity study	\$1,285	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angiography chest, CPT® 71275

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,506
Ct angiography chest	\$3,459	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$233

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angiography chest, CPT® 71275

Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,903
Ct angiography chest	\$3,459	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam neck spine 2-3 vw, CPT® 72040
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$554
X-ray exam neck spine 2-3 vw	\$554	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$85

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam neck spine 2-3 vw, CPT® 72040

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$554
X-ray exam neck spine 2-3 vw	\$554	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$161

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam neck spine 2-3 vw, CPT® 72040

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$554
X-ray exam neck spine 2-3 vw	\$554	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72
X-ray exam of shoulder	\$425	15%		
X-ray exam chest 2 views	\$356	10%		
X-ray exam of spine 1 view	\$307	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam neck spine 2-3 vw, CPT® 72040
Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$554
X-ray exam neck spine 2-3 vw	\$554	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam neck spine 2-3 vw, CPT® 72040

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$554
X-ray exam neck spine 2-3 vw	\$554	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$68
X-ray exam chest 2 views	\$356	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam neck spine 2-3 vw, CPT® 72040

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$554
X-ray exam neck spine 2-3 vw	\$554	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$89
X-ray exam chest 2 views	\$356	6%		
X-ray exam of spine 1 view	\$307	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam neck spine 2-3 vw, CPT® 72040
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$554
X-ray exam neck spine 2-3 vw	\$554	100%	Average Negotiated Charge (Payment) / Visit	\$72
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam neck spine 2-3 vw, CPT® 72040
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$554
X-ray exam neck spine 2-3 vw	\$554	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$53
X-ray sternoclavic jt 3>/vws	\$301	14%		
Office/outpatient visit est	\$468	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam neck spine 2-3 vw, CPT® 72040

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$554
X-ray exam neck spine 2-3 vw	\$554	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$53

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam neck spine 2-3 vw, CPT® 72040

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$554
X-ray exam neck spine 2-3 vw	\$554	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam neck spine 2-3 vw, CPT® 72040

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$554
X-ray exam neck spine 2-3 vw	\$554	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$73

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam neck spine 4/5vws, CPT® 72050

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$882
X-ray exam neck spine 4/5vws	\$882	100%	Average Negotiated Charge (Payment) / Visit	\$119
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam of spine 1 view	\$307	6%		
X-ray exam thorac spine 2vws	\$560	6%		
X-ray exam l-s spine 2/3 vws	\$543	6%		
X-ray exam hip uni 2-3 views	\$288	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam neck spine 4/5vws, CPT® 72050
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$882
X-ray exam neck spine 4/5vws	\$882	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130
X-ray exam of hand	\$487	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam neck spine 4/5vws, CPT® 72050

Payer Anthem Tiered

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,732
X-ray exam neck spine 4/5vws	\$882	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam of shoulder	\$850	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam neck spine 4/5vws, CPT® 72050

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$882
X-ray exam neck spine 4/5vws	\$882	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$161

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam neck spine 4/5vws, CPT® 72050

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$882
X-ray exam neck spine 4/5vws	\$882	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam neck spine 4/5vws, CPT® 72050

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$882
X-ray exam neck spine 4/5vws	\$882	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$92
X-ray exam knee 4 or more	\$482	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam neck spine 4/5vws, CPT® 72050

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$882
X-ray exam neck spine 4/5vws	\$882	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$101
X-ray exam ribs uni 2 views	\$417	9%		
X-ray exam of spine 1 view	\$307	9%		
X-ray exam of shoulder	\$425	9%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam neck spine 4/5vws, CPT® 72050

Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$882
X-ray exam neck spine 4/5vws	\$882	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam neck spine 4/5vws, CPT® 72050

Payer Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$882
X-ray exam neck spine 4/5vws	\$882	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam neck spine 4/5vws, CPT® 72050
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$882
X-ray exam neck spine 4/5vws	\$882	100%	Average Negotiated Charge (Payment) / Visit	\$131
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam of shoulder	\$425	17%		
Us exam of head and neck	\$723	17%		
Complete cbc automated	\$49	17%		
Ther/proph/diag inj sc/im	\$90	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam l-s spine 2/3 vws, CPT® 72100

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$543
X-ray exam l-s spine 2/3 vws	\$543	100%	Average Negotiated Charge (Payment) / Visit	\$131
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam neck spine 2-3 vw	\$554	8%		
X-ray exam neck spine 4/5vws	\$882	8%		
X-ray exam hip uni 1 view	\$269	8%		
X-ray exam hip uni 2-3 views	\$288	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam l-s spine 2/3 vws, CPT® 72100

Payer Multiplan

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$543
X-ray exam l-s spine 2/3 vws	\$543	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$413

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam l-s spine 2/3 vws, CPT® 72100

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$543
X-ray exam l-s spine 2/3 vws	\$543	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130
X-ray exam thorac spine 2vws	\$560	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam l-s spine 2/3 vws, CPT® 72100

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$543
X-ray exam l-s spine 2/3 vws	\$543	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam l-s spine 2/3 vws, CPT® 72100

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,097
X-ray exam l-s spine 2/3 vws	\$543	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$111
X-ray exam neck spine 2-3 vw	\$554	33%		
X-ray exam thorac spine 2vws	\$560	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam l-s spine 2/3 vws, CPT® 72100

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$543
X-ray exam l-s spine 2/3 vws	\$543	100%	Average Negotiated Charge (Payment) / Visit	\$130
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam thorac spine 2vws	\$560	9%		
X-ray exam hip uni 2-3 views	\$432	5%		
X-ray exam neck spine 2-3 vw	\$554	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam l-s spine 2/3 vws, CPT® 72100
Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$543
X-ray exam l-s spine 2/3 vws	\$543	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam l-s spine 2/3 vws, CPT® 72100

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$543
X-ray exam l-s spine 2/3 vws	\$543	100%	Average Negotiated Charge (Payment) / Visit	\$97
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam hip uni 2-3 views	\$288	8%		
X-ray exam of ankle	\$476	4%		
X-ray exam of foot	\$368	4%		
X-ray exam of pelvis	\$355	4%		

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Hospital Name Danbury Hospital

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Charge Display X-ray exam l-s spine 2/3 vws, CPT® 72100

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$543
X-ray exam l-s spine 2/3 vws	\$543	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$58
X-ray exam thorac spine 2vws	\$560	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam l-s spine 2/3 vws, CPT® 72100

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$831
X-ray exam l-s spine 2/3 vws	\$543	100%	Average Negotiated Charge (Payment) / Visit	\$258
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam hip uni 2-3 views	\$288	25%		
X-ray exam thorac spine 2vws	\$560	19%		
X-ray exam thorac spine 3vws	\$415	6%		
X-ray exam chest 2 views	\$356	6%		
X-ray exam neck spine 2-3 vw	\$554	6%		
X-ray exam of ankle	\$476	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam l-s spine 2/3 vws, CPT® 72100

Payer Cigna

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$543
X-ray exam l-s spine 2/3 vws	\$543	100%	Average Negotiated Charge (Payment) / Visit	\$74
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam si joints 3/> vws	\$383	17%		
X-ray exam neck spine 2-3 vw	\$554	8%		
X-ray exam thorac spine 2vws	\$560	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam l-s spine 2/3 vws, CPT® 72100

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$543
X-ray exam l-s spine 2/3 vws	\$543	100%	Average Negotiated Charge (Payment) / Visit	\$73
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam neck spine 2-3 vw	\$554	8%		
X-ray exam hip uni 2-3 views	\$288	8%		
Us exam of head and neck	\$723	4%		
Ct head/brain w/o dye	\$1,454	4%		
X-ray exam si joints 3/> vws	\$383	4%		
X-ray exam sacrum tailbone	\$482	4%		
X-ray exam of shoulder	\$425	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam l-s spine 2/3 vws, CPT® 72100
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$815
X-ray exam l-s spine 2/3 vws	\$543	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$128
X-ray exam neck spine 2-3 vw	\$554	25%		
X-ray exam of pelvis	\$543	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam l-s spine 2/3 vws, CPT® 72100
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,086
X-ray exam l-s spine 2/3 vws	\$543	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$132
X-ray exam of hand	\$487	50%		
X-ray exam hips bi 2 views	\$599	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam l-2 spine 4/>vws, CPT® 72110
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$882
X-ray exam l-2 spine 4/>vws	\$882	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam l-2 spine 4/>vws, CPT® 72110
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$882
X-ray exam l-2 spine 4/>vws	\$882	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130
X-ray exam of pelvis	\$543	13%		
X-ray exam hips bi 5/> views	\$1,441	13%		
X-ray exam of knee 3	\$422	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam l-2 spine 4/>vws, CPT® 72110

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$882
X-ray exam l-2 spine 4/>vws	\$882	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$135
X-ray exam thorac spine 2vws	\$560	11%		
X-ray exam sacrum tailbone	\$482	11%		
X-ray exam hip uni 2-3 views	\$288	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam l-2 spine 4/>vws, CPT® 72110

Payer Aetna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$882
X-ray exam l-2 spine 4/>vws	\$882	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$97
X-ray exam hip uni 2-3 views	\$288	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam l-2 spine 4/>vws, CPT® 72110
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$882
X-ray exam l-2 spine 4/>vws	\$882	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam l-2 spine 4/>vws, CPT® 72110
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$882
X-ray exam l-2 spine 4/>vws	\$882	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam l-2 spine 4/>vws, CPT® 72110

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$882
X-ray exam l-2 spine 4/>vws	\$882	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$103
Us exam of head and neck	\$723	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct neck spine w/o dye, CPT® 72125
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,112
Ct neck spine w/o dye	\$1,588	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$131
3d render w/intrp postproces	\$524	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct neck spine w/o dye, CPT® 72125

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,112
Ct neck spine w/o dye	\$1,588	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$337
3d render w/intrp postproces	\$524	100%		
Ct head/brain w/o dye	\$1,454	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct neck spine w/o dye, CPT® 72125

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,112
Ct neck spine w/o dye	\$1,588	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$378
3d render w/intrp postproces	\$524	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct neck spine w/o dye, CPT® 72125

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,112
Ct neck spine w/o dye	\$1,588	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
3d render w/intrp postproces	\$524	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct neck spine w/o dye, CPT® 72125

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,566
Ct neck spine w/o dye	\$1,588	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Ct head/brain w/o dye	\$1,454	100%		
3d render w/intrp postproces	\$524	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct neck spine w/o dye, CPT® 72125
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,112
Ct neck spine w/o dye	\$1,588	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130
3d render w/intrp postproces	\$524	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct neck spine w/o dye, CPT® 72125

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,112
Ct neck spine w/o dye	\$1,588	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130
3d render w/intrp postproces	\$524	75%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct neck spine w/o dye, CPT® 72125

Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,588
Ct neck spine w/o dye	\$1,588	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct neck spine w/o dye, CPT® 72125

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,112
Ct neck spine w/o dye	\$1,588	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$180
3d render w/intrp postproces	\$524	67%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct chest spine w/o dye, CPT® 72128

Payer Anthem

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,621
Ct chest spine w/o dye	\$1,588	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$522
Ct thorax w/o dye	\$1,953	50%		
Ct neck spine w/o dye	\$1,588	50%		
3d render w/intrp postproces	\$524	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct chest spine w/o dye, CPT® 72128

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,588
Ct chest spine w/o dye	\$1,588	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct chest spine w/o dye, CPT® 72128
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,176
Ct chest spine w/o dye	\$1,588	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Ct lumbar spine w/o dye	\$1,588	100%		

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

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct lumbar spine w/o dye, CPT® 72131
Payer Anthem

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,112
Ct lumbar spine w/o dye	\$1,588	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$337
3d render w/intrp postproces	\$524	80%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct lumbar spine w/o dye, CPT® 72131
Payer Multiplan

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,112
Ct lumbar spine w/o dye	\$1,588	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
3d render w/intrp postproces	\$524	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct lumbar spine w/o dye, CPT® 72131

Payer Aetna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,112
Ct lumbar spine w/o dye	\$1,588	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$376
3d render w/intrp postproces	\$524	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct lumbar spine w/o dye, CPT® 72131
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,588
Ct lumbar spine w/o dye	\$1,588	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$271
3d render w/intrp postproces	\$524	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct lumbar spine w/o dye, CPT® 72131
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,112
Ct lumbar spine w/o dye	\$1,588	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
3d render w/intrp postproces	\$524	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct lumbar spine w/o dye, CPT® 72131
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,588
Ct lumbar spine w/o dye	\$1,588	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct lumbar spine w/o dye, CPT® 72131
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,112
Ct lumbar spine w/o dye	\$1,588	100%		
General procedure services	\$2,160	9%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130
3d render w/intrp postproces	\$524	45%		
Fluoroguide for Spine Inject	\$975	9%		
General supporting services	\$80	9%		
Injection for myelogram	\$442	9%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct lumbar spine w/o dye, CPT® 72131
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,112
Ct lumbar spine w/o dye	\$1,588	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$131
3d render w/intrp postproces	\$524	100%		
X-ray exam chest 2 views	\$356	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct lumbar spine w/o dye, CPT® 72131
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,112
Ct lumbar spine w/o dye	\$1,588	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$180
3d render w/intrp postproces	\$524	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct lumbar spine w/o dye, CPT® 72131
Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,850
Ct lumbar spine w/o dye	\$1,588	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$483
3d render w/intrp postproces	\$524	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri neck spine w/o dye, CPT® 72141

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,290
Mri neck spine w/o dye	\$3,290	100%		
General procedure services	\$707	3%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$291
Mri brain stem w/o dye	\$1,849	7%		
Mri chest spine w/o dye	\$3,577	3%		
Mri lumbar spine w/o dye	\$3,666	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri neck spine w/o dye, CPT® 72141

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,290
Mri neck spine w/o dye	\$3,290	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri neck spine w/o dye, CPT® 72141

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,290
Mri neck spine w/o dye	\$3,290	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266
Mri chest spine w/o dye	\$3,577	9%		
Mri lumbar spine w/o dye	\$3,666	4%		
Us exam of head and neck	\$723	4%		
Mri brain stem w/o dye	\$1,849	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri neck spine w/o dye, CPT® 72141

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,290
Mri neck spine w/o dye	\$3,290	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$364

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri neck spine w/o dye, CPT® 72141

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,290
Mri neck spine w/o dye	\$3,290	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri neck spine w/o dye, CPT® 72141

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,290
Mri neck spine w/o dye	\$3,290	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266
Ct head/brain w/o dye	\$1,454	14%		
Mri brain stem w/o dye	\$1,849	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri neck spine w/o dye, CPT® 72141

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,290
Mri neck spine w/o dye	\$3,290	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$438
Mri brain stem w/o dye	\$1,849	13%		
Mri joint upr extrem w/o dye	\$3,173	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri neck spine w/o dye, CPT® 72141

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,290
Mri neck spine w/o dye	\$3,290	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$277
X-ray eye for foreign body	\$579	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri neck spine w/o dye, CPT® 72141

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,290
Mri neck spine w/o dye	\$3,290	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$392
Mri brain stem w/o dye	\$1,849	9%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri neck spine w/o dye, CPT® 72141

Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,290
Mri neck spine w/o dye	\$3,290	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$364
Mri brain stem w/o dye	\$1,849	14%		
Ct neck spine w/o dye	\$1,588	14%		
Mri lumbar spine w/o dye	\$3,666	14%		
3d render w/intrp postproces	\$524	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri neck spine w/o dye, CPT® 72141

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,215
Mri neck spine w/o dye	\$3,290	100%		
General procedure services	\$1,540	13%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$449
Mri brain stem w/o dye	\$1,849	25%		
Mri lumbar spine w/o dye	\$3,666	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri neck spine w/o dye, CPT® 72141

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,290
Mri neck spine w/o dye	\$3,290	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$468
Mri brain stem w/o dye	\$1,849	14%		
Mri lumbar spine w/o dye	\$3,666	9%		
Ct angiography neck	\$3,459	5%		
X-ray exam neck spine 4/5vws	\$882	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri chest spine w/o dye, CPT® 72146

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,577
Mri chest spine w/o dye	\$3,577	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$469
Ct head/brain w/o dye	\$1,454	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri chest spine w/o dye, CPT® 72146

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,410
Mri chest spine w/o dye	\$3,577	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$545
Mri lumbar spine w/o dye	\$3,666	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri chest spine w/o dye, CPT® 72146

Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7,243
Mri chest spine w/o dye	\$3,577	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Mri lumbar spine w/o dye	\$3,666	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri chest spine w/o dye, CPT® 72146

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,577
Mri chest spine w/o dye	\$3,577	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri chest spine w/o dye, CPT® 72146

Payer Anthem Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,577
Mri chest spine w/o dye	\$3,577	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$277

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri chest spine w/o dye, CPT® 72146

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,577
Mri chest spine w/o dye	\$3,577	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri chest spine w/o dye, CPT® 72146

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,577
Mri chest spine w/o dye	\$3,577	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$438
Mri neck spine w/o dye	\$3,290	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri chest spine w/o dye, CPT® 72146

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,867
Mri chest spine w/o dye	\$3,577	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$628
Mri neck spine w/o dye	\$3,290	67%		
3d render w/intrp postproces	\$524	33%		
Ct head/brain w/o dye	\$1,454	33%		
Ct chest spine w/o dye	\$1,588	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri chest spine w/o dye, CPT® 72146

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,577
Mri chest spine w/o dye	\$3,577	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri chest spine w/o dye, CPT® 72146

Payer Anthem

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,577
Mri chest spine w/o dye	\$3,577	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$291
X-ray exam thorac spine 2vws	\$560	33%		
X-ray exam l-s spine 2/3 vws	\$543	17%		
Mri lumbar spine w/o dye	\$3,666	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri lumbar spine w/o dye, CPT® 72148

Payer Anthem

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,666
Mri lumbar spine w/o dye	\$3,666	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$289

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri lumbar spine w/o dye, CPT® 72148

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,666
Mri lumbar spine w/o dye	\$3,666	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266
X-ray eye for foreign body	\$579	6%		
Us exam abdom complete	\$863	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri lumbar spine w/o dye, CPT® 72148

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,666
Mri lumbar spine w/o dye	\$3,666	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$268

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri lumbar spine w/o dye, CPT® 72148

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,666
Mri lumbar spine w/o dye	\$3,666	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri lumbar spine w/o dye, CPT® 72148

Payer Aetna BH

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,666
Mri lumbar spine w/o dye	\$3,666	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri lumbar spine w/o dye, CPT® 72148

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,666
Mri lumbar spine w/o dye	\$3,666	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$361

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri lumbar spine w/o dye, CPT® 72148
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,666
Mri lumbar spine w/o dye	\$3,666	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri lumbar spine w/o dye, CPT® 72148

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,666
Mri lumbar spine w/o dye	\$3,666	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$438
Mri joint upr extrem w/o dye	\$3,173	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri lumbar spine w/o dye, CPT® 72148

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,666
Mri lumbar spine w/o dye	\$3,666	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$268
Ct thorax w/o dye	\$1,953	3%		
X-ray exam l-2 spine 4/>vws	\$882	3%		
Mri joint upr extrem w/o dye	\$3,173	3%		
X-ray exam hips bi 3-4 views	\$899	3%		
Dxa bone density axial	\$579	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri lumbar spine w/o dye, CPT® 72148

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,666
Mri lumbar spine w/o dye	\$3,666	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$274
X-ray eye for foreign body	\$579	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri lumbar spine w/o dye, CPT® 72148

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,666
Mri lumbar spine w/o dye	\$3,666	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$393

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri lumbar spine w/o dye, CPT® 72148

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,666
Mri lumbar spine w/o dye	\$3,666	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$468
X-ray eye for foreign body	\$579	3%		
Us exam of head and neck	\$723	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri lumbar spine w/o dye, CPT® 72148

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,666
Mri lumbar spine w/o dye	\$3,666	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$361
Mri chest spine w/o dye	\$3,577	9%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri lumbar spine w/o dye, CPT® 72148
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,253
Mri lumbar spine w/o dye	\$3,666	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$456
Mri jnt of lwr extre w/o dye	\$3,173	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri neck spine w/o & w/dye, CPT® 72156

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,935
Mri neck spine w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$644
Mri brain stem w/o & w/dye	\$3,754	17%		
Ct neck spine w/o dye	\$1,588	8%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri neck spine w/o & w/dye, CPT® 72156
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$11,523
Mri neck spine w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Mri chest spine w/o & w/dye	\$3,754	100%		
Mri lumbar spine w/o & w/dye	\$3,754	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri neck spine w/o & w/dye, CPT® 72156

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,819
Mri neck spine w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$947
Mri brain stem w/o dye	\$1,849	25%		
Mri brain stem w/o & w/dye	\$3,754	25%		
Mri lumbar spine w/o & w/dye	\$3,754	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri neck spine w/o & w/dye, CPT® 72156

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,869
Mri neck spine w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$774

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri neck spine w/o & w/dye, CPT® 72156

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,965
Mri neck spine w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$828
Mri brain stem w/o & w/dye	\$3,754	33%		
Mri chest spine w/o & w/dye	\$3,754	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri neck spine w/o & w/dye, CPT® 72156

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,894
Mri neck spine w/o & w/dye	\$3,754	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri neck spine w/o & w/dye, CPT® 72156

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,889
Mri neck spine w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$445

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri neck spine w/o & w/dye, CPT® 72156

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,748
Mri neck spine w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$736
Mri lumbar spine w/o dye	\$3,666	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri chest spine w/o & w/dye, CPT® 72157

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,884
Mri chest spine w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri chest spine w/o & w/dye, CPT® 72157

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,894
Mri chest spine w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$728
Mri brain stem w/o & w/dye	\$3,754	20%		
Mri lumbar spine w/o & w/dye	\$3,754	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri chest spine w/o & w/dye, CPT® 72157
Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,930
Mri chest spine w/o & w/dye	\$3,754	100%	Average Negotiated Charge (Payment) / Visit	\$446
Supporting Service Description	Average Gross Charges	Patient Utilization %		
General supporting services	\$126	17%		
Collect blood from picc	\$111	17%		
Mri neck spine w/o & w/dye	\$3,754	17%		
Radiation treatment aid(s)	\$4,400	17%		
Radiation treatment delivery	\$3,400	17%		
Radiology port images(s)	\$144	17%		
Bilirubin total	\$63	17%		
Assay of ck (cpk)	\$63	17%		
Assay of creatinine	\$31	17%		
Assay alkaline phosphatase	\$31	17%		
Alanine amino (ALT) (SGPT)	\$42	17%		
Complete cbc w/auto diff wbc	\$52	17%		
C-reactive protein	\$113	17%		
Office/outpatient visit est	\$164	17%		
Office consultation	\$469	17%		

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Charge Display Mri chest spine w/o & w/dye, CPT® 72157
Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,894
Mri chest spine w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri chest spine w/o & w/dye, CPT® 72157

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,915
Mri chest spine w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$631
Mri neck spine w/o & w/dye	\$3,754	17%		
Mri lumbar spine w/o & w/dye	\$3,754	17%		

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Hospital Name Danbury Hospital

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Charge Display Mri chest spine w/o & w/dye, CPT® 72157

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,877
Mri chest spine w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$935
Ct thorax w/o dye	\$1,953	50%		

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Charge Display Mri chest spine w/o & w/dye, CPT® 72157
Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,915
Mri chest spine w/o & w/dye	\$3,754	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Charge Display Mri chest spine w/o & w/dye, CPT® 72157
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,237
Mri chest spine w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
X-ray eye for foreign body	\$579	100%		
Mri lumbar spine w/o & w/dye	\$3,754	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri lumbar spine w/o & w/dye, CPT® 72158

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,935
Mri lumbar spine w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$816
Mri neck spine w/o & w/dye	\$3,754	9%		
Mri chest spine w/o & w/dye	\$3,754	9%		
Set radiation therapy field	\$2,331	9%		
Radiation treatment aid(s)	\$880	9%		
Office consultation	\$469	9%		

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Hospital Name Danbury Hospital

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Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,259
Mri lumbar spine w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$798
Assay of amylase	\$51	25%		
Bilirubin total	\$63	25%		
Assay blood carbon dioxide	\$35	25%		
Assay of blood chloride	\$35	25%		
Assay of creatinine	\$31	25%		
Assay glucose blood quant	\$30	25%		
Assay of lactic acid	\$64	25%		
Assay of lipase	\$59	25%		
Assay alkaline phosphatase	\$31	25%		
Assay of serum potassium	\$35	25%		
Assay of serum sodium	\$35	25%		
Alanine amino (ALT) (SGPT)	\$42	25%		
Assay of urea nitrogen	\$31	25%		
C-reactive protein	\$113	25%		
Blood culture for bacteria	\$234	25%		

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,166
Mri lumbar spine w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$446
Routine venipuncture	\$18	33%		
Comprehensive metabolic panel	\$38	33%		
Glycosylated hemoglobin test	\$113	33%		
Complete cbc w/auto diff wbc	\$52	33%		
Ther/proph/diag inj iv push	\$351	33%		

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,874
Mri lumbar spine w/o & w/dye	\$3,754	100%		
General procedure services	\$450	11%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$448
General supporting services	\$6	11%		
Assay of calcium	\$30	11%		
Assay blood carbon dioxide	\$35	11%		
Assay of blood chloride	\$35	11%		
Assay of creatinine	\$31	11%		
Assay glucose blood quant	\$30	11%		
Assay of serum potassium	\$35	11%		
Assay of serum sodium	\$35	11%		
Assay of urea nitrogen	\$31	11%		
Complete cbc w/auto diff wbc	\$52	11%		
Rbc sed rate automated	\$25	11%		
C-reactive protein	\$113	11%		
Ther/proph/diag inj iv push	\$351	11%		
Emergency dept visit	\$1,915	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri lumbar spine w/o & w/dye, CPT® 72158

Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,935
Mri lumbar spine w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$825
Ct lumbar spine w/o dye	\$1,588	10%		
Mri chest spine w/o & w/dye	\$3,754	10%		
3d render w/intrp postproces	\$524	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri lumbar spine w/o & w/dye, CPT® 72158

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,925
Mri lumbar spine w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$634
X-ray exam l-2 spine 4/>vws	\$882	5%		
Mri abdomen w/o & w/dye	\$3,641	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri lumbar spine w/o & w/dye, CPT® 72158

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,912
Mri lumbar spine w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$599

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri lumbar spine w/o & w/dye, CPT® 72158
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,975
Mri lumbar spine w/o & w/dye	\$3,754	100%		
General procedure services	\$900	20%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$446
General supporting services	\$74	20%		
X-ray exam l-s spine 2/3 vws	\$543	20%		
Assay blood carbon dioxide	\$35	20%		
Assay of blood chloride	\$35	20%		
Assay of creatinine	\$31	20%		
Assay glucose blood quant	\$30	20%		
Assay of serum potassium	\$35	20%		
Assay of serum sodium	\$35	20%		
Assay of urea nitrogen	\$31	20%		
Complete cbc w/auto diff wbc	\$52	20%		
Ther/proph/diag inj iv push	\$351	20%		
Tx/pro/dx inj new drug addon	\$702	20%		
Tx/pro/dx inj same drug adon	\$351	20%		
Emergency dept visit	\$1,915	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri lumbar spine w/o & w/dye, CPT® 72158

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,925
Mri lumbar spine w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$729

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri lumbar spine w/o & w/dye, CPT® 72158

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,350
Mri lumbar spine w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$36	100%		
Routine venipuncture	\$20	100%		
Lyme disease antibody	\$32	100%		
Detect agent nos dna amp	\$348	100%		
Ther/proph/diag inj sc/im	\$90	100%		
Emergency dept visit	\$1,915	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri lumbar spine w/o & w/dye, CPT® 72158

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,926
Mri lumbar spine w/o & w/dye	\$3,754	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$446
X-ray exam l-2 spine 4/>vws	\$882	4%		
Mri chest spine w/o & w/dye	\$3,754	4%		
Mri pelvis w/o & w/dye	\$3,641	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of pelvis, CPT® 72170

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,323
X-ray exam of pelvis	\$543	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$356
X-ray exam of hand	\$974	33%		
X-ray exam of knee 1 or 2	\$780	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of pelvis, CPT® 72170

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$965
X-ray exam of pelvis	\$543	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam of knee 3	\$422	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of pelvis, CPT® 72170

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$965
X-ray exam of pelvis	\$543	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam of knee 3	\$422	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of pelvis, CPT® 72170

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$543
X-ray exam of pelvis	\$543	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130
X-ray exam l-s spine 2/3 vws	\$543	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of pelvis, CPT® 72170

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,387
X-ray exam of pelvis	\$543	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam of knee 3	\$844	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of pelvis, CPT® 72170

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,086
X-ray exam of pelvis	\$543	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$177
X-ray exam of knee 3	\$422	40%		
Comprehen metabolic panel	\$38	20%		
Complete cbc w/auto diff wbc	\$52	20%		
C-reactive protein	\$113	20%		
Iadna-dna/rna probe tq 12-25	\$771	20%		
Routine venipuncture	\$18	20%		
X-ray exam l-s spine 2/3 vws	\$543	20%		
X-ray exam of shoulder	\$425	20%		
X-ray exam hip uni 2-3 views	\$576	20%		
X-ray exam of knee 1 or 2	\$390	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of pelvis, CPT® 72170

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$899
X-ray exam of pelvis	\$543	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$114
X-ray exam chest 2 views	\$356	33%		
X-ray exam of knee 3	\$422	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct pelvis w/o dye, CPT® 72192
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,179
Ct pelvis w/o dye	\$2,179	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$180

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct pelvis w/o dye, CPT® 72192
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,179
Ct pelvis w/o dye	\$2,179	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct pelvis w/o dye, CPT® 72192
Payer Aetna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,179
Ct pelvis w/o dye	\$2,179	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$250

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct pelvis w/o dye, CPT® 72192
Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,179
Ct pelvis w/o dye	\$2,179	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct pelvis w/o dye, CPT® 72192
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,179
Ct pelvis w/o dye	\$2,179	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$131

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct pelvis w/o dye, CPT® 72192
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,179
Ct pelvis w/o dye	\$2,179	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$284

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct pelvis w/o dye, CPT® 72192
Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,179
Ct pelvis w/o dye	\$2,179	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$179

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct pelvis w/o dye, CPT® 72192
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,179
Ct pelvis w/o dye	\$2,179	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct pelvis w/o dye, CPT® 72192
Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,179
Ct pelvis w/o dye	\$2,179	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct pelvis w/o dye, CPT® 72192
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,179
Ct pelvis w/o dye	\$2,179	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$222

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct pelvis w/dye, CPT® 72193
Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,563
Ct pelvis w/dye	\$2,322	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$658

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct pelvis w/dye, CPT® 72193
Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,369
Ct pelvis w/dye	\$2,322	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$368

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct pelvis w/dye, CPT® 72193
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,465
Ct pelvis w/dye	\$2,322	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$394
Ct angio abdom w/o & w/dye	\$3,459	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct pelvis w/dye, CPT® 72193
Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,367
Ct pelvis w/dye	\$2,322	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct pelvis w/dye, CPT® 72193
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,367
Ct pelvis w/dye	\$2,322	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct pelvis w/dye, CPT® 72193
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,551
Ct pelvis w/dye	\$2,322	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$380

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct pelvis w/dye, CPT® 72193
Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,368
Ct pelvis w/dye	\$2,322	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$521

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri Pelvis W/O Dye, CPT® 72195

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,626
Mri Pelvis W/O Dye	\$2,626	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$438

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri Pelvis W/O Dye, CPT® 72195

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,626
Mri Pelvis W/O Dye	\$2,626	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri Pelvis W/O Dye, CPT® 72195

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,252
Mri Pelvis W/O Dye	\$2,626	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,085
Mri abdomen w/o dye	\$2,626	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri Pelvis W/O Dye, CPT® 72195
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,626
Mri Pelvis W/O Dye	\$2,626	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri Pelvis W/O Dye, CPT® 72195

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,626
Mri Pelvis W/O Dye	\$2,626	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri Pelvis W/O Dye, CPT® 72195
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,626
Mri Pelvis W/O Dye	\$2,626	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266
Mri abdomen w/o dye	\$2,626	29%		
Mri lumbar spine w/o dye	\$3,666	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri Pelvis W/O Dye, CPT® 72195

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,626
Mri Pelvis W/O Dye	\$2,626	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$530

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri Pelvis W/O Dye, CPT® 72195

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,626
Mri Pelvis W/O Dye	\$2,626	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$542

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri Pelvis W/O Dye, CPT® 72195

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,626
Mri Pelvis W/O Dye	\$2,626	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$562

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri Pelvis W/O Dye, CPT® 72195
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,626
Mri Pelvis W/O Dye	\$2,626	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri pelvis w/o & w/dye, CPT® 72197

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,832
Mri pelvis w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$902
Mri abdomen w/o & w/dye	\$3,641	19%		
Ther/proph/diag inj iv push	\$351	10%		
Tx/pro/dx inj same drug adon	\$351	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri pelvis w/o & w/dye, CPT® 72197

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,843
Mri pelvis w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$867

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri pelvis w/o & w/dye, CPT® 72197

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,823
Mri pelvis w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri pelvis w/o & w/dye, CPT® 72197

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,775
Mri pelvis w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$806

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri pelvis w/o & w/dye, CPT® 72197

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,803
Mri pelvis w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$729
Mri abdomen w/o & w/dye	\$3,641	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri pelvis w/o & w/dye, CPT® 72197

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,822
Mri pelvis w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$446
Mri abdomen w/o & w/dye	\$3,641	12%		
Bone imaging whole body	\$1,760	6%		
RBC antibody screen	\$68	6%		
Blood typing serologic abo	\$31	6%		
Blood typing serologic rh(d)	\$31	6%		
Mri chest spine w/o & w/dye	\$3,754	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri pelvis w/o & w/dye, CPT® 72197

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,832
Mri pelvis w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$984
Bone imaging whole body	\$1,760	14%		
Mri abdomen w/o & w/dye	\$3,641	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri pelvis w/o & w/dye, CPT® 72197

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,803
Mri pelvis w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,054

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri pelvis w/o & w/dye, CPT® 72197

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,812
Mri pelvis w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$888
Mri abdomen w/o & w/dye	\$3,641	18%		
Ther/proph/diag inj iv push	\$351	18%		
Tx/pro/dx inj same drug adon	\$351	6%		
Office consultation	\$362	6%		
Bone imaging whole body	\$1,760	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri pelvis w/o & w/dye, CPT® 72197
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,779
Mri pelvis w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$448

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri pelvis w/o & w/dye, CPT® 72197

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,816
Mri pelvis w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,062
Mri abdomen w/o & w/dye	\$3,641	25%		
Ther/proph/diag inj iv push	\$351	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri pelvis w/o & w/dye, CPT® 72197

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,652
Mri pelvis w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$717
Mri abdomen w/o & w/dye	\$3,641	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of shoulder, CPT® 73030

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$425
X-ray exam of shoulder	\$425	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$75

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of shoulder, CPT® 73030

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$425
X-ray exam of shoulder	\$425	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72
X-ray exam neck spine 2-3 vw	\$554	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of shoulder, CPT® 73030

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$425
X-ray exam of shoulder	\$425	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of shoulder, CPT® 73030

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$425
X-ray exam of shoulder	\$425	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72
X-ray exam neck spine 2-3 vw	\$554	17%		
X-ray exam of wrist	\$391	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of shoulder, CPT® 73030

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$425
X-ray exam of shoulder	\$425	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$65
X-ray exam neck spine 2-3 vw	\$554	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of shoulder, CPT® 73030

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$425
X-ray exam of shoulder	\$425	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of shoulder, CPT® 73030

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$425
X-ray exam of shoulder	\$425	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$62

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of shoulder, CPT® 73030

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$425
X-ray exam of shoulder	\$425	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$79
X-ray exam chest 2 views	\$356	11%		
X-ray exam neck spine 2-3 vw	\$554	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of shoulder, CPT® 73030

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$626
X-ray exam of shoulder	\$425	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$71
X-ray exam of collar bone	\$402	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of shoulder, CPT® 73030

Payer Empire Blue Cross

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$850
X-ray exam of shoulder	\$850	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of shoulder, CPT® 73030

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$425
X-ray exam of shoulder	\$425	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$97
General supporting services	\$6	10%		
X-ray exam neck spine 2-3 vw	\$554	10%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of shoulder, CPT® 73030
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$988
X-ray exam of shoulder	\$850	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Rbc sed rate automated	\$25	100%		
C-reactive protein	\$113	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of shoulder, CPT® 73030

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$638
X-ray exam of shoulder	\$638	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$71

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of elbow, CPT® 73080

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$480
X-ray exam of elbow	\$480	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of elbow, CPT® 73080

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,740
X-ray exam of elbow	\$960	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam of knee 1 or 2	\$780	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of elbow, CPT® 73080

Payer Aetna Whole Health

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$480
X-ray exam of elbow	\$480	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of elbow, CPT® 73080

Payer Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$480
X-ray exam of elbow	\$480	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of elbow, CPT® 73080

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$696
X-ray exam of elbow	\$480	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$146
X-ray exam of wrist	\$432	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of elbow, CPT® 73080
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$480
X-ray exam of elbow	\$480	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of elbow, CPT® 73080

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$480
X-ray exam of elbow	\$480	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$61

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of wrist, CPT® 73110
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$645
X-ray exam of wrist	\$432	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$146
X-ray exam of shoulder	\$425	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of wrist, CPT® 73110
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$648
X-ray exam of wrist	\$648	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of wrist, CPT® 73110

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$432
X-ray exam of wrist	\$432	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$65

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of wrist, CPT® 73110

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$432
X-ray exam of wrist	\$432	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$109

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of wrist, CPT® 73110

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$432
X-ray exam of wrist	\$432	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$82

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of wrist, CPT® 73110
Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,135
X-ray exam of wrist	\$648	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$151
X-ray exam of hand	\$974	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of wrist, CPT® 73110
Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$432
X-ray exam of wrist	\$432	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$82

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of wrist, CPT® 73110
Payer Harvard Pilgrim

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$912
X-ray exam of wrist	\$432	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam of elbow	\$480	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of hand, CPT® 73130
Payer Wellcare Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,762
X-ray exam of hand	\$974	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam of foot	\$788	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of hand, CPT® 73130

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$875
X-ray exam of hand	\$731	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$117
X-ray exam hip uni 2-3 views	\$288	50%		

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$487
X-ray exam of hand	\$487	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$487
X-ray exam of hand	\$487	100%	Average Negotiated Charge (Payment) / Visit	\$72
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	33%		
Metabolic panel total ca	\$29	33%		
Assay of free thyroxine	\$86	33%		
Assay thyroid stim hormone	\$81	33%		

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Payer Cigna

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X-ray exam of hand	\$487	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72

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Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$487
X-ray exam of hand	\$487	100%	Average Negotiated Charge (Payment) / Visit	\$72
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam of foot	\$788	18%		
C-reactive protein	\$113	9%		
Complement antigen	\$324	9%		
Ccp antibody	\$52	9%		
Microsomal antibody each	\$160	9%		
Routine venipuncture	\$18	9%		
X-ray exam chest 2 views	\$356	9%		

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Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$731
X-ray exam of hand	\$731	100%	Average Negotiated Charge (Payment) / Visit	\$107
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam neck spine 2-3 vw	\$554	13%		
X-ray exam of foot	\$788	13%		
Assay of protein serum	\$29	13%		
Protein e-phoresis serum	\$59	13%		
Ccp antibody	\$52	13%		
Nuclear antigen antibody	\$109	13%		
Hepatitis c ab test	\$115	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of hand, CPT® 73130

Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,360
X-ray exam of hand	\$731	100%	Average Negotiated Charge (Payment) / Visit	\$231
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	50%		
X-ray exam of foot	\$788	50%		
Comprehen metabolic panel	\$38	50%		
Rbc sed rate automated	\$25	50%		
C-reactive protein	\$113	50%		
Office/outpatient visit est	\$277	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of hand, CPT® 73130

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$974
X-ray exam of hand	\$974	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$179
X-ray exam of foot	\$788	14%		
X-ray exam of finger(s)	\$354	7%		

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Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$487
X-ray exam of hand	\$487	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$97
X-ray exam chest 2 views	\$356	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of hand, CPT® 73130

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$731
X-ray exam of hand	\$731	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$127

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of hand, CPT® 73130
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$974
X-ray exam of hand	\$974	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,178
Ct upper extremity w/o dye	\$1,654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$337
3d render w/intrp postproces	\$524	67%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Aetna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,916
Ct upper extremity w/o dye	\$1,654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$349
3d render w/intrp postproces	\$524	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,178
Ct upper extremity w/o dye	\$1,654	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
3d render w/intrp postproces	\$524	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct upper extremity w/o dye, CPT® 73200
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,178
Ct upper extremity w/o dye	\$1,654	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
3d render w/intrp postproces	\$524	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,893
Ct upper extremity w/o dye	\$1,654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$218
Ct thorax w/o dye	\$1,953	50%		
3d render w/intrp postproces	\$524	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,178
Ct upper extremity w/o dye	\$1,654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$131
3d render w/intrp postproces	\$524	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri joint upr extrem w/o dye, CPT® 73221

Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri joint upr extrem w/o dye	\$3,173	100%		
General procedure services	\$864	5%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$528
Mri jnt of lwr extre w/o dye	\$3,173	5%		
Glucose blood test	\$18	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri joint upr extrem w/o dye, CPT® 73221

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri joint upr extrem w/o dye	\$3,173	100%		
General procedure services	\$1,650	13%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$410
Mri neck spine w/o dye	\$3,290	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri joint upr extrem w/o dye, CPT® 73221

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri joint upr extrem w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$268
X-ray eye for foreign body	\$579	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri joint upr extrem w/o dye, CPT® 73221

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri joint upr extrem w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri joint upr extrem w/o dye, CPT® 73221

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri joint upr extrem w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri joint upr extrem w/o dye, CPT® 73221

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri joint upr extrem w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266
General supporting services	\$124	5%		
Ther/proph/diag iv inf init	\$625	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri joint upr extrem w/o dye, CPT® 73221

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri joint upr extrem w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$410
Dxa bone density axial	\$579	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri joint upr extrem w/o dye, CPT® 73221

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri joint upr extrem w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri joint upr extrem w/o dye, CPT® 73221

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri joint upr extrem w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$311
X-ray exam of nasal bones	\$570	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri joint upr extrem w/o dye, CPT® 73221

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri joint upr extrem w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$438
Ct neck spine w/o dye	\$1,588	3%		
Mri jnt of lwr extre w/o dye	\$3,173	3%		
3d render w/intrp postproces	\$524	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri joint upr extrem w/o dye, CPT® 73221

Payer Aetna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri joint upr extrem w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$443

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri joint upr extrem w/o dye, CPT® 73221

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri joint upr extrem w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$327

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam hip uni 2-3 views, CPT® 73502

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$288
X-ray exam hip uni 2-3 views	\$288	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$94

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam hip uni 2-3 views, CPT® 73502

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$288
X-ray exam hip uni 2-3 views	\$288	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$93
X-ray exam of femur 2/	\$269	10%		
X-ray exam of knee 3	\$422	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam hip uni 2-3 views, CPT® 73502

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$288
X-ray exam hip uni 2-3 views	\$288	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$97
X-ray exam of knee 3	\$422	10%		
X-ray exam of foot	\$394	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam hip uni 2-3 views, CPT® 73502

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$288
X-ray exam hip uni 2-3 views	\$288	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$73

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam hip uni 2-3 views, CPT® 73502

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$288
X-ray exam hip uni 2-3 views	\$288	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$73
X-ray exam thoracolmb 2/> vw	\$618	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam hip uni 2-3 views, CPT® 73502

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$288
X-ray exam hip uni 2-3 views	\$288	100%	Average Negotiated Charge (Payment) / Visit	\$72
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Capillary blood draw	\$80	6%		
X-ray exam of knee 3	\$422	6%		
Prothrombin time	\$100	6%		
Office/outpatient visit est	\$656	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam hip uni 2-3 views, CPT® 73502

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$288
X-ray exam hip uni 2-3 views	\$288	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$56

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam hip uni 2-3 views, CPT® 73502

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$288
X-ray exam hip uni 2-3 views	\$288	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam hip uni 2-3 views, CPT® 73502
Payer Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$642
X-ray exam hip uni 2-3 views	\$288	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Office/outpatient visit new	\$354	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam hip uni 2-3 views, CPT® 73502

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$288
X-ray exam hip uni 2-3 views	\$288	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam hip uni 2-3 views, CPT® 73502

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$288
X-ray exam hip uni 2-3 views	\$288	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$59

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam hip uni 2-3 views, CPT® 73502

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$288
X-ray exam hip uni 2-3 views	\$288	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of femur 2/>, CPT® 73552
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$269
X-ray exam of femur 2/>>	\$269	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of femur 2/>, CPT® 73552

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$269
X-ray exam of femur 2/>	\$269	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of femur 2/>, CPT® 73552

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$557
X-ray exam of femur 2/>	\$269	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam hip uni 2-3 views	\$288	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of femur 2/>, CPT® 73552

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$557
X-ray exam of femur 2/>	\$269	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam hip uni 2-3 views	\$288	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of femur 2/>, CPT® 73552

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$269
X-ray exam of femur 2/>	\$269	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of femur 2/>, CPT® 73552

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$269
X-ray exam of femur 2/>	\$269	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of knee 1 or 2, CPT® 73560
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$390
X-ray exam of knee 1 or 2	\$390	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72
X-ray exam chest 2 views	\$356	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of knee 1 or 2, CPT® 73560
Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$390
X-ray exam of knee 1 or 2	\$390	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of knee 1 or 2, CPT® 73560
Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$390
X-ray exam of knee 1 or 2	\$390	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$82
X-ray exam of shoulder	\$850	17%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of knee 1 or 2, CPT® 73560
Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$390
X-ray exam of knee 1 or 2	\$390	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of knee 1 or 2, CPT® 73560
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,673
X-ray exam of knee 1 or 2	\$585	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$389
X-ray exam of knees	\$677	100%		
Office/outpatient visit est	\$234	100%		
Office/outpatient visit est	\$277	50%		
Assay glucose blood quant	\$30	50%		
Transferase (AST) (SGOT)	\$29	50%		
Routine venipuncture	\$18	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of knee 1 or 2, CPT® 73560
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$390
X-ray exam of knee 1 or 2	\$390	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of knee 1 or 2, CPT® 73560
Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$390
X-ray exam of knee 1 or 2	\$390	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of knee 1 or 2, CPT® 73560
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$585
X-ray exam of knee 1 or 2	\$585	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$146

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of knee 1 or 2, CPT® 73560
Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$24,970
X-ray exam of knee 1 or 2	\$390	100%		
General procedure services	\$34,136	50%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$13,730
General supporting services	\$3,187	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of knee 3, CPT® 73562
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$422
X-ray exam of knee 3	\$422	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of knee 3, CPT® 73562

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$844
X-ray exam of knee 3	\$844	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$163

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of knee 3, CPT® 73562

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$422
X-ray exam of knee 3	\$422	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$96

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of knee 3, CPT® 73562

Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$422
X-ray exam of knee 3	\$422	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of knee 3, CPT® 73562

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$422
X-ray exam of knee 3	\$422	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of knee 3, CPT® 73562
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$844
X-ray exam of knee 3	\$844	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of knee 3, CPT® 73562

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$422
X-ray exam of knee 3	\$422	100%	Average Negotiated Charge (Payment) / Visit	\$101
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam of knee 1 or 2	\$390	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of knee 3, CPT® 73562

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$422
X-ray exam of knee 3	\$422	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of knee 3, CPT® 73562

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,521
X-ray exam of knee 3	\$844	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam of knees	\$677	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam knee 4 or more, CPT® 73564

Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$626
X-ray exam knee 4 or more	\$482	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$131
X-ray exam hip uni 2-3 views	\$288	50%		

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Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$482
X-ray exam knee 4 or more	\$482	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$89
Routine venipuncture	\$18	10%		
X-ray exam of shoulder	\$850	10%		
X-ray exam of elbow	\$480	10%		
X-ray exam of hand	\$974	10%		
Antinuclear antibodies (ANA)	\$52	10%		
Dna antibody native	\$102	10%		
Nuclear antigen antibody	\$478	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam knee 4 or more, CPT® 73564

Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$482
X-ray exam knee 4 or more	\$482	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$69
X-ray exam of shoulder	\$425	25%		
X-ray exam of femur 2/	\$269	25%		
X-ray exam of lower leg	\$446	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam knee 4 or more, CPT® 73564

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$964
X-ray exam knee 4 or more	\$964	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$176

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam knee 4 or more, CPT® 73564

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$482
X-ray exam knee 4 or more	\$482	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130
Routine venipuncture	\$18	8%		
Comprehen metabolic panel	\$38	8%		
Complete cbc w/auto diff wbc	\$52	8%		
Rbc sed rate automated	\$25	8%		
C-reactive protein	\$113	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam knee 4 or more, CPT® 73564

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$482
X-ray exam knee 4 or more	\$482	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$116
X-ray exam of hand	\$974	10%		
X-ray exam of ankle	\$476	10%		
X-ray exam of foot	\$394	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam knee 4 or more, CPT® 73564

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$482
X-ray exam knee 4 or more	\$482	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$161

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam knee 4 or more, CPT® 73564

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$482
X-ray exam knee 4 or more	\$482	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$69

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of lower leg, CPT® 73590

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$892
X-ray exam of lower leg	\$892	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of lower leg, CPT® 73590

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$446
X-ray exam of lower leg	\$446	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$63

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Hospital Name Danbury Hospital

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Charge Display X-ray exam of lower leg, CPT® 73590

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$684
X-ray exam of lower leg	\$446	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$119
X-ray exam of ankle	\$476	50%		

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Charge Display X-ray exam of lower leg, CPT® 73590

Payer Anthem Tiered

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$446
X-ray exam of lower leg	\$446	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

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Charge Display X-ray exam of lower leg, CPT® 73590

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$563
X-ray exam of lower leg	\$446	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$97
X-ray exam of femur 2/>>	\$269	25%		
Office/outpatient visit est	\$234	25%		

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Hospital Name Danbury Hospital

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Charge Display X-ray exam of lower leg, CPT® 73590

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$446
X-ray exam of lower leg	\$446	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$446
X-ray exam of lower leg	\$446	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72
Office/outpatient visit est	\$164	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of ankle, CPT® 73610

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$476
X-ray exam of ankle	\$476	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72
X-ray exam of foot	\$394	14%		
Office/outpatient visit est	\$234	14%		

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Charge Display X-ray exam of ankle, CPT® 73610

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$476
X-ray exam of ankle	\$476	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$71
X-ray exam of foot	\$394	14%		
X-ray exam of heel	\$401	14%		

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Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$476
X-ray exam of ankle	\$476	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$55

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of ankle, CPT® 73610

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$560
X-ray exam of ankle	\$476	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$97
X-ray exam of foot	\$394	33%		
Culture screen only	\$84	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of ankle, CPT® 73610
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,354
X-ray exam of ankle	\$476	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	100%		
Vitamin d 25 hydroxy	\$163	100%		
Assay of parathormone	\$252	100%		
Assay of blood/uric acid	\$26	100%		
Complete cbc w/auto diff wbc	\$52	100%		
C-reactive protein	\$113	100%		
Office/outpatient visit est	\$234	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of ankle, CPT® 73610

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$476
X-ray exam of ankle	\$476	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$92
X-ray exam of elbow	\$480	9%		
X-ray exam of foot	\$394	9%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of ankle, CPT® 73610

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$593
X-ray exam of ankle	\$476	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$182
Office/outpatient visit est	\$234	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of foot, CPT® 73630
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$394
X-ray exam of foot	\$394	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$81

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of foot, CPT® 73630
Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$394
X-ray exam of foot	\$394	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$67
X-ray exam of hand	\$974	6%		
Comprehensive metabolic panel	\$38	6%		
Complete cbc w/auto diff wbc	\$52	6%		
Rbc sed rate automated	\$25	6%		
Antinuclear antibodies (ANA)	\$52	6%		
C-reactive protein	\$113	6%		
Lyme disease antibody	\$290	6%		
Lyme disease antibody	\$32	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of foot, CPT® 73630
Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$394
X-ray exam of foot	\$394	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$65
X-ray exam of hand	\$974	20%		
X-ray exam of ankle	\$476	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of foot, CPT® 73630
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$394
X-ray exam of foot	\$394	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$97
X-ray exam of ankle	\$476	8%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of foot, CPT® 73630
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$394
X-ray exam of foot	\$394	100%	Average Negotiated Charge (Payment) / Visit	\$72
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	11%		
X-ray exam of hand	\$487	11%		
Comprehensive metabolic panel	\$38	11%		
Vitamin B-12	\$129	11%		
Glycosylated hemoglobin test	\$113	11%		
Assay thyroid stim hormone	\$81	11%		
Rbc sed rate automated	\$25	11%		
Antinuclear antibodies (ANA)	\$52	11%		
Dna antibody native	\$102	11%		
Nuclear antigen antibody	\$478	11%		
Hepatitis c ab test	\$115	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of foot, CPT® 73630

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$394
X-ray exam of foot	\$394	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of foot, CPT® 73630

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$394
X-ray exam of foot	\$394	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of foot, CPT® 73630
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$394
X-ray exam of foot	\$394	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72
X-ray exam of hand	\$974	9%		
Assay of blood/uric acid	\$26	9%		
Office/outpatient visit est	\$234	9%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam of foot, CPT® 73630

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$394
X-ray exam of foot	\$394	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$85
X-ray exam of hand	\$974	7%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of foot, CPT® 73630
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$394
X-ray exam of foot	\$394	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$50
Office/outpatient visit est	\$330	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of foot, CPT® 73630
Payer Cigna BH

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$870
X-ray exam of foot	\$394	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam of ankle	\$476	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam of foot, CPT® 73630
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$394
X-ray exam of foot	\$394	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct lower extremity w/o dye, CPT® 73700

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,178
Ct lower extremity w/o dye	\$1,654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$337
3d render w/intrp postproces	\$524	67%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct lower extremity w/o dye, CPT® 73700

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,178
Ct lower extremity w/o dye	\$1,654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$180
3d render w/intrp postproces	\$524	67%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct lower extremity w/o dye, CPT® 73700

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,178
Ct lower extremity w/o dye	\$1,654	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
3d render w/intrp postproces	\$524	100%		

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct lower extremity w/o dye, CPT® 73700

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,178
Ct lower extremity w/o dye	\$1,654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130
3d render w/intrp postproces	\$524	67%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct lower extremity w/o dye, CPT® 73700

Payer Aetna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,178
Ct lower extremity w/o dye	\$1,654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$376
3d render w/intrp postproces	\$524	75%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct lower extremity w/o dye, CPT® 73700
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,178
Ct lower extremity w/o dye	\$1,654	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
3d render w/intrp postproces	\$524	100%		

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

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct lower extremity w/o dye, CPT® 73700
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,178
Ct lower extremity w/o dye	\$1,654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$131
3d render w/intrp postproces	\$524	100%		

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct lower extremity w/o dye, CPT® 73700

Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,178
Ct lower extremity w/o dye	\$1,654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$562
3d render w/intrp postproces	\$524	75%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri Lower Extremity W/O Dye, CPT® 73718

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,346
Mri Lower Extremity W/O Dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Mri jnt of lwr extre w/o dye	\$3,173	100%		

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri Lower Extremity W/O Dye, CPT® 73718

Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri Lower Extremity W/O Dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri Lower Extremity W/O Dye, CPT® 73718

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri Lower Extremity W/O Dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$438

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri Lower Extremity W/O Dye, CPT® 73718

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri Lower Extremity W/O Dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri Lower Extremity W/O Dye, CPT® 73718

Payer Aetna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri Lower Extremity W/O Dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$523

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri Lower Extremity W/O Dye, CPT® 73718

Payer Anthem

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri Lower Extremity W/O Dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$562

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri jnt of lwr extre w/o dye, CPT® 73721

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri jnt of lwr extre w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri jnt of lwr extre w/o dye, CPT® 73721
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri jnt of lwr extre w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri jnt of lwr extre w/o dye, CPT® 73721

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri jnt of lwr extre w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$438

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri jnt of lwr extre w/o dye, CPT® 73721

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri jnt of lwr extre w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$304

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri jnt of lwr extre w/o dye, CPT® 73721

Payer Anthem

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri jnt of lwr extre w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$327

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri jnt of lwr extre w/o dye, CPT® 73721

Payer Empire Blue Cross

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri jnt of lwr extre w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri jnt of lwr extre w/o dye, CPT® 73721

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri jnt of lwr extre w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$311

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri jnt of lwr extre w/o dye, CPT® 73721

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri jnt of lwr extre w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri jnt of lwr extre w/o dye, CPT® 73721

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri jnt of lwr extre w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri jnt of lwr extre w/o dye, CPT® 73721

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri jnt of lwr extre w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$410

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri jnt of lwr extre w/o dye, CPT® 73721

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri jnt of lwr extre w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,967

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri jnt of lwr extre w/o dye, CPT® 73721
Payer Wellcare Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri jnt of lwr extre w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri jnt of lwr extre w/o dye, CPT® 73721

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri jnt of lwr extre w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$443

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri jnt of lwr extre w/o dye, CPT® 73721

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri jnt of lwr extre w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$268

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri jnt of lwr extre w/o dye, CPT® 73721

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri jnt of lwr extre w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$528

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri jnt of lwr extre w/o dye, CPT® 73721

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,173
Mri jnt of lwr extre w/o dye	\$3,173	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$410
X-ray eye for foreign body	\$579	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam abdomen 1 view, CPT® 74018
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$443
X-ray exam abdomen 1 view	\$443	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam abdomen 1 view, CPT® 74018

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$443
X-ray exam abdomen 1 view	\$443	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$44

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam abdomen 1 view, CPT® 74018
Payer Wellcare Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$443
X-ray exam abdomen 1 view	\$443	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam abdomen 1 view, CPT® 74018

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$443
X-ray exam abdomen 1 view	\$443	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$55
Assay of psa total	\$104	2%		

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Charge Display X-ray exam abdomen 1 view, CPT® 74018
Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$443
X-ray exam abdomen 1 view	\$443	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$44

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Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$443
X-ray exam abdomen 1 view	\$443	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Charge Display X-ray exam abdomen 1 view, CPT® 74018
Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$443
X-ray exam abdomen 1 view	\$443	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72
Routine venipuncture	\$18	4%		
Assay of creatinine	\$31	4%		
Assay of urea nitrogen	\$31	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam abdomen 1 view, CPT® 74018

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$443
X-ray exam abdomen 1 view	\$443	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$76

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Hospital Name Danbury Hospital

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Charge Display X-ray exam abdomen 1 view, CPT® 74018

Payer Anthem Exchange

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$443
X-ray exam abdomen 1 view	\$443	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam abdomen 1 view, CPT® 74018

Payer Multiplan

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$443
X-ray exam abdomen 1 view	\$443	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$337

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam abdomen 1 view, CPT® 74018

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$443
X-ray exam abdomen 1 view	\$443	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$99

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam abdomen 1 view, CPT® 74018

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$443
X-ray exam abdomen 1 view	\$443	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$71

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam abdomen 1 view, CPT® 74018

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$443
X-ray exam abdomen 1 view	\$443	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$48

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray exam abdomen 1 view, CPT® 74018

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$443
X-ray exam abdomen 1 view	\$443	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$56

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display X-ray exam abdomen 1 view, CPT® 74018
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$443
X-ray exam abdomen 1 view	\$443	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72

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

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abdomen w/dye, CPT® 74160
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,941
Ct abdomen w/dye	\$2,507	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abdomen w/dye, CPT® 74160
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,552
Ct abdomen w/dye	\$2,507	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abdomen w/dye, CPT® 74160
Payer Connecticare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,554
Ct abdomen w/dye	\$2,507	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abdomen w/dye, CPT® 74160
Payer Aetna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,093
Ct abdomen w/dye	\$2,507	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$893
Ct thorax w/dye	\$2,541	57%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abdomen w/dye, CPT® 74160
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,554
Ct abdomen w/dye	\$2,507	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$380

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abdomen w/dye, CPT® 74160
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,554
Ct abdomen w/dye	\$2,507	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$233
X-ray exam chest 2 views	\$356	14%		
Ct thorax w/dye	\$2,541	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abdomen w/dye, CPT® 74160
Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,554
Ct abdomen w/dye	\$2,507	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$366

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abdomen w/dye, CPT® 74160
Payer Multiplan

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,554
Ct abdomen w/dye	\$2,507	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abdomen w/dye, CPT® 74160
Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,801
Ct abdomen w/dye	\$2,507	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$474
Ct thorax w/dye	\$2,541	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abdomen w/dye, CPT® 74160
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,554
Ct abdomen w/dye	\$2,507	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abdomen w/o & w/dye, CPT® 74170
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,625
Ct abdomen w/o & w/dye	\$3,191	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$233
Cortisol free	\$92	20%		
Assay of urine creatinine	\$70	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abdomen w/o & w/dye, CPT® 74170
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,605
Ct abdomen w/o & w/dye	\$3,191	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$233

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abdomen w/o & w/dye, CPT® 74170
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,605
Ct abdomen w/o & w/dye	\$3,191	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$234
X-ray exam chest 2 views	\$356	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct abdomen w/o & w/dye, CPT® 74170

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,238
Ct abdomen w/o & w/dye	\$3,191	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$527
X-ray exam chest 2 views	\$356	13%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abdomen w/o & w/dye, CPT® 74170
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,583
Ct abdomen w/o & w/dye	\$3,191	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$569
Ct pelvis w/dye	\$2,322	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct abdomen w/o & w/dye, CPT® 74170

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,625
Ct abdomen w/o & w/dye	\$3,191	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$598
Ct thorax w/o dye	\$1,953	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abdomen w/o & w/dye, CPT® 74170
Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,625
Ct abdomen w/o & w/dye	\$3,191	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct abdomen w/o & w/dye, CPT® 74170

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,237
Ct abdomen w/o & w/dye	\$3,191	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$496
X-ray exam abdomen 1 view	\$443	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct abdomen w/o & w/dye, CPT® 74170

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,605
Ct abdomen w/o & w/dye	\$3,191	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$416
Ct thorax w/o dye	\$1,953	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abdomen w/o & w/dye, CPT® 74170
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,605
Ct abdomen w/o & w/dye	\$3,191	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$727

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angio abd&pelv w/o&w/dye, CPT® 74174

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$10,666
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,235
Ct angio abd&pelv w/o&w/dye	\$4,940	100%		
Ct angiography chest	\$3,459	100%		
Assay blood carbon dioxide	\$35	50%		
Assay of blood chloride	\$35	50%		
Assay of creatinine	\$31	50%		
Assay glucose blood quant	\$30	50%		
Assay of serum potassium	\$35	50%		
Assay of serum sodium	\$35	50%		
Assay of troponin quant	\$71	50%		
Assay of urea nitrogen	\$31	50%		
Chorionic gonadotropin assay	\$97	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Fibrin degradj d-dimer	\$88	50%		
Electrocardiogram tracing	\$255	50%		
Emergency dept visit	\$1,915	50%		
General supporting services	\$25	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct angio abd&pelv w/o&w/dye, CPT® 74174
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,956
Ct angio abd&pelv w/o&w/dye	\$4,940	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$561
Ct angiography chest	\$3,459	50%		
Bilirubin total	\$63	6%		
Assay blood carbon dioxide	\$35	6%		
Assay of blood chloride	\$35	6%		
Assay of creatinine	\$31	6%		
Assay glucose blood quant	\$30	6%		
Assay of lactic acid	\$128	6%		
Assay of lipase	\$59	6%		
Assay alkaline phosphatase	\$31	6%		
Assay of serum potassium	\$35	6%		
Assay of serum sodium	\$35	6%		
Alanine amino (ALT) (SGPT)	\$42	6%		
Assay of urea nitrogen	\$31	6%		
Blood typing serologic abo	\$62	6%		
Blood typing serologic rh(d)	\$62	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angio abd&pelv w/o&w/dye, CPT® 74174

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,916
Ct angio abd&pelv w/o&w/dye	\$4,940	100%	Average Negotiated Charge (Payment) / Visit	\$1,658
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Ct angiography chest	\$3,459	60%		
Assay of serum potassium	\$35	40%		
Assay of serum sodium	\$35	40%		
Assay blood carbon dioxide	\$35	40%		
Assay of blood chloride	\$35	40%		
Assay of creatinine	\$31	40%		
Assay glucose blood quant	\$30	40%		
Assay of urea nitrogen	\$31	40%		
Complete cbc w/auto diff wbc	\$52	40%		
Ther/proph/diag inj iv push	\$351	40%		
Emergency dept visit	\$1,915	40%		
Assay of lipase	\$59	20%		
Assay alkaline phosphatase	\$31	20%		
Alanine amino (ALT) (SGPT)	\$42	20%		
Bilirubin total	\$63	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angio abd&pelv w/o&w/dye, CPT® 74174

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,999
Ct angio abd&pelv w/o&w/dye	\$4,940	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct angio abd&pelv w/o&w/dye, CPT® 74174
Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,813
Ct angio abd&pelv w/o&w/dye	\$4,940	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$678
Ct angiography chest	\$3,459	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct angio abd&pelv w/o&w/dye, CPT® 74174
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,916
Ct angio abd&pelv w/o&w/dye	\$4,940	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$682
Ct angiography chest	\$3,459	71%		
Bilirubin total	\$63	14%		
Assay blood carbon dioxide	\$35	14%		
Assay of blood chloride	\$35	14%		
Assay of creatinine	\$31	14%		
Assay glucose blood quant	\$30	14%		
Assay of lactic acid	\$64	14%		
Assay of lipase	\$59	14%		
Assay of magnesium	\$49	14%		
Assay alkaline phosphatase	\$31	14%		
Assay of serum potassium	\$35	14%		
Assay of serum sodium	\$35	14%		
Alanine amino (ALT) (SGPT)	\$42	14%		
Assay of troponin quant	\$71	14%		
Assay of urea nitrogen	\$31	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angio abd&pelv w/o&w/dye, CPT® 74174

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,446
Ct angio abd&pelv w/o&w/dye	\$4,940	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$993
Ct angiography chest	\$3,459	57%		
Assay blood carbon dioxide	\$35	14%		
Assay of blood chloride	\$35	14%		
Assay of creatinine	\$31	14%		
Assay glucose blood quant	\$30	14%		
Assay of serum potassium	\$70	14%		
Assay of serum sodium	\$35	14%		
Assay of troponin quant	\$213	14%		
Assay of urea nitrogen	\$31	14%		
Complete cbc w/auto diff wbc	\$52	14%		
Electrocardiogram tracing	\$255	14%		
Emergency dept visit	\$1,915	14%		
General supporting services	\$6	14%		
X-ray exam chest 2 views	\$356	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angio abd&pelv w/o&w/dye, CPT® 74174

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,455
Ct angio abd&pelv w/o&w/dye	\$4,940	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$677
Ct angiography chest	\$3,459	60%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angio abd&pelv w/o&w/dye, CPT® 74174

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,987
Ct angio abd&pelv w/o&w/dye	\$4,940	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$557
General supporting services	\$36	33%		
Ct angiography chest	\$3,459	33%		
Assay blood carbon dioxide	\$35	33%		
Assay of blood chloride	\$35	33%		
Assay of creatinine	\$31	33%		
Assay glucose blood quant	\$30	33%		
Assay of serum potassium	\$35	33%		
Assay of serum sodium	\$35	33%		
Assay of urea nitrogen	\$31	33%		
Complete cbc w/auto diff wbc	\$52	33%		
Hydration iv infusion init	\$625	33%		
Hydrate iv infusion add-on	\$588	33%		
Emergency dept visit	\$1,915	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angio abd&pelv w/o&w/dye, CPT® 74174

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,916
Ct angio abd&pelv w/o&w/dye	\$4,940	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Ct angiography chest	\$3,459	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct angio abd&pelv w/o&w/dye, CPT® 74174
Payer Wellcare Medicare Managed Care

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,942
Ct angio abd&pelv w/o&w/dye	\$4,940	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Ct angiography chest	\$3,459	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,590
Ct abd & pelvis w/o contrast	\$3,147	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$319
Ct thorax w/o dye	\$1,953	20%		
X-ray exam abdomen 1 view	\$443	20%		
Us exam pelvic limited	\$538	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,147
Ct abd & pelvis w/o contrast	\$3,147	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$307
X-ray exam abdomen 1 view	\$443	19%		
Ct thorax w/o dye	\$1,953	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,147
Ct abd & pelvis w/o contrast	\$3,147	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$352
X-ray exam abdomen 1 view	\$443	22%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abd & pelvis w/o contrast, CPT® 74176
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,147
Ct abd & pelvis w/o contrast	\$3,147	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$268
Ct thorax w/o dye	\$1,953	24%		
X-ray exam abdomen 1 view	\$443	6%		
X-ray exam chest 2 views	\$356	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,147
Ct abd & pelvis w/o contrast	\$3,147	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,147
Ct abd & pelvis w/o contrast	\$3,147	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$310
Ct thorax w/o dye	\$1,953	12%		
X-ray exam chest 2 views	\$356	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abd & pelvis w/o contrast, CPT® 74176
Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,147
Ct abd & pelvis w/o contrast	\$3,147	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$275
X-ray exam abdomen 1 view	\$443	29%		
Ct thorax w/o dye	\$1,953	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,147
Ct abd & pelvis w/o contrast	\$3,147	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$220
X-ray exam abdomen 1 view	\$443	13%		
Ct thorax w/o dye	\$1,953	5%		
Us exam of head and neck	\$723	3%		
Urine culture/colony count	\$74	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abd & pelvis w/o contrast, CPT® 74176
Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,147
Ct abd & pelvis w/o contrast	\$3,147	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Charge Display Ct abd & pelvis w/o contrast, CPT® 74176
Payer Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,369
Ct abd & pelvis w/o contrast	\$3,147	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266
X-ray exam abdomen 1 view	\$443	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,147
Ct abd & pelvis w/o contrast	\$3,147	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$209
Ct thorax w/o dye	\$1,953	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,100
Ct abd & pelvis w/o contrast	\$3,147	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$305
Ct thorax w/o dye	\$1,953	57%		
X-ray exam abdomen 1 view	\$443	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,147
Ct abd & pelvis w/o contrast	\$3,147	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266
Ct thorax w/o dye	\$1,953	22%		
X-ray exam abdomen 1 view	\$443	12%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,045
Ct abd & pelv w/contrast	\$3,621	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$470
Ct thorax w/dye	\$2,541	26%		
Complete cbc w/auto diff wbc	\$52	15%		
Emergency dept visit	\$1,915	15%		
Assay of urea nitrogen	\$31	15%		
Assay blood carbon dioxide	\$35	15%		
Assay of blood chloride	\$35	15%		
Assay of creatinine	\$31	15%		
Assay glucose blood quant	\$30	15%		
Assay of serum potassium	\$35	15%		
Assay of serum sodium	\$35	15%		
Transferase (AST) (SGOT)	\$29	12%		
Alanine amino (ALT) (SGPT)	\$42	12%		
Assay alkaline phosphatase	\$31	12%		
Bilirubin total	\$63	12%		
Assay of lipase	\$59	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Empire Blue Cross

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,668
Ct abd & pelv w/contrast	\$3,621	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,668
Ct abd & pelv w/contrast	\$3,621	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Aetna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,093
Ct abd & pelv w/contrast	\$3,621	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$953
Ct thorax w/dye	\$2,541	29%		
Complete cbc w/auto diff wbc	\$52	20%		
Emergency dept visit	\$1,915	19%		
Assay of urea nitrogen	\$31	19%		
Assay blood carbon dioxide	\$35	19%		
Assay of blood chloride	\$35	19%		
Assay of creatinine	\$31	19%		
Assay glucose blood quant	\$30	19%		
Assay of serum potassium	\$35	19%		
Assay of serum sodium	\$35	19%		
Transferase (AST) (SGOT)	\$29	16%		
Alanine amino (ALT) (SGPT)	\$42	16%		
Assay alkaline phosphatase	\$31	16%		
Bilirubin total	\$63	16%		
Assay of lipase	\$59	15%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,207
Ct abd & pelv w/contrast	\$3,621	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$757
Ct thorax w/dye	\$2,541	52%		
Assay of urea nitrogen	\$31	17%		
Complete cbc w/auto diff wbc	\$52	17%		
Emergency dept visit	\$1,915	17%		
Assay blood carbon dioxide	\$35	17%		
Assay of blood chloride	\$35	17%		
Assay of creatinine	\$31	17%		
Assay glucose blood quant	\$30	17%		
Assay of serum potassium	\$35	17%		
Assay of serum sodium	\$35	17%		
Transferase (AST) (SGOT)	\$29	13%		
Alanine amino (ALT) (SGPT)	\$42	13%		
Assay of lipase	\$59	13%		
Assay alkaline phosphatase	\$31	13%		
Bilirubin total	\$63	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,055
Ct abd & pelv w/contrast	\$3,621	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$591
Ct thorax w/dye	\$2,541	25%		
Assay of creatinine	\$31	23%		
Assay of urea nitrogen	\$31	23%		
Complete cbc w/auto diff wbc	\$52	23%		
Emergency dept visit	\$1,915	23%		
Assay glucose blood quant	\$30	22%		
Assay blood carbon dioxide	\$35	21%		
Assay of blood chloride	\$35	21%		
Assay of serum potassium	\$35	21%		
Assay of serum sodium	\$35	21%		
Transferase (AST) (SGOT)	\$29	18%		
Alanine amino (ALT) (SGPT)	\$42	18%		
Bilirubin total	\$63	18%		
Assay of lipase	\$59	18%		
Assay alkaline phosphatase	\$31	18%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,209
Ct abd & pelv w/contrast	\$3,621	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$555
Ct thorax w/dye	\$2,541	34%		
Assay of urea nitrogen	\$31	31%		
Complete cbc w/auto diff wbc	\$52	31%		
Emergency dept visit	\$1,915	31%		
Assay blood carbon dioxide	\$35	31%		
Assay of blood chloride	\$35	31%		
Assay of creatinine	\$31	31%		
Assay glucose blood quant	\$30	31%		
Assay of serum potassium	\$35	31%		
Assay of serum sodium	\$35	31%		
Transferase (AST) (SGOT)	\$29	29%		
Alanine amino (ALT) (SGPT)	\$42	29%		
Bilirubin total	\$63	29%		
Assay alkaline phosphatase	\$31	29%		
Assay of lipase	\$59	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7,125
Ct abd & pelv w/contrast	\$3,621	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,702
Assay blood carbon dioxide	\$35	50%		
Assay of blood chloride	\$35	50%		
Assay of creatinine	\$31	50%		
Assay glucose blood quant	\$30	50%		
Assay of serum potassium	\$35	50%		
Assay of serum sodium	\$35	50%		
Assay of urea nitrogen	\$31	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Hydrate iv infusion add-on	\$735	50%		
Emergency dept visit	\$1,915	50%		
Alanine amino (ALT) (SGPT)	\$42	25%		
General supporting services	\$36	25%		
Ct thorax w/dye	\$2,541	25%		
Bilirubin total	\$63	25%		
Assay alkaline phosphatase	\$31	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abd & pelv w/contrast, CPT® 74177
Payer Medicaid-Other

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7,363
Ct abd & pelv w/contrast	\$3,621	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Bilirubin total	\$63	100%		
Assay blood carbon dioxide	\$35	100%		
Assay of blood chloride	\$35	100%		
Assay of creatinine	\$31	100%		
Assay glucose blood quant	\$30	100%		
Assay of lactic acid	\$64	100%		
Assay of lipase	\$59	100%		
Assay alkaline phosphatase	\$31	100%		
Assay of serum potassium	\$35	100%		
Assay of serum sodium	\$35	100%		
Alanine amino (ALT) (SGPT)	\$42	100%		
Assay of urea nitrogen	\$31	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Ther/proph/diag inj iv push	\$351	100%		
Emergency dept visit	\$1,915	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abd & pelv w/contrast, CPT® 74177
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,207
Ct abd & pelv w/contrast	\$3,621	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$554
Ct thorax w/dye	\$2,541	47%		
Assay of urea nitrogen	\$31	5%		
Complete cbc w/auto diff wbc	\$52	5%		
Emergency dept visit	\$1,915	5%		
Assay of creatinine	\$31	5%		
Assay glucose blood quant	\$30	5%		
Assay of lipase	\$59	4%		
Assay alkaline phosphatase	\$31	4%		
Assay of serum potassium	\$35	4%		
Assay of serum sodium	\$35	4%		
Transferase (AST) (SGOT)	\$29	4%		
Alanine amino (ALT) (SGPT)	\$42	4%		
Bilirubin total	\$63	4%		
Assay blood carbon dioxide	\$35	4%		
Assay of blood chloride	\$35	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abd & pelv w/contrast, CPT® 74177
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,060
Ct abd & pelv w/contrast	\$3,621	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$520
Ct thorax w/dye	\$2,541	34%		
Assay of urea nitrogen	\$31	12%		
Complete cbc w/auto diff wbc	\$52	12%		
Emergency dept visit	\$1,915	12%		
Assay blood carbon dioxide	\$35	12%		
Assay of blood chloride	\$35	12%		
Assay of creatinine	\$31	12%		
Assay glucose blood quant	\$30	12%		
Assay of serum potassium	\$35	12%		
Assay of serum sodium	\$35	12%		
Transferase (AST) (SGOT)	\$29	9%		
Alanine amino (ALT) (SGPT)	\$42	9%		
Assay alkaline phosphatase	\$31	9%		
Urinalysis auto w/scope	\$26	9%		
Bilirubin total	\$63	9%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,511
Ct abd & pelv w/contrast	\$3,621	100%	Average Negotiated Charge (Payment) / Visit	\$1,102
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Ct thorax w/dye	\$2,541	36%		
Assay of urea nitrogen	\$31	22%		
Emergency dept visit	\$1,915	22%		
Assay blood carbon dioxide	\$35	22%		
Assay of blood chloride	\$35	22%		
Assay of creatinine	\$31	22%		
Assay glucose blood quant	\$30	22%		
Assay of serum potassium	\$35	22%		
Assay of serum sodium	\$35	22%		
Transferase (AST) (SGOT)	\$29	21%		
Alanine amino (ALT) (SGPT)	\$42	21%		
Assay alkaline phosphatase	\$31	21%		
Complete cbc w/auto diff wbc	\$52	21%		
Bilirubin total	\$63	21%		
Assay of lipase	\$59	19%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,035
Ct abd & pelv w/contrast	\$3,621	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$795
Ct thorax w/dye	\$2,541	26%		
Electrolyte panel	\$23	17%		
Bilirubin total	\$63	17%		
Assay of creatinine	\$31	17%		
Assay glucose blood quant	\$30	17%		
Assay of lipase	\$59	17%		
Assay alkaline phosphatase	\$31	17%		
Transferase (AST) (SGOT)	\$29	17%		
Alanine amino (ALT) (SGPT)	\$42	17%		
Assay of urea nitrogen	\$31	17%		
Complete cbc w/auto diff wbc	\$52	17%		
Emergency dept visit	\$1,915	17%		
General supporting services	\$5	13%		
Ther/proph/diag inj iv push	\$351	13%		
Assay of lactic acid	\$64	9%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,207
Ct abd & pelv w/contrast	\$3,621	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,848
Ct thorax w/dye	\$2,541	80%		
Bone imaging whole body	\$1,760	40%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,668
Ct abd & pelv w/contrast	\$3,621	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$596
Assay blood carbon dioxide	\$35	40%		
Assay of blood chloride	\$35	40%		
Assay of creatinine	\$31	40%		
Assay glucose blood quant	\$30	40%		
Assay of serum potassium	\$35	40%		
Assay of serum sodium	\$35	40%		
Assay of urea nitrogen	\$31	40%		
Emergency dept visit	\$1,915	40%		
Alanine amino (ALT) (SGPT)	\$42	20%		
Assay of amylase	\$51	20%		
Bilirubin total	\$63	20%		
Bilirubin direct	\$37	20%		
Assay of lactic acid	\$64	20%		
Assay of lipase	\$59	20%		
Assay alkaline phosphatase	\$31	20%		

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

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abd & pelv w/contrast, CPT® 74177
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,207
Ct abd & pelv w/contrast	\$3,621	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$967
Ct thorax w/dye	\$2,541	46%		
Electrolyte panel	\$23	11%		
Emergency dept visit	\$1,915	11%		
Bilirubin total	\$63	11%		
Assay of creatinine	\$31	11%		
Assay glucose blood quant	\$30	11%		
Assay of lipase	\$59	11%		
Assay alkaline phosphatase	\$31	11%		
Transferase (AST) (SGOT)	\$29	11%		
Alanine amino (ALT) (SGPT)	\$42	11%		
Assay of urea nitrogen	\$31	11%		
Complete cbc w/auto diff wbc	\$52	11%		
Ther/proph/diag inj iv push	\$351	8%		
Assay of GGT	\$57	5%		
Assay of amylase	\$51	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abd & pelv w/contrast, CPT® 74177
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,207
Ct abd & pelv w/contrast	\$3,621	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$554
Ct thorax w/dye	\$2,541	33%		
Bilirubin total	\$63	27%		
Assay blood carbon dioxide	\$35	27%		
Assay of blood chloride	\$35	27%		
Assay of creatinine	\$31	27%		
Assay glucose blood quant	\$30	27%		
Assay of lipase	\$59	27%		
Assay alkaline phosphatase	\$31	27%		
Assay of serum potassium	\$35	27%		
Assay of serum sodium	\$35	27%		
Transferase (AST) (SGOT)	\$29	27%		
Alanine amino (ALT) (SGPT)	\$42	27%		
Assay of urea nitrogen	\$31	27%		
Complete cbc w/auto diff wbc	\$52	27%		
Emergency dept visit	\$1,915	27%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abd & pelv w/contrast, CPT® 74177
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,035
Ct abd & pelv w/contrast	\$3,621	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$454
Assay of amylase	\$51	33%		
Bilirubin total	\$63	33%		
Assay blood carbon dioxide	\$35	33%		
Assay of blood chloride	\$35	33%		
Assay of creatinine	\$31	33%		
Assay glucose blood quant	\$30	33%		
Assay of lipase	\$59	33%		
Assay alkaline phosphatase	\$31	33%		
Assay of serum potassium	\$35	33%		
Assay of serum sodium	\$35	33%		
Alanine amino (ALT) (SGPT)	\$42	33%		
Assay of urea nitrogen	\$31	33%		
Complete cbc w/auto diff wbc	\$52	33%		
Prothrombin time	\$25	33%		
Emergency dept visit	\$1,915	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,012
Ct abd & pelv 1/> regns	\$4,703	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$711
3d render w/intrp postproces	\$524	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,274
Ct abd & pelv 1/> regns	\$4,703	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$634
3d render w/intrp postproces	\$524	83%		
X-ray exam chest 2 views	\$356	3%		
Mri jnt of lwr extre w/o dye	\$3,173	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,661
Ct abd & pelv 1/> regns	\$4,703	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
3d render w/intrp postproces	\$524	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Multiplan

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,661
Ct abd & pelv 1/> regns	\$4,703	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
3d render w/intrp postproces	\$524	100%		

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,641
Ct abd & pelv 1/> regns	\$4,703	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$590
3d render w/intrp postproces	\$524	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,468
Ct abd & pelv 1/> regns	\$4,703	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$841
3d render w/intrp postproces	\$524	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,389
Ct abd & pelv 1/> regns	\$4,703	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$445
3d render w/intrp postproces	\$524	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,641
Ct abd & pelv 1/> regns	\$4,703	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$446
3d render w/intrp postproces	\$524	82%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abd & pelv 1/> regns, CPT® 74178
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,661
Ct abd & pelv 1/> regns	\$4,703	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
3d render w/intrp postproces	\$524	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abd & pelv 1/> regns, CPT® 74178
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,274
Ct abd & pelv 1/> regns	\$4,703	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$446
3d render w/intrp postproces	\$524	83%		
Hydration iv infusion init	\$625	17%		
Hydrate iv infusion add-on	\$294	17%		
General supporting services	\$124	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Aetna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,641
Ct abd & pelv 1/> regns	\$4,703	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,104
3d render w/intrp postproces	\$524	85%		
Ct thorax w/o & w/dye	\$3,168	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,012
Ct abd & pelv 1/> regns	\$4,703	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$681
3d render w/intrp postproces	\$524	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,274
Ct abd & pelv 1/> regns	\$4,703	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$557
3d render w/intrp postproces	\$524	82%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,273
Ct abd & pelv 1/> regns	\$4,703	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$945
3d render w/intrp postproces	\$524	63%		
Ct thorax w/dye	\$2,541	6%		
Ct thorax w/o & w/dye	\$3,168	6%		
X-ray exam abdomen 1 view	\$443	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct abd & pelv 1/> regns, CPT® 74178
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,274
Ct abd & pelv 1/> regns	\$4,703	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$448
3d render w/intrp postproces	\$524	62%		
Ct thorax w/o dye	\$1,953	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri abdomen w/o dye, CPT® 74181

Payer Anthem

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,626
Mri abdomen w/o dye	\$2,626	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri abdomen w/o dye, CPT® 74181

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,626
Mri abdomen w/o dye	\$2,626	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$418

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

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri abdomen w/o dye, CPT® 74181
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,626
Mri abdomen w/o dye	\$2,626	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri abdomen w/o dye, CPT® 74181

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,626
Mri abdomen w/o dye	\$2,626	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri abdomen w/o dye, CPT® 74181

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,626
Mri abdomen w/o dye	\$2,626	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri abdomen w/o dye, CPT® 74181

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,626
Mri abdomen w/o dye	\$2,626	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mri abdomen w/o dye, CPT® 74181

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,626
Mri abdomen w/o dye	\$2,626	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Aetna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,842
Mri abdomen w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$911
Mri pelvis w/o & w/dye	\$3,641	20%		
Ther/proph/diag inj iv push	\$351	17%		
Tx/pro/dx inj same drug adon	\$351	10%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri abdomen w/o & w/dye, CPT® 74183
Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,827
Mri abdomen w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$788
Mri pelvis w/o & w/dye	\$3,641	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,797
Mri abdomen w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$835
Mri pelvis w/o & w/dye	\$3,641	25%		
Ther/proph/diag inj iv push	\$351	17%		
Tx/pro/dx inj same drug adon	\$351	8%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri abdomen w/o & w/dye, CPT® 74183
Payer Anthem

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,802
Mri abdomen w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$883
Mri pelvis w/o & w/dye	\$3,641	16%		
Ther/proph/diag inj iv push	\$351	13%		
Tx/pro/dx inj same drug adon	\$351	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,813
Mri abdomen w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri abdomen w/o & w/dye, CPT® 74183
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,812
Mri abdomen w/o & w/dye	\$3,641	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri abdomen w/o & w/dye, CPT® 74183
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,793
Mri abdomen w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$446
Mri pelvis w/o & w/dye	\$3,641	10%		
X-ray exam of knee 1 or 2	\$390	10%		
Ther/proph/diag inj iv push	\$351	10%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri abdomen w/o & w/dye, CPT® 74183
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,827
Mri abdomen w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$729
Mri pelvis w/o & w/dye	\$3,641	16%		
Ther/proph/diag inj iv push	\$351	14%		
Tx/pro/dx inj same drug adon	\$351	9%		
X-ray exam abdomen 1 view	\$443	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri abdomen w/o & w/dye, CPT® 74183
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,813
Mri abdomen w/o & w/dye	\$3,641	100%		
General procedure services	\$1,232	2%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$448
Mri pelvis w/o & w/dye	\$3,641	11%		
Ther/proph/diag inj iv push	\$351	5%		
Tx/pro/dx inj same drug adon	\$351	2%		
Emergency dept visit	\$1,395	2%		
X-ray exam abdomen 1 view	\$443	2%		
Extremity study	\$1,285	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri abdomen w/o & w/dye, CPT® 74183
Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,812
Mri abdomen w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$988
Mri pelvis w/o & w/dye	\$3,641	23%		
Ther/proph/diag inj iv push	\$351	16%		
Tx/pro/dx inj same drug adon	\$351	11%		
X-ray eye for foreign body	\$579	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,832
Mri abdomen w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,075
Mri pelvis w/o & w/dye	\$3,641	20%		
Ther/proph/diag inj iv push	\$351	13%		
Tx/pro/dx inj same drug adon	\$351	13%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri abdomen w/o & w/dye, CPT® 74183
Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,775
Mri abdomen w/o & w/dye	\$3,641	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri abdomen w/o & w/dye, CPT® 74183
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,802
Mri abdomen w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$446
Mri pelvis w/o & w/dye	\$3,641	12%		
Ther/proph/diag inj iv push	\$351	6%		
Complete cbc w/auto diff wbc	\$52	4%		
Electrocardiogram tracing	\$255	2%		
Tx/pro/dx inj same drug adon	\$351	2%		
Assay blood carbon dioxide	\$35	2%		
Assay of blood chloride	\$35	2%		
Assay of creatinine	\$31	2%		
Assay glucose blood quant	\$30	2%		
Assay of serum potassium	\$35	2%		
Assay of serum sodium	\$35	2%		
Assay of urea nitrogen	\$31	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri abdomen w/o & w/dye, CPT® 74183
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,798
Mri abdomen w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$446
Mri pelvis w/o & w/dye	\$3,641	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Mri abdomen w/o & w/dye, CPT® 74183
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,822
Mri abdomen w/o & w/dye	\$3,641	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,068
Mri pelvis w/o & w/dye	\$3,641	21%		
Ther/proph/diag inj iv push	\$351	11%		
Tx/pro/dx inj same drug adon	\$351	5%		
Ct hrt w/o dye w/ca test	\$128	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Contrast x-ray esophagus, CPT® 74220
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$965
Contrast x-ray esophagus	\$965	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$234

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Contrast x-ray esophagus, CPT® 74220
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$965
Contrast x-ray esophagus	\$965	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$203
Ct thorax w/o dye	\$1,953	5%		
Cine/vid x-ray throat/esoph	\$539	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Contrast x-ray esophagus, CPT® 74220
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$965
Contrast x-ray esophagus	\$965	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$233

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Contrast x-ray esophagus, CPT® 74220
Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$965
Contrast x-ray esophagus	\$965	100%	Average Negotiated Charge (Payment) / Visit	\$182
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	4%		
Capillary blood draw	\$20	4%		
Us exam of head and neck	\$723	4%		
Comprehen metabolic panel	\$38	4%		
Assay of ck (cpk)	\$63	4%		
Complete cbc w/auto diff wbc	\$52	4%		
Prothrombin time	\$25	4%		
Office/outpatient visit est	\$164	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Contrast x-ray esophagus, CPT® 74220
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$965
Contrast x-ray esophagus	\$965	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$158

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Contrast x-ray esophagus, CPT® 74220

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$965
Contrast x-ray esophagus	\$965	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$257

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Contrast x-ray esophagus, CPT® 74220

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$965
Contrast x-ray esophagus	\$965	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$233

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Contrast x-ray esophagus, CPT® 74220
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$965
Contrast x-ray esophagus	\$965	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$233

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Contrast x-ray esophagus, CPT® 74220

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$965
Contrast x-ray esophagus	\$965	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$271
Ct maxillofacial w/o dye	\$1,824	2%		
Us exam of head and neck	\$723	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Contrast x-ray esophagus, CPT® 74220
Payer Multiplan

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$965
Contrast x-ray esophagus	\$965	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Contrast x-ray esophagus, CPT® 74220
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$965
Contrast x-ray esophagus	\$965	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$161
Us exam of head and neck	\$723	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Contrast x-ray esophagus, CPT® 74220

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$965
Contrast x-ray esophagus	\$965	100%	Average Negotiated Charge (Payment) / Visit	\$158
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Ct thorax w/o dye	\$1,953	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cine/vid x-ray throat/esoph, CPT® 74230

Payer Anthem Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$539
Cine/vid x-ray throat/esoph	\$539	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Charge Display Cine/vid x-ray throat/esoph, CPT® 74230

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$539
Cine/vid x-ray throat/esoph	\$539	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cine/vid x-ray throat/esoph, CPT® 74230
Payer Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$539
Cine/vid x-ray throat/esoph	\$539	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cine/vid x-ray throat/esoph, CPT® 74230

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$539
Cine/vid x-ray throat/esoph	\$539	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$422
Motion fluoroscopy/swallow	\$596	13%		

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Hospital Name Danbury Hospital
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Charge Display Cine/vid x-ray throat/esoph, CPT® 74230
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$539
Cine/vid x-ray throat/esoph	\$539	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$131

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cine/vid x-ray throat/esoph, CPT® 74230

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$539
Cine/vid x-ray throat/esoph	\$539	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cine/vid x-ray throat/esoph, CPT® 74230

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$539
Cine/vid x-ray throat/esoph	\$539	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$318

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cine/vid x-ray throat/esoph, CPT® 74230

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$539
Cine/vid x-ray throat/esoph	\$539	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cine/vid x-ray throat/esoph, CPT® 74230

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$539
Cine/vid x-ray throat/esoph	\$539	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$283

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cine/vid x-ray throat/esoph, CPT® 74230

Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$539
Cine/vid x-ray throat/esoph	\$539	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

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Charge Display Cine/vid x-ray throat/esoph, CPT® 74230

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$539
Cine/vid x-ray throat/esoph	\$539	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$161

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray upper gi delay w/o kub, CPT® 74240

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$944
X-ray upper gi delay w/o kub	\$944	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$242

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray upper gi delay w/o kub, CPT® 74240

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$944
X-ray upper gi delay w/o kub	\$944	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$326

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray upper gi delay w/o kub, CPT® 74240

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$944
X-ray upper gi delay w/o kub	\$944	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$220

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display X-ray upper gi delay w/o kub, CPT® 74240

Payer Anthem Tiered

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$944
X-ray upper gi delay w/o kub	\$944	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Charge Display X-ray upper gi delay w/o kub, CPT® 74240

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$944
X-ray upper gi delay w/o kub	\$944	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$161
X-ray sm int f-thru std	\$162	20%		

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Charge Display X-ray upper gi delay w/o kub, CPT® 74240
Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$944
X-ray upper gi delay w/o kub	\$944	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Charge Display X-ray upper gi delay w/o kub, CPT® 74240

Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$944
X-ray upper gi delay w/o kub	\$944	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$234

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Contrst x-ray uppr gi tract, CPT® 74246

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,021
Contrst x-ray uppr gi tract	\$1,021	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Contrst x-ray uppr gi tract, CPT® 74246

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,021
Contrst x-ray uppr gi tract	\$1,021	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$383

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Contrst x-ray uppr gi tract, CPT® 74246

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,021
Contrst x-ray uppr gi tract	\$1,021	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$161

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Contrst x-ray uppr gi tract, CPT® 74246

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,021
Contrst x-ray uppr gi tract	\$1,021	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Contrst x-ray uppr gi tract, CPT® 74246

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,021
Contrst x-ray uppr gi tract	\$1,021	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Contrst x-ray uppr gi tract, CPT® 74246

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,021
Contrst x-ray uppr gi tract	\$1,021	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct colonography dx, CPT® 74261

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,517
Ct colonography dx	\$2,517	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct colonography dx, CPT® 74261
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,517
Ct colonography dx	\$2,517	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct colonography dx, CPT® 74261
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,517
Ct colonography dx	\$2,517	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct colonography dx, CPT® 74261

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,517
Ct colonography dx	\$2,517	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$499

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct colonography dx, CPT® 74261
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,517
Ct colonography dx	\$2,517	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct colonography dx w/dye, CPT® 74262

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$897
Ct colonography dx w/dye	\$897	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Contrast x-ray exam of colon, CPT® 74270

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,148
Contrast x-ray exam of colon	\$1,148	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Contrast x-ray exam of colon, CPT® 74270

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,148
Contrast x-ray exam of colon	\$1,148	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Contrast x-ray exam of colon, CPT® 74270
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,148
Contrast x-ray exam of colon	\$1,148	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Contrast x-ray exam of colon, CPT® 74270

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,148
Contrast x-ray exam of colon	\$1,148	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Contrast x-ray exam of colon, CPT® 74270

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,148
Contrast x-ray exam of colon	\$1,148	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Uterine And Adnexa Procedures For Non-Malignancy Without Cc/Mcc, MS-DRG: 743
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$65,559
Uterine And Adnexa Procedures For Non-Malignancy Without Cc/Mcc	\$65,559	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Uterine And Adnexa Procedures For Non-Malignancy Without Cc/Mcc, MS-DRG: 743
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$42,404
Uterine And Adnexa Procedures For Non-Malignancy Without Cc/Mcc	\$42,404	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$21,564

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Uterine And Adnexa Procedures For Non-Malignancy Without Cc/Mcc, MS-DRG: 743
Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$38,065
Uterine And Adnexa Procedures For Non-Malignancy Without Cc/Mcc	\$38,065	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Uterine And Adnexa Procedures For Non-Malignancy Without Cc/Mcc, MS-DRG: 743
Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$50,346
Uterine And Adnexa Procedures For Non-Malignancy Without Cc/Mcc	\$50,346	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$22,981

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct angio hrt w/3d image, CPT® 75574
Payer Multiplan

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,805
Ct angio hrt w/3d image	\$1,343	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$10	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angio hrt w/3d image, CPT® 75574

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,766
Ct angio hrt w/3d image	\$1,343	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$9	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct angio hrt w/3d image, CPT® 75574
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,787
Ct angio hrt w/3d image	\$1,343	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$10	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angio hrt w/3d image, CPT® 75574

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,781
Ct angio hrt w/3d image	\$1,343	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$790
General supporting services	\$10	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct angio hrt w/3d image, CPT® 75574
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,766
Ct angio hrt w/3d image	\$1,343	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
General supporting services	\$9	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct angio hrt w/3d image, CPT® 75574

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,886
Ct angio hrt w/3d image	\$1,343	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$9	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct Angio Abdominal Arteries, CPT® 75635

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,697
Ct Angio Abdominal Arteries	\$3,638	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct Anglo Abdominal Arteries, CPT® 75635

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,259
Ct Anglo Abdominal Arteries	\$3,638	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct Angio Abdominal Arteries, CPT® 75635

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,259
Ct Angio Abdominal Arteries	\$3,638	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct Anglo Abdominal Arteries, CPT® 75635
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,697
Ct Anglo Abdominal Arteries	\$3,638	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ct Anglo Abdominal Arteries, CPT® 75635

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,697
Ct Anglo Abdominal Arteries	\$3,638	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ct Anglo Abdominal Arteries, CPT® 75635
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,259
Ct Anglo Abdominal Arteries	\$3,638	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$233

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam of head and neck, CPT® 76536

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$723
Us exam of head and neck	\$723	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$448

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam of head and neck, CPT® 76536

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$723
Us exam of head and neck	\$723	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$278

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam of head and neck, CPT® 76536

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$723
Us exam of head and neck	\$723	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$216

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam of head and neck, CPT® 76536

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$723
Us exam of head and neck	\$723	100%	Average Negotiated Charge (Payment) / Visit	\$216
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	3%		
Ct thorax w/o dye	\$1,953	3%		
Assay thyroid stim hormone	\$81	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam of head and neck, CPT® 76536

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$723
Us exam of head and neck	\$723	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$131
X-ray exam abdomen 1 view	\$443	3%		
Urinalysis auto w/o scope	\$7	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam of head and neck, CPT® 76536

Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$723
Us exam of head and neck	\$723	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$132

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam of head and neck, CPT® 76536

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$723
Us exam of head and neck	\$723	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$352

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam of head and neck, CPT® 76536

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$723
Us exam of head and neck	\$723	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130
Us exam abdo back wall comp	\$971	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam of head and neck, CPT® 76536

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$723
Us exam of head and neck	\$723	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$344

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam of head and neck, CPT® 76536

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$723
Us exam of head and neck	\$723	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam of head and neck, CPT® 76536

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$723
Us exam of head and neck	\$723	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$242

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam of head and neck, CPT® 76536

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$723
Us exam of head and neck	\$723	100%	Average Negotiated Charge (Payment) / Visit	\$212
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Ultrasound breast limited	\$350	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam of head and neck, CPT® 76536

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$723
Us exam of head and neck	\$723	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$370

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam of head and neck, CPT® 76536

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$723
Us exam of head and neck	\$723	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam of head and neck, CPT® 76536

Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$723
Us exam of head and neck	\$723	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$549

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam of head and neck, CPT® 76536

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$723
Us exam of head and neck	\$723	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$246

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast complete, CPT® 76641

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,178
Ultrasound breast complete	\$565	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$535
Scr mammo bi incl cad	\$538	80%		
Breast tomosynthesis bi	\$75	58%		
Dx mammo incl cad bi	\$526	10%		
Breast tomosynthesis bi	\$75	8%		
Dx mammo incl cad uni	\$438	3%		
Breast tomosynthesis uni	\$75	2%		
Dxa bone density axial	\$579	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast complete, CPT® 76641

Payer Anthem Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,178
Ultrasound breast complete	\$565	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$781
Scr mammo bi incl cad	\$538	84%		
Breast tomosynthesis bi	\$75	52%		
Dx mammo incl cad bi	\$526	6%		
Breast tomosynthesis bi	\$75	5%		
Dx mammo incl cad uni	\$438	4%		
Breast tomosynthesis uni	\$75	2%		
Dxa bone density axial	\$579	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast complete, CPT® 76641

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,172
Ultrasound breast complete	\$565	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$468
Scr mammo bi incl cad	\$538	70%		
Breast tomosynthesis bi	\$75	50%		
Breast tomosynthesis bi	\$75	20%		
Dx mammo incl cad bi	\$526	20%		
Dx mammo incl cad uni	\$438	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast complete, CPT® 76641

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,178
Ultrasound breast complete	\$565	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$269
Scr mammo bi incl cad	\$538	86%		
Breast tomosynthesis bi	\$75	57%		
Breast tomosynthesis bi	\$75	10%		
Dx mammo incl cad bi	\$526	10%		
Dx mammo incl cad uni	\$438	5%		
Dxa bone density axial	\$579	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast complete, CPT® 76641

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,178
Ultrasound breast complete	\$565	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$347
Scr mammo bi incl cad	\$538	81%		
Breast tomosynthesis bi	\$75	55%		
Dx mammo incl cad bi	\$526	11%		
Breast tomosynthesis bi	\$75	9%		
Dx mammo incl cad uni	\$438	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast complete, CPT® 76641

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,178
Ultrasound breast complete	\$565	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$269
Scr mammo bi incl cad	\$538	82%		
Breast tomosynthesis bi	\$75	63%		
Dx mammo incl cad uni	\$438	7%		
Dx mammo incl cad bi	\$526	6%		
Breast tomosynthesis uni	\$75	6%		
Dxa bone density axial	\$579	5%		
Breast tomosynthesis bi	\$75	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast complete, CPT® 76641

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,178
Ultrasound breast complete	\$565	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$476
Scr mammo bi incl cad	\$538	80%		
Breast tomosynthesis bi	\$75	55%		
Dx mammo incl cad bi	\$526	10%		
Breast tomosynthesis bi	\$75	8%		
Dx mammo incl cad uni	\$438	3%		
Dxa bone density axial	\$579	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast complete, CPT® 76641

Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$565
Ultrasound breast complete	\$565	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$132
Scr mammo bi incl cad	\$538	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast complete, CPT® 76641

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,178
Ultrasound breast complete	\$565	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$822
Scr mammo bi incl cad	\$538	82%		
Breast tomosynthesis bi	\$75	57%		
Dx mammo incl cad bi	\$526	9%		
Breast tomosynthesis bi	\$75	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast complete, CPT® 76641

Payer Empire Blue Cross

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$565
Ultrasound breast complete	\$565	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast complete, CPT® 76641

Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,178
Ultrasound breast complete	\$565	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$895
Scr mammo bi incl cad	\$538	83%		
Breast tomosynthesis bi	\$75	67%		
Dx mammo incl cad uni	\$438	17%		
Breast tomosynthesis uni	\$75	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast complete, CPT® 76641

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,178
Ultrasound breast complete	\$565	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$269
Scr mammo bi incl cad	\$538	80%		
Breast tomosynthesis bi	\$75	70%		
Dx mammo incl cad bi	\$526	8%		
Breast tomosynthesis bi	\$75	6%		
Dxa bone density axial	\$579	5%		
Dx mammo incl cad uni	\$438	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast complete, CPT® 76641

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,166
Ultrasound breast complete	\$565	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$765
Scr mammo bi incl cad	\$538	54%		
Breast tomosynthesis bi	\$75	38%		
Dx mammo incl cad uni	\$438	15%		
Dx mammo incl cad bi	\$526	15%		
Breast tomosynthesis uni	\$75	15%		
Breast tomosynthesis bi	\$75	15%		
Transvaginal us non-ob	\$1,026	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast complete, CPT® 76641

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,166
Ultrasound breast complete	\$565	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$476
Scr mammo bi incl cad	\$538	72%		
Breast tomosynthesis bi	\$75	47%		
Dx mammo incl cad bi	\$526	10%		
Dx mammo incl cad uni	\$438	8%		
Breast tomosynthesis bi	\$75	8%		
Breast tomosynthesis uni	\$75	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast complete, CPT® 76641

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,166
Ultrasound breast complete	\$565	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$723
Scr mammo bi incl cad	\$538	68%		
Breast tomosynthesis bi	\$75	42%		
Dx mammo incl cad bi	\$526	21%		
Dxa bone density axial	\$579	11%		
Breast tomosynthesis bi	\$75	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast complete, CPT® 76641

Payer United BH

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,103
Ultrasound breast complete	\$565	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Scr mammo bi incl cad	\$538	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast complete, CPT® 76641

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,178
Ultrasound breast complete	\$565	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$270
Scr mammo bi incl cad	\$538	80%		
Breast tomosynthesis bi	\$75	67%		
Dx mammo incl cad bi	\$526	12%		
Breast tomosynthesis bi	\$75	10%		
Dxa bone density axial	\$579	5%		
Dx mammo incl cad uni	\$438	4%		
Ultrasound breast limited	\$350	2%		
Breast tomosynthesis uni	\$75	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast complete, CPT® 76641

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,178
Ultrasound breast complete	\$565	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$611
Scr mammo bi incl cad	\$538	81%		
Breast tomosynthesis bi	\$75	56%		
Dx mammo incl cad bi	\$526	10%		
Breast tomosynthesis bi	\$75	7%		
Dx mammo incl cad uni	\$438	4%		
Breast tomosynthesis uni	\$75	3%		
Dxa bone density axial	\$579	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast limited, CPT® 76642

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$788
Ultrasound breast limited	\$350	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$405
Dx mammo incl cad uni	\$438	36%		
Breast tomosynthesis uni	\$75	30%		
Dx mammo incl cad bi	\$526	13%		
Breast tomosynthesis bi	\$75	11%		
Scr mammo bi incl cad	\$538	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast limited, CPT® 76642

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$524
Ultrasound breast limited	\$350	100%	Average Negotiated Charge (Payment) / Visit	\$229
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Dx mammo incl cad uni	\$438	33%		
Breast tomosynthesis uni	\$75	29%		
Dx mammo incl cad bi	\$526	13%		
Breast tomosynthesis bi	\$75	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast limited, CPT® 76642

Payer Empire Blue Cross

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$607
Ultrasound breast limited	\$350	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$334
Breast tomosynthesis uni	\$75	50%		
Dx mammo incl cad uni	\$438	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast limited, CPT® 76642

Payer Multiplan

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$569
Ultrasound breast limited	\$350	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$432
Dx mammo incl cad uni	\$438	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast limited, CPT® 76642

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$863
Ultrasound breast limited	\$350	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$177
Breast tomosynthesis uni	\$75	59%		
Dx mammo incl cad uni	\$438	59%		
Dx mammo incl cad bi	\$526	14%		
Breast tomosynthesis bi	\$75	10%		
Breast tomosynthesis bi	\$75	3%		
Scr mammo bi incl cad	\$538	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast limited, CPT® 76642

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$863
Ultrasound breast limited	\$350	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$863
Dx mammo incl cad uni	\$438	50%		
Breast tomosynthesis uni	\$75	46%		
Dx mammo incl cad bi	\$526	15%		
Breast tomosynthesis bi	\$75	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast limited, CPT® 76642

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$350
Ultrasound breast limited	\$350	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$213
Breast tomosynthesis uni	\$75	14%		
Breast tomosynthesis bi	\$75	14%		
Dx mammo incl cad uni	\$438	14%		
Dx mammo incl cad bi	\$526	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast limited, CPT® 76642

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$656
Ultrasound breast limited	\$350	100%	Average Negotiated Charge (Payment) / Visit	\$223
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Dx mammo incl cad uni	\$438	34%		
Breast tomosynthesis uni	\$75	25%		
Dx mammo incl cad bi	\$526	15%		
Breast tomosynthesis bi	\$75	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast limited, CPT® 76642

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$863
Ultrasound breast limited	\$350	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$177
Dx mammo incl cad uni	\$438	42%		
Breast tomosynthesis uni	\$75	29%		
Dx mammo incl cad bi	\$526	27%		
Breast tomosynthesis bi	\$75	21%		
Breast tomosynthesis bi	\$75	4%		
Scr mammo bi incl cad	\$538	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast limited, CPT® 76642

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$826
Ultrasound breast limited	\$350	100%	Average Negotiated Charge (Payment) / Visit	\$393
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Dx mammo incl cad uni	\$438	32%		
Breast tomosynthesis uni	\$75	27%		
Dx mammo incl cad bi	\$526	18%		
Breast tomosynthesis bi	\$75	11%		
Breast tomosynthesis bi	\$75	5%		
Scr mammo bi incl cad	\$538	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ultrasound breast limited, CPT® 76642
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$863
Ultrasound breast limited	\$350	100%	Average Negotiated Charge (Payment) / Visit	\$177
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Breast tomosynthesis uni	\$75	30%		
Breast tomosynthesis bi	\$75	30%		
Dx mammo incl cad uni	\$438	30%		
Dx mammo incl cad bi	\$526	30%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ultrasound breast limited, CPT® 76642
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,125
Ultrasound breast limited	\$524	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Breast tomosynthesis bi	\$75	100%		
Dx mammo incl cad bi	\$526	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast limited, CPT® 76642

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$863
Ultrasound breast limited	\$350	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$177
Dx mammo incl cad uni	\$438	32%		
Breast tomosynthesis uni	\$75	27%		
Dx mammo incl cad bi	\$526	25%		
Breast tomosynthesis bi	\$75	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast limited, CPT® 76642

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$350
Ultrasound breast limited	\$350	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$217
Dx mammo incl cad bi	\$526	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast limited, CPT® 76642

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$788
Ultrasound breast limited	\$350	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$361
Dx mammo incl cad uni	\$438	39%		
Breast tomosynthesis uni	\$75	26%		
Dx mammo incl cad bi	\$526	17%		
Breast tomosynthesis bi	\$75	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast limited, CPT® 76642

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$350
Ultrasound breast limited	\$350	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$129
Dx mammo incl cad uni	\$438	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound breast limited, CPT® 76642

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$788
Ultrasound breast limited	\$350	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$464
Dx mammo incl cad uni	\$438	45%		
Breast tomosynthesis uni	\$75	37%		
Dx mammo incl cad bi	\$526	11%		
Breast tomosynthesis bi	\$75	10%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Us exam abdom complete, CPT® 76700
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$863
Us exam abdom complete	\$863	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$201
X-ray exam chest 2 views	\$356	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdom complete, CPT® 76700

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$863
Us exam abdom complete	\$863	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$226
Complete cbc w/auto diff wbc	\$52	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdom complete, CPT® 76700

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$863
Us exam abdom complete	\$863	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$201
Us exam of head and neck	\$723	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Us exam abdom complete, CPT® 76700
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$863
Us exam abdom complete	\$863	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$131

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdom complete, CPT® 76700

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$863
Us exam abdom complete	\$863	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$535

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdom complete, CPT® 76700

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$863
Us exam abdom complete	\$863	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$328
X-ray exam chest 2 views	\$356	4%		
X-ray exam ribs/chest4/> vws	\$720	4%		
X-ray exam hip uni 2-3 views	\$288	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdom complete, CPT® 76700

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$863
Us exam abdom complete	\$863	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdom complete, CPT® 76700

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$863
Us exam abdom complete	\$863	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$321

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdom complete, CPT® 76700

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$863
Us exam abdom complete	\$863	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$246

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

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Us exam abdom complete, CPT® 76700
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$863
Us exam abdom complete	\$863	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdom complete, CPT® 76700

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$863
Us exam abdom complete	\$863	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$258

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

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Us exam abdom complete, CPT® 76700
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$863
Us exam abdom complete	\$863	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$132

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdom complete, CPT® 76700

Payer Anthem

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$863
Us exam abdom complete	\$863	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$345
X-ray exam chest 2 views	\$356	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Us exam abdom complete, CPT® 76700
Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$863
Us exam abdom complete	\$863	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$198

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

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Us exam abdom complete, CPT® 76700
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$863
Us exam abdom complete	\$863	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdom complete, CPT® 76700

Payer Multiplan

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$863
Us exam abdom complete	\$863	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Echo exam of abdomen, CPT® 76705

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$403
Echo exam of abdomen	\$403	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$149

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Echo exam of abdomen, CPT® 76705

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$403
Echo exam of abdomen	\$403	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$195
X-ray exam l-s spine 2/3 vws	\$543	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Echo exam of abdomen, CPT® 76705

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$403
Echo exam of abdomen	\$403	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Echo exam of abdomen, CPT® 76705

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$403
Echo exam of abdomen	\$403	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$250

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Echo exam of abdomen, CPT® 76705

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$403
Echo exam of abdomen	\$403	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$152

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Echo exam of abdomen, CPT® 76705

Payer Anthem

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$403
Echo exam of abdomen	\$403	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$260

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Echo exam of abdomen, CPT® 76705

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$403
Echo exam of abdomen	\$403	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Echo exam of abdomen, CPT® 76705

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$403
Echo exam of abdomen	\$403	100%	Average Negotiated Charge (Payment) / Visit	\$152
Supporting Service Description	Average Gross Charges	Patient Utilization %		
General supporting services	\$50	25%		
CAT scan follow-up study	\$975	25%		
Complete cbc automated	\$49	25%		
Prothrombin time	\$25	25%		
Mod sed same phys/qhp 5/>yrs	\$1,107	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Echo exam of abdomen, CPT® 76705
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$403
Echo exam of abdomen	\$403	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Echo exam of abdomen, CPT® 76705

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$403
Echo exam of abdomen	\$403	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$247

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Echo exam of abdomen, CPT® 76705

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$403
Echo exam of abdomen	\$403	100%	Average Negotiated Charge (Payment) / Visit	\$246
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Us xtr non-vasc lmtd	\$519	8%		
Breath tst attain/anal c-14	\$453	8%		
Breath test analysis c-14	\$468	8%		
Comprehen metabolic panel	\$38	8%		
Vitamin d 25 hydroxy	\$163	8%		
Immunoassay tumor ca 19-9	\$132	8%		
Immunoassay tumor ca 125	\$86	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Echo exam of abdomen, CPT® 76705

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$403
Echo exam of abdomen	\$403	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Echo exam of abdomen, CPT® 76705

Payer Aetna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$403
Echo exam of abdomen	\$403	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$171
Transvaginal us non-ob	\$1,026	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdo back wall comp, CPT® 76770

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,691
Us exam abdo back wall comp	\$971	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$304
Us exam pelvic complete	\$901	50%		
Us exam pelvic limited	\$538	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdo back wall comp, CPT® 76770

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$971
Us exam abdo back wall comp	\$971	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130
Us exam pelvic complete	\$901	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdo back wall comp, CPT® 76770

Payer Multiplan

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$971
Us exam abdo back wall comp	\$971	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdo back wall comp, CPT® 76770

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$971
Us exam abdo back wall comp	\$971	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$304
X-ray exam abdomen 1 view	\$443	14%		
Us exam pelvic complete	\$901	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdo back wall comp, CPT® 76770

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$971
Us exam abdo back wall comp	\$971	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$246
X-ray exam abdomen 1 view	\$443	10%		
Us exam pelvic limited	\$538	10%		
Us exam pelvic complete	\$901	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdo back wall comp, CPT® 76770

Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$971
Us exam abdo back wall comp	\$971	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$132

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdo back wall comp, CPT® 76770

Payer Aetna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$971
Us exam abdo back wall comp	\$971	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$211
Us exam pelvic limited	\$538	10%		
Us exam pelvic complete	\$901	9%		
X-ray exam abdomen 1 view	\$443	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdo back wall comp, CPT® 76770

Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$971
Us exam abdo back wall comp	\$971	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$240
Us exam pelvic complete	\$901	23%		
X-ray exam abdomen 1 view	\$443	7%		
Us exam pelvic limited	\$538	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdo back wall comp, CPT® 76770

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$971
Us exam abdo back wall comp	\$971	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$187
Us exam pelvic complete	\$901	6%		
Us exam pelvic limited	\$538	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdo back wall comp, CPT® 76770

Payer Anthem

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$971
Us exam abdo back wall comp	\$971	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$320
Us exam pelvic limited	\$538	15%		
Us exam pelvic complete	\$901	11%		
X-ray exam abdomen 1 view	\$443	3%		
Us exam of head and neck	\$723	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdo back wall comp, CPT® 76770

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$971
Us exam abdo back wall comp	\$971	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$297

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdo back wall comp, CPT® 76770

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$971
Us exam abdo back wall comp	\$971	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$131
Us exam pelvic complete	\$901	18%		
Us exam pelvic limited	\$538	9%		
X-ray exam abdomen 1 view	\$443	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Us exam abdo back wall comp, CPT® 76770
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$971
Us exam abdo back wall comp	\$971	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130
Us exam pelvic complete	\$901	25%		
Us exam pelvic limited	\$538	8%		
X-ray exam abdomen 1 view	\$443	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdo back wall comp, CPT® 76770

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,872
Us exam abdo back wall comp	\$971	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Us exam pelvic complete	\$901	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdo back wall comp, CPT® 76770

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$971
Us exam abdo back wall comp	\$971	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130
X-ray exam abdomen 1 view	\$443	9%		
Us exam pelvic limited	\$538	8%		
Us exam pelvic complete	\$901	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdo back wall comp, CPT® 76770

Payer Connecticcare Exchange

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$971
Us exam abdo back wall comp	\$971	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$187
Us exam pelvic limited	\$538	18%		
X-ray exam abdomen 1 view	\$443	9%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdo back wall lim, CPT® 76775

Payer Anthem Exchange

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$404
Us exam abdo back wall lim	\$404	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam abdo back wall lim, CPT® 76775

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$404
Us exam abdo back wall lim	\$404	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$781
Ob us >/= 14 wks sngl fetus	\$781	100%	Average Negotiated Charge (Payment) / Visit	\$249
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Transvaginal us obstetric	\$1,026	27%		
Fetal biophys profil w/o nst	\$1,182	7%		
Echo guide for amniocentesis	\$1,275	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$781
Ob us >/= 14 wks sngl fetus	\$781	100%	Average Negotiated Charge (Payment) / Visit	\$289
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Transvaginal us obstetric	\$1,026	25%		
Urinalysis auto w/scope	\$26	13%		
Eval amniotic fluid protein	\$202	13%		
Culture othr specimn aerobic	\$80	13%		
Culture screen only	\$84	13%		
Urine culture/colony count	\$74	13%		
Chylmd trach dna amp probe	\$157	13%		
N.gonorrhoeae dna amp prob	\$157	13%		
Office/outpatient visit est	\$234	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,963
Ob us >/= 14 wks sngl fetus	\$781	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Fetal biophys profil w/o nst	\$1,182	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ob us >/= 14 wks sngl fetus, CPT® 76805
Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$781
Ob us >/= 14 wks sngl fetus	\$781	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$226

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$781
Ob us >/= 14 wks sngl fetus	\$781	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$781
Ob us >/= 14 wks sngl fetus	\$781	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$383
Transvaginal us obstetric	\$1,026	9%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer Empire Blue Cross

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$781
Ob us >/= 14 wks sngl fetus	\$781	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

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

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,807
Ob us >/= 14 wks sngl fetus	\$781	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$491
Transvaginal us obstetric	\$1,026	67%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Transvaginal us non-ob, CPT® 76830

Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,026
Transvaginal us non-ob	\$1,026	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$215

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Transvaginal us non-ob, CPT® 76830

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,026
Transvaginal us non-ob	\$1,026	100%	Average Negotiated Charge (Payment) / Visit	\$274
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Us exam abdom complete	\$863	9%		
Mri breast c-+ w/cad bi	\$6,766	9%		
CAD breast MRI	\$290	9%		

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Prices Posted & Effective 1/1/2021

Charge Display Transvaginal us non-ob, CPT® 76830

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,201
Transvaginal us non-ob	\$1,026	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$281
Ultrasound breast limited	\$350	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Transvaginal us non-ob, CPT® 76830

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,026
Transvaginal us non-ob	\$1,026	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$131
Us exam abdom complete	\$863	14%		
Us exam pelvic limited	\$538	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Transvaginal us non-ob, CPT® 76830

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,026
Transvaginal us non-ob	\$1,026	100%	Average Negotiated Charge (Payment) / Visit	\$244
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Us exam abdom complete	\$863	2%		
Us exam abdo back wall comp	\$971	2%		
Scr mammo bi incl cad	\$538	2%		
Dxa bone density axial	\$579	2%		
Urinalysis auto w/scope	\$26	2%		
Urine culture/colony count	\$74	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Transvaginal us non-ob, CPT® 76830

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,026
Transvaginal us non-ob	\$1,026	100%	Average Negotiated Charge (Payment) / Visit	\$366
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	6%		
Assay of thyroglobulin	\$102	6%		
Assay thyroid stim hormone	\$81	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Transvaginal us non-ob, CPT® 76830

Payer Empire Blue Cross

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,026
Transvaginal us non-ob	\$1,026	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Transvaginal us non-ob, CPT® 76830

Payer Multiplan

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,535
Transvaginal us non-ob	\$1,026	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Us exam abdo back wall comp	\$971	100%		
Us exam pelvic limited	\$538	100%		

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Transvaginal us non-ob, CPT® 76830

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,026
Transvaginal us non-ob	\$1,026	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$246
Us exam abdom complete	\$863	7%		
Scr mammo bi incl cad	\$538	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Transvaginal us non-ob, CPT® 76830

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,026
Transvaginal us non-ob	\$1,026	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$347

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Transvaginal us non-ob, CPT® 76830

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,026
Transvaginal us non-ob	\$1,026	100%	Average Negotiated Charge (Payment) / Visit	\$130
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Us exam abdom complete	\$863	12%		
Us exam abdo back wall comp	\$971	6%		
Dxa bone density study	\$314	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam pelvic complete, CPT® 76856

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$901
Us exam pelvic complete	\$901	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$131
Us exam abdo back wall comp	\$971	40%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Us exam pelvic complete, CPT® 76856
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$901
Us exam pelvic complete	\$901	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$132
Us exam abdo back wall comp	\$971	33%		

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

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Us exam pelvic complete, CPT® 76856
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$901
Us exam pelvic complete	\$901	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam pelvic complete, CPT® 76856

Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$901
Us exam pelvic complete	\$901	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$238
Us exam abdo back wall comp	\$971	40%		

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam pelvic complete, CPT® 76856

Payer Aetna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,872
Us exam pelvic complete	\$901	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$418
Us exam abdo back wall comp	\$971	81%		
Mri breast c-+ w/cad bi	\$6,766	6%		
CAD breast MRI	\$290	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam pelvic complete, CPT® 76856

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,872
Us exam pelvic complete	\$901	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$373
Us exam abdo back wall comp	\$971	60%		

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam pelvic complete, CPT® 76856

Payer Medicaid-Other

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$901
Us exam pelvic complete	\$901	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Us exam pelvic complete, CPT® 76856
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,764
Us exam pelvic complete	\$901	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$345
Us exam abdo back wall comp	\$971	42%		
Us exam abdom complete	\$863	12%		
Routine venipuncture	\$18	4%		
Assay of calcium	\$30	4%		
Assay blood carbon dioxide	\$35	4%		
Assay of blood chloride	\$35	4%		
Assay of creatinine	\$31	4%		
Assay of serum potassium	\$35	4%		
Assay of psa total	\$104	4%		
Assay of serum sodium	\$35	4%		
Assay of total testosterone	\$55	4%		
Assay of urea nitrogen	\$31	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam pelvic complete, CPT® 76856

Payer Anthem

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$901
Us exam pelvic complete	\$901	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$317
Us exam abdo back wall comp	\$971	33%		
Assay of psa total	\$104	4%		
Routine venipuncture	\$18	4%		
Us exam abdom complete	\$863	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam pelvic complete, CPT® 76856

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$901
Us exam pelvic complete	\$901	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$246
Us exam abdo back wall comp	\$971	36%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam pelvic complete, CPT® 76856

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,257
Us exam pelvic complete	\$901	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$379
X-ray exam chest 2 views	\$356	33%		
Us exam abdo back wall comp	\$971	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam pelvic complete, CPT® 76856

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,608
Us exam pelvic complete	\$901	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$238
Us exam abdo back wall comp	\$971	50%		
X-ray exam abdomen 1 view	\$443	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Us exam pelvic complete, CPT® 76856

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,872
Us exam pelvic complete	\$901	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Us exam abdo back wall comp	\$971	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breast tomosynthesis bi, CPT® 77063

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$613
Breast tomosynthesis bi	\$75	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$200
Scr mammo bi incl cad	\$538	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Breast tomosynthesis bi, CPT® 77063
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$613
Breast tomosynthesis bi	\$75	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Scr mammo bi incl cad	\$538	100%		

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breast tomosynthesis bi, CPT® 77063

Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$613
Breast tomosynthesis bi	\$75	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$389
Scr mammo bi incl cad	\$538	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breast tomosynthesis bi, CPT® 77063

Payer Aetna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$613
Breast tomosynthesis bi	\$75	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$340
Scr mammo bi incl cad	\$538	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breast tomosynthesis bi, CPT® 77063

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$613
Breast tomosynthesis bi	\$75	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$523
Scr mammo bi incl cad	\$538	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breast tomosynthesis bi, CPT® 77063

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$613
Breast tomosynthesis bi	\$75	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$303
Scr mammo bi incl cad	\$538	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breast tomosynthesis bi, CPT® 77063

Payer Multiplan

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$613
Breast tomosynthesis bi	\$75	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Scr mammo bi incl cad	\$538	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breast tomosynthesis bi, CPT® 77063

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$613
Breast tomosynthesis bi	\$75	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$303
Scr mammo bi incl cad	\$538	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breast tomosynthesis bi, CPT® 77063

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$613
Breast tomosynthesis bi	\$75	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$139
Scr mammo bi incl cad	\$538	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Breast tomosynthesis bi, CPT® 77063
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$613
Breast tomosynthesis bi	\$75	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$139
Scr mammo bi incl cad	\$538	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breast tomosynthesis bi, CPT® 77063

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$613
Breast tomosynthesis bi	\$75	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$298
Scr mammo bi incl cad	\$538	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breast tomosynthesis bi, CPT® 77063

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$613
Breast tomosynthesis bi	\$75	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$497
Scr mammo bi incl cad	\$538	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breast tomosynthesis bi, CPT® 77063

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$613
Breast tomosynthesis bi	\$75	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$139
Scr mammo bi incl cad	\$538	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breast tomosynthesis bi, CPT® 77063

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$613
Breast tomosynthesis bi	\$75	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$487
Scr mammo bi incl cad	\$538	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breast tomosynthesis bi, CPT® 77063

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$613
Breast tomosynthesis bi	\$75	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$380
Scr mammo bi incl cad	\$538	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Breast tomosynthesis bi, CPT® 77063
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$613
Breast tomosynthesis bi	\$75	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$139
Scr mammo bi incl cad	\$538	100%		

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad uni, CPT® 77065

Payer Anthem

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$513
Dx mammo incl cad uni	\$438	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$513
Breast tomosynthesis uni	\$75	62%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad uni, CPT® 77065

Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$476
Dx mammo incl cad uni	\$438	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$361
Breast tomosynthesis uni	\$75	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad uni, CPT® 77065

Payer Connecticare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$513
Dx mammo incl cad uni	\$438	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$457
Breast tomosynthesis uni	\$75	64%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad uni, CPT® 77065

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$438
Dx mammo incl cad uni	\$438	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$105
Breast tomosynthesis uni	\$75	45%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad uni, CPT® 77065

Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$513
Dx mammo incl cad uni	\$438	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$338
Breast tomosynthesis uni	\$75	51%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad uni, CPT® 77065

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$438
Dx mammo incl cad uni	\$438	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$105
Breast tomosynthesis uni	\$75	48%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad uni, CPT® 77065

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$513
Dx mammo incl cad uni	\$438	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$513
Breast tomosynthesis uni	\$75	86%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad uni, CPT® 77065

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$438
Dx mammo incl cad uni	\$438	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$105
Breast tomosynthesis uni	\$75	40%		

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad uni, CPT® 77065

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$513
Dx mammo incl cad uni	\$438	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$269
Breast tomosynthesis uni	\$75	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad uni, CPT® 77065

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$513
Dx mammo incl cad uni	\$438	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$513
Breast tomosynthesis uni	\$75	67%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad uni, CPT® 77065

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$476
Dx mammo incl cad uni	\$438	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$105
Breast tomosynthesis uni	\$75	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad uni, CPT® 77065

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$438
Dx mammo incl cad uni	\$438	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$151
Breast tomosynthesis uni	\$75	46%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad uni, CPT® 77065

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$513
Dx mammo incl cad uni	\$438	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$318
Breast tomosynthesis uni	\$75	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad uni, CPT® 77065

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$513
Dx mammo incl cad uni	\$438	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$307
Breast tomosynthesis uni	\$75	56%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad uni, CPT® 77065

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$438
Dx mammo incl cad uni	\$438	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$229
Breast tomosynthesis uni	\$75	44%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad bi, CPT® 77066

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$601
Dx mammo incl cad bi	\$526	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$601
Breast tomosynthesis bi	\$75	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad bi, CPT® 77066

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$601
Dx mammo incl cad bi	\$526	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$134
Breast tomosynthesis bi	\$75	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad bi, CPT® 77066

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$601
Dx mammo incl cad bi	\$526	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$386
Breast tomosynthesis bi	\$75	64%		

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad bi, CPT® 77066

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$601
Dx mammo incl cad bi	\$526	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$134
Breast tomosynthesis bi	\$75	80%		

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

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad bi, CPT® 77066

Payer Anthem

UNDERSTANDING YOUR VISIT

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

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$601
Dx mammo incl cad bi	\$526	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$601
Breast tomosynthesis bi	\$75	80%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad bi, CPT® 77066

Payer Empire Blue Cross

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$601
Dx mammo incl cad bi	\$526	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Breast tomosynthesis bi	\$75	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad bi, CPT® 77066

Payer Multiplan

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$601
Dx mammo incl cad bi	\$526	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Breast tomosynthesis bi	\$75	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad bi, CPT® 77066

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$601
Dx mammo incl cad bi	\$526	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$378
Breast tomosynthesis bi	\$75	81%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad bi, CPT® 77066

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$601
Dx mammo incl cad bi	\$526	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$419
Breast tomosynthesis bi	\$75	83%		
Breast tomosynthesis uni	\$75	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad bi, CPT® 77066

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$601
Dx mammo incl cad bi	\$526	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$585
Breast tomosynthesis bi	\$75	60%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad bi, CPT® 77066

Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$601
Dx mammo incl cad bi	\$526	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$137
Breast tomosynthesis bi	\$75	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dx mammo incl cad bi, CPT® 77066

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$601
Dx mammo incl cad bi	\$526	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$135
Breast tomosynthesis bi	\$75	56%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Scr mammo bi incl cad, CPT® 77067

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$538
Scr mammo bi incl cad	\$538	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$395
Breast tomosynthesis bi	\$75	22%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Scr mammo bi incl cad, CPT® 77067

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$538
Scr mammo bi incl cad	\$538	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$111
Breast tomosynthesis bi	\$75	40%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Scr mammo bi incl cad, CPT® 77067

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$538
Scr mammo bi incl cad	\$538	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$387
Breast tomosynthesis bi	\$75	38%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Scr mammo bi incl cad, CPT® 77067

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$538
Scr mammo bi incl cad	\$538	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$159
Breast tomosynthesis bi	\$75	45%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Scr mammo bi incl cad, CPT® 77067

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$538
Scr mammo bi incl cad	\$538	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$111
Breast tomosynthesis bi	\$75	44%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Scr mammo bi incl cad, CPT® 77067

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$538
Scr mammo bi incl cad	\$538	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$311
Breast tomosynthesis bi	\$75	38%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Scr mammo bi incl cad, CPT® 77067
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$576
Scr mammo bi incl cad	\$538	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$127
Breast tomosynthesis bi	\$75	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Scr mammo bi incl cad, CPT® 77067

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$538
Scr mammo bi incl cad	\$538	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$241
Breast tomosynthesis bi	\$75	32%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Scr mammo bi incl cad, CPT® 77067

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$538
Scr mammo bi incl cad	\$538	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$271
Breast tomosynthesis bi	\$75	45%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Scr mammo bi incl cad, CPT® 77067

Payer Connecticare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$538
Scr mammo bi incl cad	\$538	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$241
Breast tomosynthesis bi	\$75	45%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Scr mammo bi incl cad, CPT® 77067

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$538
Scr mammo bi incl cad	\$538	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$238
Breast tomosynthesis bi	\$75	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Scr mammo bi incl cad, CPT® 77067

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$538
Scr mammo bi incl cad	\$538	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$111
Breast tomosynthesis bi	\$75	31%		
Dx mammo incl cad uni	\$438	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Scr mammo bi incl cad, CPT® 77067

Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$538
Scr mammo bi incl cad	\$538	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$409
Breast tomosynthesis bi	\$75	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Scr mammo bi incl cad, CPT® 77067

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$538
Scr mammo bi incl cad	\$538	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$416
Breast tomosynthesis bi	\$75	40%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Scr mammo bi incl cad, CPT® 77067

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$538
Scr mammo bi incl cad	\$538	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$112
Breast tomosynthesis bi	\$75	46%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Scr mammo bi incl cad, CPT® 77067

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$613
Scr mammo bi incl cad	\$538	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$380
Breast tomosynthesis bi	\$75	67%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dxa bone density axial, CPT® 77080

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$579
Dxa bone density axial	\$579	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$131
Scr mammo bi incl cad	\$538	19%		
Breast tomosynthesis bi	\$75	11%		
Ultrasound breast complete	\$565	3%		
Dxa bone density/peripheral	\$526	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dxa bone density axial, CPT® 77080

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$579
Dxa bone density axial	\$579	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$359

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dxa bone density axial, CPT® 77080

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$579
Dxa bone density axial	\$579	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130
Scr mammo bi incl cad	\$538	19%		
Breast tomosynthesis bi	\$75	9%		
Dxa bone density/peripheral	\$526	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dxa bone density axial, CPT® 77080

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$579
Dxa bone density axial	\$579	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$120
Scr mammo bi incl cad	\$538	43%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dxa bone density axial, CPT® 77080

Payer United BH

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,192
Dxa bone density axial	\$579	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Breast tomosynthesis bi	\$75	100%		
Scr mammo bi incl cad	\$538	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dxa bone density axial, CPT® 77080

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$579
Dxa bone density axial	\$579	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$129
Scr mammo bi incl cad	\$538	29%		
Breast tomosynthesis bi	\$75	13%		
Ultrasound breast complete	\$565	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dxa bone density axial, CPT® 77080

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$579
Dxa bone density axial	\$579	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$75
Scr mammo bi incl cad	\$538	23%		
Breast tomosynthesis bi	\$75	11%		
Ultrasound breast complete	\$565	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dxa bone density axial, CPT® 77080

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$579
Dxa bone density axial	\$579	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$71
Breast tomosynthesis bi	\$75	20%		
Scr mammo bi incl cad	\$538	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dxa bone density axial, CPT® 77080

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$579
Dxa bone density axial	\$579	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$75
Scr mammo bi incl cad	\$538	16%		
Breast tomosynthesis bi	\$75	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dxa bone density axial, CPT® 77080

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$579
Dxa bone density axial	\$579	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130
Scr mammo bi incl cad	\$538	16%		
Breast tomosynthesis bi	\$75	9%		
Ultrasound breast complete	\$565	2%		
Dxa bone density/peripheral	\$526	2%		
Culture othr specimn aerobic	\$80	2%		
Culture Aerobic Identify	\$86	2%		
Microbe susceptible mic	\$35	2%		
Smear gram stain	\$70	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dxa bone density axial, CPT® 77080

Payer Multiplan

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$848
Dxa bone density axial	\$579	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$644
Scr mammo bi incl cad	\$538	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dxa bone density axial, CPT® 77080

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$579
Dxa bone density axial	\$579	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$81
Scr mammo bi incl cad	\$538	18%		
Breast tomosynthesis bi	\$75	11%		
Ultrasound breast complete	\$565	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dxa bone density axial, CPT® 77080

Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$579
Dxa bone density axial	\$579	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$99
Scr mammo bi incl cad	\$538	27%		
Breast tomosynthesis bi	\$75	15%		
Ultrasound breast complete	\$565	3%		
Dxa bone density/peripheral	\$526	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dxa bone density axial, CPT® 77080

Payer Medicaid-Other

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$579
Dxa bone density axial	\$579	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dxa bone density axial, CPT® 77080

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$579
Dxa bone density axial	\$579	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$123
Scr mammo bi incl cad	\$538	26%		
Ultrasound breast complete	\$565	9%		
Breast tomosynthesis bi	\$75	9%		
X-ray exam l-2 spine 4/>vws	\$882	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dxa bone density axial, CPT® 77080

Payer Wellcare Medicare Managed Care

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$579
Dxa bone density axial	\$579	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$132

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dxa bone density axial, CPT® 77080

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$579
Dxa bone density axial	\$579	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$161
Scr mammo bi incl cad	\$538	22%		
Breast tomosynthesis bi	\$75	8%		
Ultrasound breast complete	\$565	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Dxa bone density axial, CPT® 77080

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$579
Dxa bone density axial	\$579	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130
Scr mammo bi incl cad	\$538	26%		
Breast tomosynthesis bi	\$75	13%		
Ultrasound breast complete	\$565	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display 3-d radiotherapy plan, CPT® 77295

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$14,069
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$5,625
3-d radiotherapy plan	\$4,544	100%		
Radiation therapy dose plan	\$1,497	100%		
Radiation treatment aid(s)	\$3,080	95%		
Radiation treatment delivery	\$3,400	53%		
Set radiation therapy field	\$609	32%		
Radiation physics consult	\$1,202	26%		
Guidance for radiaj tx dlvr	\$1,845	11%		
Radiology port images(s)	\$144	11%		
Set radiation therapy field	\$2,331	11%		
Routine venipuncture	\$18	5%		
Special radiation treatment	\$1,431	5%		
Hdr rdncl ntrstl/icav brchtx	\$18,590	5%		
Complete cbc w/auto diff wbc	\$52	5%		
Tte w/doppler complete	\$2,951	5%		
Office/outpatient visit est	\$189	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display 3-d radiotherapy plan, CPT® 77295

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$18,962
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,402
3-d radiotherapy plan	\$4,544	100%		
Radiation therapy dose plan	\$1,497	100%		
Radiation treatment aid(s)	\$3,080	80%		
Radiation physics consult	\$1,202	40%		
Radiation treatment delivery	\$7,650	40%		
Complete cbc w/auto diff wbc	\$52	40%		
Special radiation treatment	\$1,431	20%		
Ntsty modul rad tx dlvr cplx	\$13,276	20%		
Guidance for radiaj tx dlvr	\$527	20%		
Radiation treatment aid(s)	\$441	20%		
Routine venipuncture	\$18	20%		
Set radiation therapy field	\$609	20%		
Set radiation therapy field	\$2,331	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display 3-d radiotherapy plan, CPT® 77295
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,932
3-d radiotherapy plan	\$4,544	100%	Average Negotiated Charge (Payment) / Visit	\$2,405
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Radiation therapy dose plan	\$1,996	75%		
Radiation treatment aid(s)	\$3,520	50%		
Radiation physics consult	\$1,202	25%		
Ntsty modul rad tx dlvr cplx	\$3,319	25%		
Radiation treatment delivery	\$3,400	25%		
Radiology port images(s)	\$144	25%		
Set radiation therapy field	\$609	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display 3-d radiotherapy plan, CPT® 77295

Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$17,444
3-d radiotherapy plan	\$4,544	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Set radiation therapy field	\$609	100%		
Set radiation therapy field	\$2,331	100%		
Radiation therapy dose plan	\$1,996	100%		
Radiation treatment aid(s)	\$4,400	100%		
Radiation treatment delivery	\$3,400	100%		
Chorionic gonadotropin assay	\$97	100%		
Complete cbc automated	\$49	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display 3-d radiotherapy plan, CPT® 77295

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$12,291
3-d radiotherapy plan	\$4,544	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,511
Radiation therapy dose plan	\$1,497	95%		
Radiation treatment aid(s)	\$3,520	95%		
Radiation treatment delivery	\$5,100	55%		
Set radiation therapy field	\$609	30%		
Radiation physics consult	\$1,202	25%		
Set radiation therapy field	\$2,331	15%		
Radiology port images(s)	\$144	15%		
Complete cbc w/auto diff wbc	\$52	10%		
Routine venipuncture	\$18	10%		
Guidance for radiaj tx dlvr	\$791	10%		
General supporting services	\$150	5%		
Hydrate iv infusion add-on	\$294	5%		
Ther/proph/diag iv inf init	\$625	5%		
Chorionic gonadotropin assay	\$97	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display 3-d radiotherapy plan, CPT® 77295

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$21,181
3-d radiotherapy plan	\$4,544	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$8,951
Set radiation therapy field	\$2,132	67%		
Radiation therapy dose plan	\$2,994	67%		
Radiation treatment aid(s)	\$4,840	67%		
Radiation treatment delivery	\$5,100	67%		
Special radiation treatment	\$1,431	33%		
Hdr rdncl ntrstl/icav brchtx	\$26,026	33%		
Complete cbc w/auto diff wbc	\$52	33%		
Radiation physics consult	\$1,202	33%		
Set radiation therapy field	\$2,331	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display 3-d radiotherapy plan, CPT® 77295
Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$10,940
3-d radiotherapy plan	\$4,544	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,805
Radiation therapy dose plan	\$1,996	89%		
Radiation treatment aid(s)	\$3,520	89%		
Radiation treatment delivery	\$5,100	33%		
Set radiation therapy field	\$609	22%		
Set radiation therapy field	\$2,331	11%		
Radiation treatment aid(s)	\$441	11%		
Radiology port images(s)	\$144	11%		
Special radiation treatment	\$1,431	11%		
Radiation physics consult	\$1,202	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display 3-d radiotherapy plan, CPT® 77295

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$11,413
3-d radiotherapy plan	\$4,544	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$392
Radiation therapy dose plan	\$1,497	94%		
Radiation treatment aid(s)	\$3,080	82%		
Set radiation therapy field	\$609	41%		
Radiation treatment delivery	\$3,400	41%		
Routine venipuncture	\$18	18%		
Complete cbc w/auto diff wbc	\$52	18%		
Ins vag brachytx device	\$1,056	12%		
Radiology port images(s)	\$144	12%		
Hdr rdnc1 ntrstl/icav brchtx	\$3,411	12%		
Assay of magnesium	\$49	6%		
General supporting services	\$214	6%		
Blood transfusion service	\$1,295	6%		
Complete cbc automated	\$49	6%		
Hydration iv infusion init	\$1,250	6%		
Guidance for radiaj tx dlvr	\$527	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display 3-d radiotherapy plan, CPT® 77295
Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$10,060
3-d radiotherapy plan	\$4,544	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,434
Radiation therapy dose plan	\$1,996	82%		
Radiation treatment aid(s)	\$3,520	82%		
Radiation treatment delivery	\$5,950	36%		
Complete cbc w/auto diff wbc	\$52	18%		
Radiation physics consult	\$1,202	18%		
Set radiation therapy field	\$609	18%		
Set radiation therapy field	\$3,497	18%		
Guidance for radiaj tx dlvr	\$791	18%		
General supporting services	\$7	9%		
Ntsty modul rad tx dlvr cplx	\$3,319	9%		
Ther/proph/diag inj iv push	\$351	9%		
Office/outpatient visit est	\$189	9%		
Emergency dept visit	\$1,915	9%		
Radiology port images(s)	\$144	9%		
Comprehen metabolic panel	\$38	9%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display 3-d radiotherapy plan, CPT® 77295
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$12,373
3-d radiotherapy plan	\$4,544	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,335
Radiation therapy dose plan	\$998	100%		
Radiation treatment aid(s)	\$1,760	100%		
Radiation treatment delivery	\$5,100	60%		
Set radiation therapy field	\$609	50%		
Routine venipuncture	\$18	20%		
Radiology port images(s)	\$144	20%		
Complete cbc w/auto diff wbc	\$52	10%		
Complete cbc automated	\$49	10%		
X-ray exam chest 2 views	\$356	10%		
Set radiation therapy field	\$2,331	10%		
Radiation physics consult	\$1,202	10%		
Guidance for radiaj tx dlvr	\$527	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display 3-d radiotherapy plan, CPT® 77295

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$15,576
3-d radiotherapy plan	\$4,544	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Radiation therapy dose plan	\$3,992	100%		
Radiation treatment aid(s)	\$7,040	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display 3-d radiotherapy plan, CPT® 77295
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$12,818
3-d radiotherapy plan	\$4,544	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Radiation therapy dose plan	\$2,994	100%		
Radiation treatment aid(s)	\$5,280	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display 3-d radiotherapy plan, CPT® 77295

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$14,302
3-d radiotherapy plan	\$4,544	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,468
Radiation therapy dose plan	\$998	100%		
Radiation treatment aid(s)	\$2,200	86%		
Radiation treatment delivery	\$5,100	57%		
Set radiation therapy field	\$609	50%		
Radiation physics consult	\$1,202	21%		
Guidance for radiaj tx dlvr	\$527	21%		
Set radiation therapy field	\$2,331	14%		
Comprehen metabolic panel	\$38	14%		
Chemo iv infusion 1 hr	\$1,284	14%		
Chemo iv infus each addl seq	\$886	14%		
Special radiation treatment	\$1,431	14%		
General supporting services	\$104	14%		
Hdr rdnci ntrstl/icav brchtx	\$22,308	7%		
Office/outpatient visit est	\$164	7%		
Radiology port images(s)	\$144	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display 3-d radiotherapy plan, CPT® 77295

Payer Connecticare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$12,690
3-d radiotherapy plan	\$4,544	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,330
Radiation therapy dose plan	\$998	100%		
Radiation treatment aid(s)	\$1,760	100%		
Set radiation therapy field	\$609	67%		
Radiation treatment delivery	\$5,950	67%		
Radiation physics consult	\$1,202	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Radiotherapy dose plan imrt, CPT® 77301
Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$13,573
Radiotherapy dose plan imrt	\$6,380	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$5,396
Radiation therapy dose plan	\$2,246	100%		
Design mlc device for imrt	\$4,199	100%		
Hydrate iv infusion add-on	\$294	25%		
Ntsty modul rad tx dlvr cplx	\$9,957	25%		
Comprehen metabolic panel	\$38	25%		
General supporting services	\$284	25%		
Hydration iv infusion init	\$625	13%		
Ther/proph/diag iv inf init	\$625	13%		
Tx/pro/dx inj new drug addon	\$351	13%		
Chemo iv infusion 1 hr	\$1,284	13%		
Chemo iv infusion addl hr	\$645	13%		
Chemo iv infus each addl seq	\$886	13%		
Office/outpatient visit est	\$234	13%		
Ntsty modul rad tx dlvr smpl	\$3,139	13%		
Radiation physics consult	\$1,202	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiotherapy dose plan imrt, CPT® 77301

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$11,577
Radiotherapy dose plan imrt	\$6,380	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,044
Radiation therapy dose plan	\$998	100%		
Design mlc device for imrt	\$4,199	100%		
Respirator motion mgmt simul	\$1,700	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Radiotherapy dose plan imrt, CPT® 77301
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$13,823
Radiotherapy dose plan imrt	\$6,380	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$6,545
Radiation therapy dose plan	\$2,994	100%		
Design mlc device for imrt	\$4,199	100%		
Ntsty modul rad tx dlvr cplx	\$9,957	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiotherapy dose plan imrt, CPT® 77301

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$11,577
Radiotherapy dose plan imrt	\$6,380	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Radiation therapy dose plan	\$998	100%		
Design mlc device for imrt	\$4,199	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Radiotherapy dose plan imrt, CPT® 77301
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$22,033
Radiotherapy dose plan imrt	\$6,380	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$6,029
Radiation therapy dose plan	\$1,996	100%		
Design mlc device for imrt	\$4,199	67%		
Ntsty modul rad tx dlvr cplx	\$9,957	33%		
Comprehen metabolic panel	\$38	33%		
Hydrate iv infusion add-on	\$882	33%		
Ther/proph/diag iv inf init	\$625	33%		
Tx/proph/dg addl seq iv inf	\$1,530	33%		
Chemo iv infusion 1 hr	\$3,852	33%		
Chemo iv infus each addl seq	\$886	33%		
Radiation treatment aid(s)	\$880	33%		
General supporting services	\$600	33%		
Respirator motion mgmt simul	\$1,700	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiotherapy dose plan imrt, CPT® 77301

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$15,146
Radiotherapy dose plan imrt	\$6,380	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$8,851
Radiation therapy dose plan	\$1,248	100%		
Design mlc device for imrt	\$4,199	100%		
Ntsty modul rad tx dlvr cplx	\$6,638	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Radiotherapy dose plan imrt, CPT® 77301
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$13,776
Radiotherapy dose plan imrt	\$6,380	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,319
Radiation therapy dose plan	\$1,996	100%		
Design mlc device for imrt	\$4,199	100%		
Respirator motion mgmt simul	\$1,700	33%		
Ntsty modul rad tx dlvr cplx	\$6,638	17%		
Ntsty modul rad tx dlvr smpl	\$6,278	11%		
Complete cbc w/auto diff wbc	\$52	11%		
Breathing capacity test	\$345	6%		
Pulm function test by gas	\$609	6%		
Co/membane diffuse capacity	\$487	6%		
Office/outpatient visit est	\$189	6%		
Comprehen metabolic panel	\$38	6%		
Assay thyroid stim hormone	\$81	6%		
Routine venipuncture	\$18	6%		
Radiation treatment aid(s)	\$880	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Radiotherapy dose plan imrt, CPT® 77301
Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$14,716
Radiotherapy dose plan imrt	\$6,380	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,634
Radiation therapy dose plan	\$998	100%		
Design mlc device for imrt	\$4,199	100%		
Ntsty modul rad tx dlvr smpl	\$4,709	67%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Radiotherapy dose plan imrt, CPT® 77301
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$13,074
Radiotherapy dose plan imrt	\$6,380	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Radiation therapy dose plan	\$2,495	100%		
Design mlc device for imrt	\$4,199	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Radiotherapy dose plan imrt, CPT® 77301
Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$13,924
Radiotherapy dose plan imrt	\$6,380	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$9,353
Radiation therapy dose plan	\$1,747	100%		
Design mlc device for imrt	\$4,199	100%		
Respirator motion mgmt simul	\$1,700	50%		
Ther/proph/diag inj sc/im	\$90	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiation treatment aid(s), CPT® 77334

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,211
Radiation treatment aid(s)	\$880	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Set radiation therapy field	\$2,331	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Radiation treatment aid(s), CPT® 77334
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,813
Radiation treatment aid(s)	\$880	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Set radiation therapy field	\$2,331	100%		
Ther/proph/diag inj sc/im	\$90	100%		
Office/outpatient visit est	\$189	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiation treatment aid(s), CPT® 77334

Payer Connecticcare Exchange

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,281
Radiation treatment aid(s)	\$1,320	100%	Average Negotiated Charge (Payment) / Visit	\$1,719
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Set radiation therapy field	\$2,331	50%		
Teletlx isodose plan cplx	\$989	50%		
Radiation physics consult	\$1,202	50%		
Radiation treatment delivery	\$3,400	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Radiation treatment aid(s), CPT® 77334
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,555
Radiation treatment aid(s)	\$1,320	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$568
Office consultation	\$469	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiation treatment aid(s), CPT® 77334

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,211
Radiation treatment aid(s)	\$880	100%	Average Negotiated Charge (Payment) / Visit	\$1,332
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Set radiation therapy field	\$2,331	50%		
Teletex isodose plan cplx	\$989	7%		
Special teletx port plan	\$1,069	7%		
Radiation physics consult	\$1,202	7%		
Radiation treatment delivery	\$8,500	7%		
Radiology port images(s)	\$144	7%		
Chemo hormon antineopl sq/im	\$1,114	7%		
Office/outpatient visit est	\$164	7%		
Office/outpatient visit est	\$189	7%		
Office consultation	\$469	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiation treatment aid(s), CPT® 77334

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,069
Radiation treatment aid(s)	\$880	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Office/outpatient visit est	\$189	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiation treatment aid(s), CPT® 77334

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,211
Radiation treatment aid(s)	\$880	100%	Average Negotiated Charge (Payment) / Visit	\$2,156
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Set radiation therapy field	\$2,331	47%		
Set radiation therapy field	\$609	13%		
Radiation treatment delivery	\$5,100	13%		
Complete cbc w/auto diff wbc	\$52	13%		
Office/outpatient visit est	\$164	7%		
Routine venipuncture	\$18	7%		
Teletlx isodose plan cplx	\$989	7%		
Special teletx port plan	\$1,069	7%		
Radiation physics consult	\$1,202	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiation treatment aid(s), CPT® 77334

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,211
Radiation treatment aid(s)	\$880	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$747
Set radiation therapy field	\$2,331	47%		
Special teletx port plan	\$1,069	29%		
Radiation treatment aid(s)	\$441	12%		
Radiation physics consult	\$1,202	12%		
Radiation treatment delivery	\$7,650	12%		
Complete cbc w/auto diff wbc	\$52	6%		
Office/outpatient visit est	\$164	6%		
Office consultation	\$469	6%		
Guidance for radiaj tx dlvr	\$1,054	6%		
Radiation therapy dose plan	\$499	6%		
Routine venipuncture	\$18	6%		
Set radiation therapy field	\$609	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiation treatment aid(s), CPT® 77334

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,211
Radiation treatment aid(s)	\$880	100%	Average Negotiated Charge (Payment) / Visit	\$1,610
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Set radiation therapy field	\$2,331	50%		
Radiation physics consult	\$1,202	25%		
Radiation treatment delivery	\$8,500	25%		
Radiology port images(s)	\$144	17%		
Office/outpatient visit est	\$164	17%		
Telethx isodose plan cplx	\$989	17%		
Guidance for radiaj tx dlvr	\$527	8%		
General supporting services	\$44	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiation treatment aid(s), CPT® 77334

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,293
Radiation treatment aid(s)	\$880	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,290
Set radiation therapy field	\$2,331	100%		
Office/outpatient visit est	\$164	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiation treatment aid(s), CPT® 77334

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,211
Radiation treatment aid(s)	\$880	100%	Average Negotiated Charge (Payment) / Visit	\$743
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Set radiation therapy field	\$2,331	50%		
Radiation therapy dose plan	\$499	17%		
Radiation treatment delivery	\$6,800	17%		
Office consultation	\$469	17%		
Set radiation therapy field	\$609	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiation treatment aid(s), CPT® 77334

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,570
Radiation treatment aid(s)	\$880	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$731
Office consultation	\$469	100%		
Radiation treatment aid(s)	\$441	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Radiation treatment aid(s), CPT® 77334
Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,640
Radiation treatment aid(s)	\$880	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$743
Set radiation therapy field	\$2,331	32%		
Teletlx isodose plan cplx	\$989	16%		
Radiation treatment delivery	\$8,500	10%		
Routine venipuncture	\$18	10%		
Set radiation therapy field	\$609	10%		
Complete cbc w/auto diff wbc	\$52	10%		
Office consultation	\$469	6%		
Radiation therapy dose plan	\$998	6%		
Special teletx port plan	\$1,069	6%		
Radiation physics consult	\$1,202	6%		
Comprehen metabolic panel	\$38	3%		
Complete cbc automated	\$49	3%		
Culture othr specimn aerobic	\$80	3%		
Cultr bacteria except blood	\$97	3%		
Chemo anti-neopl sq/im	\$1,114	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiation treatment aid(s), CPT® 77334

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,211
Radiation treatment aid(s)	\$880	100%	Average Negotiated Charge (Payment) / Visit	\$119
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Set radiation therapy field	\$2,331	60%		
Radiation treatment delivery	\$3,400	20%		
Office/outpatient visit est	\$164	10%		
Telethx isodose plan cplx	\$989	10%		
Special teletx port plan	\$1,069	10%		
Set radiation therapy field	\$609	10%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display SBRT Delivery, CPT® 77373
Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$59,185
SBRT Delivery	\$57,957	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$10,253
Radiation physics consult	\$1,202	100%		
Complete cbc w/auto diff wbc	\$52	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display SBRT Delivery, CPT® 77373
Payer Wellcare Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$69,534
SBRT Delivery	\$57,957	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Radiation therapy dose plan	\$998	100%		
Radiotherapy dose plan imrt	\$6,380	100%		
Design mlc device for imrt	\$4,199	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display SBRT Delivery, CPT® 77373
Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$38,638
SBRT Delivery	\$38,638	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$12,902
Radiation physics consult	\$1,202	80%		
Design mlc device for imrt	\$4,199	20%		
Ntsty modul rad tx dlvr cplx	\$13,276	20%		
Radiation therapy dose plan	\$1,996	20%		
Radiotherapy dose plan imrt	\$6,380	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display SBRT Delivery, CPT® 77373
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$55,685
SBRT Delivery	\$48,298	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$5,956
Respirator motion mgmt simul	\$1,700	25%		
Radiation therapy dose plan	\$2,495	25%		
Radiotherapy dose plan imrt	\$6,380	25%		
Radiation physics consult	\$1,202	25%		
Design mlc device for imrt	\$4,199	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display SBRT Delivery, CPT® 77373
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$38,638
SBRT Delivery	\$38,638	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,904
Radiation physics consult	\$1,202	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display SBRT Delivery, CPT® 77373
Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$39,840
SBRT Delivery	\$38,638	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,039
Radiation physics consult	\$1,202	45%		
Complete cbc w/auto diff wbc	\$52	36%		
Routine venipuncture	\$18	36%		
Respirator motion mgmt simul	\$1,700	9%		
Radiation therapy dose plan	\$998	9%		
Radiotherapy dose plan imrt	\$6,380	9%		
Design mlc device for imrt	\$4,199	9%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display SBRT Delivery, CPT® 77373
Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$39,590
SBRT Delivery	\$38,638	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$9,091
Radiation physics consult	\$1,202	50%		
Design mlc device for imrt	\$4,199	25%		
Radiation physics consult	\$701	25%		
Respirator motion mgmt simul	\$1,700	25%		
Radiation therapy dose plan	\$499	25%		
Radiotherapy dose plan imrt	\$6,380	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ntsty modul rad tx dlvr smpl, CPT® 77385
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$16,897
Ntsty modul rad tx dlvr smpl	\$15,695	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,153
Radiation physics consult	\$1,202	83%		
Routine venipuncture	\$18	22%		
Complete cbc w/auto diff wbc	\$52	22%		
Ntsty modul rad tx dlvr cplx	\$3,319	9%		
Renal function panel	\$49	4%		
Assay of urine creatinine	\$70	4%		
Assay of psa total	\$104	4%		
Assay of protein urine	\$29	4%		
Assay of blood/uric acid	\$26	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ntsty modul rad tx dlvr smpl, CPT® 77385

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$16,897
Ntsty modul rad tx dlvr smpl	\$15,695	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$10,818
Radiation physics consult	\$1,202	91%		
Complete cbc w/auto diff wbc	\$52	22%		
Routine venipuncture	\$18	17%		
Set radiation therapy field	\$609	4%		
Radiation therapy dose plan	\$1,497	4%		
Radiation treatment delivery	\$1,700	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ntsty modul rad tx dlvr smpl, CPT® 77385

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$16,897
Ntsty modul rad tx dlvr smpl	\$15,695	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$8,378
Radiation physics consult	\$1,202	80%		
Complete cbc w/auto diff wbc	\$52	16%		
Urine culture/colony count	\$74	8%		
Urinalysis auto w/scope	\$26	8%		
Routine venipuncture	\$18	8%		
Radiation therapy dose plan	\$2,745	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ntsty modul rad tx dlvr smpl, CPT® 77385

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$16,897
Ntsty modul rad tx dlvr smpl	\$15,695	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,384
Radiation physics consult	\$1,202	75%		
Complete cbc w/auto diff wbc	\$52	25%		
Routine venipuncture	\$18	25%		
Radiation therapy dose plan	\$1,497	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ntsty modul rad tx dlvr smpl, CPT® 77385

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$16,897
Ntsty modul rad tx dlvr smpl	\$15,695	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,138
Radiation physics consult	\$1,202	83%		
Complete cbc w/auto diff wbc	\$52	19%		
Routine venipuncture	\$18	15%		
Radiation therapy dose plan	\$2,994	4%		
Office/outpatient visit est	\$189	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ntsty modul rad tx dlvr smpl, CPT® 77385

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$16,897
Ntsty modul rad tx dlvr smpl	\$15,695	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$8,611
Radiation physics consult	\$1,202	100%		
Complete cbc w/auto diff wbc	\$52	17%		
Routine venipuncture	\$18	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ntsty modul rad tx dlvr smpl, CPT® 77385

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$16,897
Ntsty modul rad tx dlvr smpl	\$15,695	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.	
Radiation physics consult	\$1,202	100%		
Radiology port images(s)	\$144	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ntsty modul rad tx dlvr smpl, CPT® 77385
Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$16,897
Ntsty modul rad tx dlvr smpl	\$15,695	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,138
Radiation physics consult	\$1,202	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ntsty modul rad tx dlvr cplx, CPT® 77386

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$18,735
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$11,452
Ntsty modul rad tx dlvr cplx	\$13,276	100%		
Radiation physics consult	\$1,202	68%		
General supporting services	\$289	64%		
Complete cbc w/auto diff wbc	\$52	56%		
Tx/proph/dg addl seq iv inf	\$510	40%		
Chemo iv infusion 1 hr	\$1,284	32%		
Hydration iv infusion init	\$625	32%		
Routine venipuncture	\$18	32%		
Hydrate iv infusion add-on	\$294	28%		
Comprehen metabolic panel	\$38	28%		
Chemo iv infus each addl seq	\$886	24%		
Collect blood from picc	\$111	16%		
Radiation therapy dose plan	\$1,497	16%		
Chemo prolong infuse w/pump	\$1,096	12%		
Chemo iv push sngl drug	\$645	8%		
Irrig drug delivery device	\$239	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ntsty modul rad tx dlvr cplx, CPT® 77386

Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$16,675
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,398
Ntsty modul rad tx dlvr cplx	\$13,276	100%		
Radiation physics consult	\$1,202	63%		
Complete cbc w/auto diff wbc	\$52	38%		
General supporting services	\$78	38%		
Routine venipuncture	\$18	38%		
Complete cbc automated	\$49	13%		
Electrocardiogram tracing	\$255	13%		
Extremity study	\$1,285	13%		
Chemo iv push sngl drug	\$645	13%		
Chemo prolong infuse w/pump	\$1,096	13%		
Emergency dept visit	\$1,395	13%		
Electrolyte panel	\$23	13%		
Comprehen metabolic panel	\$38	13%		
Assay of creatinine	\$31	13%		
Assay glucose blood quant	\$30	13%		
Assay of urea nitrogen	\$31	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ntsty modul rad tx dlvr cplx, CPT® 77386

Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$11,229
Ntsty modul rad tx dlvr cplx	\$9,957	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,953
Radiation physics consult	\$1,202	80%		
Complete cbc w/auto diff wbc	\$52	40%		
Routine venipuncture	\$18	40%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ntsty modul rad tx dlvr cplx, CPT® 77386

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$17,797
Ntsty modul rad tx dlvr cplx	\$16,595	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$8,636
Radiation physics consult	\$1,202	73%		
Comprehen metabolic panel	\$38	40%		
General supporting services	\$168	40%		
Tx/proph/dg addl seq iv inf	\$510	40%		
Tx/pro/dx inj new drug addon	\$351	40%		
Complete cbc w/auto diff wbc	\$52	40%		
Chemo iv infusion 1 hr	\$1,284	33%		
Chemo iv infus each addl seq	\$886	33%		
Collect blood from picc	\$111	27%		
Radiation therapy dose plan	\$3,493	7%		
Urinalysis auto w/scope	\$26	7%		
Urine culture/colony count	\$74	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ntsty modul rad tx dlvr cplx, CPT® 77386

Payer Anthem Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$17,869
Ntsty modul rad tx dlvr cplx	\$16,595	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$8,225
Radiation physics consult	\$2,404	50%		
Radiology port images(s)	\$144	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ntsty modul rad tx dlvr cplx, CPT® 77386

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$15,498
Ntsty modul rad tx dlvr cplx	\$13,276	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,936
Radiation physics consult	\$1,202	64%		
General supporting services	\$450	29%		
Routine venipuncture	\$18	21%		
Tx/proph/dg addl seq iv inf	\$1,530	21%		
Chemo iv infusion 1 hr	\$3,852	21%		
Chemo iv infus each addl seq	\$886	21%		
Comprehen metabolic panel	\$38	21%		
Complete cbc w/auto diff wbc	\$52	14%		
Assay of calcium	\$30	7%		
Assay blood carbon dioxide	\$35	7%		
Assay of blood chloride	\$35	7%		
Assay of creatinine	\$31	7%		
Assay glucose blood quant	\$30	7%		
Assay alkaline phosphatase	\$31	7%		
Alanine amino (ALT) (SGPT)	\$42	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ntsty modul rad tx dlvr cplx, CPT® 77386

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$16,595
Ntsty modul rad tx dlvr cplx	\$16,595	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,001
Radiation physics consult	\$1,202	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ntsty modul rad tx dlvr cplx, CPT® 77386

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$17,797
Ntsty modul rad tx dlvr cplx	\$16,595	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$8,031
General supporting services	\$134	78%		
Radiation physics consult	\$1,202	78%		
Complete cbc w/auto diff wbc	\$52	67%		
Chemo prolong infuse w/pump	\$2,192	67%		
Irrig drug delivery device	\$239	67%		
Comprehen metabolic panel	\$38	56%		
Collect blood from picc	\$222	56%		
Prothrombin time	\$25	44%		
Hydration iv infusion init	\$625	11%		
Hydrate iv infusion add-on	\$294	11%		
Insert temp bladder cath	\$99	11%		
Metabolic panel total ca	\$29	11%		
Carcinoembryonic antigen	\$68	11%		
Emergency dept visit	\$1,395	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ntsty modul rad tx dlvr cplx, CPT® 77386

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$17,797
Ntsty modul rad tx dlvr cplx	\$13,276	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,141
Radiation physics consult	\$1,202	73%		
General supporting services	\$168	60%		
Tx/proph/dg addl seq iv inf	\$510	53%		
Chemo iv infusion 1 hr	\$1,284	53%		
Chemo iv infus each addl seq	\$886	48%		
Complete cbc w/auto diff wbc	\$52	48%		
Comprehen metabolic panel	\$38	43%		
Tx/pro/dx inj new drug addon	\$351	38%		
Collect blood from picc	\$111	23%		
Routine venipuncture	\$18	18%		
Hydrate iv infusion add-on	\$588	13%		
Hydration iv infusion init	\$1,250	8%		
Metabolic panel total ca	\$29	5%		
Assay of creatinine	\$31	5%		
Extremity study	\$2,272	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ntsty modul rad tx dlvr cplx, CPT® 77386

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$16,173
Ntsty modul rad tx dlvr cplx	\$14,936	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$7,585
Radiation physics consult	\$1,202	83%		
Urinalysis auto w/scope	\$26	17%		
Complete cbc w/auto diff wbc	\$52	17%		
Urine culture/colony count	\$74	17%		
Extremity study	\$1,285	17%		
Routine venipuncture	\$18	17%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Radiation treatment delivery, CPT® 77412
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,302
Radiation treatment delivery	\$5,100	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$925
Radiation physics consult	\$1,202	69%		
Guidance for radiaj tx dlvr	\$1,054	26%		
Set radiation therapy field	\$609	23%		
Radiology port images(s)	\$144	21%		
Complete cbc w/auto diff wbc	\$52	18%		
Routine venipuncture	\$18	15%		
Culture screen only	\$168	3%		
Urine culture/colony count	\$74	3%		
Urinalysis auto w/scope	\$26	3%		
Assay blood carbon dioxide	\$35	3%		
Assay of blood chloride	\$35	3%		
Assay of creatinine	\$31	3%		
Assay of serum potassium	\$35	3%		
Assay of serum sodium	\$35	3%		
Assay of urea nitrogen	\$31	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Radiation treatment delivery, CPT® 77412
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,337
Radiation treatment delivery	\$5,100	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$920
Radiation physics consult	\$1,202	73%		
Radiology port images(s)	\$144	27%		
Guidance for radiaj tx dlvr	\$1,581	20%		
Set radiation therapy field	\$609	20%		
Routine venipuncture	\$18	17%		
Complete cbc w/auto diff wbc	\$52	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiation treatment delivery, CPT® 77412

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,056
Radiation treatment delivery	\$6,800	100%	Average Negotiated Charge (Payment) / Visit	\$3,410
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Radiation physics consult	\$1,202	87%		
Radiology port images(s)	\$144	39%		
Set radiation therapy field	\$609	35%		
Guidance for radiaj tx dlvr	\$1,581	30%		
Complete cbc w/auto diff wbc	\$52	26%		
Routine venipuncture	\$18	13%		
Metabolic panel total ca	\$29	9%		
Comprehen metabolic panel	\$38	9%		
Urinalysis auto w/scope	\$26	4%		
Bl smear w/diff wbc count	\$29	4%		
Complete cbc automated	\$49	4%		
Urine culture/colony count	\$74	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiation treatment delivery, CPT® 77412

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,146
Radiation treatment delivery	\$6,800	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,712
Radiation physics consult	\$1,202	79%		
Radiology port images(s)	\$144	40%		
Complete cbc w/auto diff wbc	\$52	22%		
Set radiation therapy field	\$609	22%		
Guidance for radiaj tx dlvr	\$1,581	19%		
Routine venipuncture	\$18	14%		
General supporting services	\$106	9%		
Collect blood from picc	\$111	7%		
Irrig drug delivery device	\$239	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiation treatment delivery, CPT® 77412

Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$10,079
Radiation treatment delivery	\$8,500	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$7,660
Radiation physics consult	\$1,202	100%		
Radiology port images(s)	\$144	50%		
Set radiation therapy field	\$609	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiation treatment delivery, CPT® 77412

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,774
Radiation treatment delivery	\$8,500	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$19
Radiation physics consult	\$1,202	83%		
Radiology port images(s)	\$144	43%		
Set radiation therapy field	\$609	30%		
Routine venipuncture	\$18	24%		
Complete cbc w/auto diff wbc	\$52	20%		
Guidance for radiaj tx dlvr	\$1,845	7%		
General supporting services	\$106	4%		
Complete cbc automated	\$49	4%		
Hydration iv infusion init	\$625	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiation treatment delivery, CPT® 77412

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,506
Radiation treatment delivery	\$3,400	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$732
Radiation physics consult	\$1,202	70%		
Radiology port images(s)	\$144	40%		
Set radiation therapy field	\$609	30%		
Guidance for radiaj tx dlvr	\$1,054	30%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiation treatment delivery, CPT® 77412

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,146
Radiation treatment delivery	\$6,800	100%	Average Negotiated Charge (Payment) / Visit	\$4,875
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Radiation physics consult	\$1,202	70%		
Radiology port images(s)	\$144	43%		
Guidance for radiaj tx dlvr	\$1,581	25%		
Set radiation therapy field	\$609	21%		
Complete cbc w/auto diff wbc	\$52	17%		
Routine venipuncture	\$18	16%		
Complete cbc automated	\$49	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiation treatment delivery, CPT® 77412

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,907
Radiation treatment delivery	\$5,100	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Set radiation therapy field	\$609	100%		
Guidance for radiaj tx dlvr	\$1,054	100%		
Radiology port images(s)	\$144	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiation treatment delivery, CPT® 77412

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,020
Radiation treatment delivery	\$7,650	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,853
Radiation physics consult	\$1,202	100%		
Radiology port images(s)	\$144	50%		
Bl smear w/diff wbc count	\$29	50%		
Routine venipuncture	\$18	50%		
Complete cbc automated	\$49	50%		
Complete cbc w/auto diff wbc	\$52	25%		
Metabolic panel total ca	\$29	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiation treatment delivery, CPT® 77412

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,165
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,435
Radiation treatment delivery	\$6,800	100%		
Radiation physics consult	\$1,202	77%		
Radiology port images(s)	\$144	35%		
Set radiation therapy field	\$609	29%		
Guidance for radiaj tx dlvr	\$1,054	27%		
Routine venipuncture	\$18	17%		
Complete cbc w/auto diff wbc	\$52	15%		
Complete cbc automated	\$49	4%		
Chemo hormon antineopl sq/im	\$557	2%		
Office/outpatient visit new	\$240	2%		
Radiation therapy dose plan	\$499	2%		
Comprehen metabolic panel	\$38	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Radiation treatment delivery, CPT® 77412
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,309
Radiation treatment delivery	\$6,800	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,179
Radiation physics consult	\$1,202	74%		
Guidance for radiaj tx dlvr	\$2,108	24%		
Radiology port images(s)	\$144	22%		
Complete cbc w/auto diff wbc	\$52	19%		
Routine venipuncture	\$18	18%		
Set radiation therapy field	\$609	15%		
General supporting services	\$124	4%		
Hydration iv infusion init	\$625	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiation treatment delivery, CPT® 77412

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,846
Radiation treatment delivery	\$8,500	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,514
Radiation physics consult	\$1,202	80%		
Radiology port images(s)	\$144	60%		
Complete cbc w/auto diff wbc	\$52	20%		
Guidance for radiaj tx dlvr	\$1,581	20%		
Routine venipuncture	\$18	20%		
Set radiation therapy field	\$609	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Radiation treatment delivery, CPT® 77412

Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,309
Radiation treatment delivery	\$1,700	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Set radiation therapy field	\$609	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Bone imaging whole body, CPT® 78306

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,884
Bone imaging whole body	\$1,760	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$408

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Bone imaging whole body, CPT® 78306
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,809
Bone imaging whole body	\$1,760	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$737
X-ray exam of shoulder	\$425	50%		
X-ray exam hip uni 2-3 views	\$288	50%		
X-ray exam of femur 2/	\$269	50%		
X-ray exam of knee 3	\$422	50%		
X-ray exam of lower leg	\$446	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Bone imaging whole body, CPT® 78306

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,884
Bone imaging whole body	\$1,760	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$952

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Bone imaging whole body, CPT® 78306
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,757
Bone imaging whole body	\$1,760	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$735
General supporting services	\$154	50%		
Insert temp bladder cath	\$99	50%		
Us urine capacity measure	\$257	50%		
Ct pelvis w/dye	\$2,322	50%		
Urinalysis auto w/scope	\$26	50%		
Assay blood carbon dioxide	\$35	50%		
Assay of blood chloride	\$35	50%		
Assay of creatinine	\$31	50%		
Assay glucose blood quant	\$30	50%		
Assay of serum potassium	\$35	50%		
Assay of serum sodium	\$35	50%		
Assay of urea nitrogen	\$31	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Electrocardiogram tracing	\$255	50%		
Emergency dept visit	\$1,915	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Bone imaging whole body, CPT® 78306

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,884
Bone imaging whole body	\$1,760	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$532
Ct thorax w/dye	\$2,541	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Bone imaging whole body, CPT® 78306

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,884
Bone imaging whole body	\$1,760	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$408
Ct pelvis w/dye	\$2,322	8%		
Ct pelvis w/o & w/dye	\$3,080	4%		
Us exam abdo back wall comp	\$971	4%		
Us exam pelvic complete	\$901	4%		
Ct thorax w/o dye	\$1,953	4%		
Ct thorax w/dye	\$2,541	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Bone imaging whole body, CPT® 78306

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,884
Bone imaging whole body	\$1,760	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$810
Ct thorax w/o dye	\$1,953	8%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Bone imaging whole body, CPT® 78306
Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,884
Bone imaging whole body	\$1,760	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Bone imaging whole body, CPT® 78306
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,884
Bone imaging whole body	\$1,760	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$410

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Bone imaging whole body, CPT® 78306
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,884
Bone imaging whole body	\$1,760	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$919

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Bone imaging whole body, CPT® 78306

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,884
Bone imaging whole body	\$1,760	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ht muscle image spect mult, CPT® 78452

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,544
Ht muscle image spect mult	\$5,098	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Cardiovascular stress test	\$1,392	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ht muscle image spect mult, CPT® 78452

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,531
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,600
Ht muscle image spect mult	\$5,098	100%		
Cardiovascular stress test	\$1,392	100%		
Bilirubin total	\$63	20%		
Assay blood carbon dioxide	\$35	20%		
Assay of blood chloride	\$35	20%		
Assay bld/serum cholesterol	\$29	20%		
Assay of creatinine	\$31	20%		
Assay glucose blood quant	\$30	20%		
Assay of lipoprotein	\$71	20%		
Assay alkaline phosphatase	\$31	20%		
Assay of serum potassium	\$35	20%		
Assay of serum sodium	\$35	20%		
Alanine amino (ALT) (SGPT)	\$42	20%		
Assay of triglycerides	\$44	20%		
Assay of troponin quant	\$142	20%		
Assay of urea nitrogen	\$31	20%		

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

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ht muscle image spect mult, CPT® 78452
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,445
Ht muscle image spect mult	\$5,098	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,419
Cardiovascular stress test	\$1,392	100%		
Tte w/doppler complete	\$2,951	17%		
Bilirubin total	\$63	5%		
Assay blood carbon dioxide	\$35	5%		
Assay of blood chloride	\$35	5%		
Assay of creatinine	\$31	5%		
Assay glucose blood quant	\$30	5%		
Assay alkaline phosphatase	\$31	5%		
Assay of serum potassium	\$35	5%		
Assay of serum sodium	\$35	5%		
Alanine amino (ALT) (SGPT)	\$42	5%		
Assay of troponin quant	\$213	5%		
Assay of urea nitrogen	\$31	5%		
Complete cbc w/auto diff wbc	\$52	5%		
Electrocardiogram tracing	\$510	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ht muscle image spect mult, CPT® 78452

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,624
Ht muscle image spect mult	\$5,098	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,158
Cardiovascular stress test	\$1,392	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ht muscle image spect mult, CPT® 78452
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,448
Ht muscle image spect mult	\$5,098	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,419
Cardiovascular stress test	\$1,392	100%		
Tte w/doppler complete	\$2,951	27%		
Emergency dept visit	\$2,578	8%		
Hospital observation per hr	\$3,346	8%		
General supporting services	\$89	8%		
Assay blood carbon dioxide	\$35	8%		
Assay of blood chloride	\$35	8%		
Assay of creatinine	\$31	8%		
Assay glucose blood quant	\$30	8%		
Assay of serum potassium	\$35	8%		
Assay of serum sodium	\$35	8%		
Assay of troponin quant	\$178	8%		
Assay of urea nitrogen	\$31	8%		
Complete cbc w/auto diff wbc	\$52	8%		
Electrocardiogram tracing	\$638	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ht muscle image spect mult, CPT® 78452

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,362
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,783
Ht muscle image spect mult	\$5,098	100%		
Cardiovascular stress test	\$1,392	100%		
Tte w/doppler complete	\$2,951	24%		
Emergency dept visit	\$2,578	13%		
Hospital observation per hr	\$3,783	13%		
General supporting services	\$19	13%		
Assay blood carbon dioxide	\$35	13%		
Assay of blood chloride	\$35	13%		
Assay of creatinine	\$31	13%		
Assay glucose blood quant	\$30	13%		
Assay of serum potassium	\$35	13%		
Assay of serum sodium	\$35	13%		
Assay of troponin quant	\$142	13%		
Assay of urea nitrogen	\$31	13%		
Complete cbc w/auto diff wbc	\$52	13%		
Electrocardiogram tracing	\$510	13%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ht muscle image spect mult, CPT® 78452
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,456
Ht muscle image spect mult	\$5,098	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,419
Cardiovascular stress test	\$1,392	100%		
Tte w/doppler complete	\$2,951	13%		
Assay of calcium	\$30	7%		
Assay blood carbon dioxide	\$35	7%		
Assay of blood chloride	\$35	7%		
Assay bld/serum cholesterol	\$29	7%		
Assay of creatinine	\$31	7%		
Assay glucose blood quant	\$30	7%		
Assay of lipase	\$59	7%		
Assay of lipoprotein	\$71	7%		
Assay of blood lipoprotein	\$44	7%		
Assay of magnesium	\$49	7%		
Assay of natriuretic peptide	\$134	7%		
Assay alkaline phosphatase	\$31	7%		
Alanine amino (ALT) (SGPT)	\$42	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ht muscle image spect mult, CPT® 78452

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,445
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,782
Ht muscle image spect mult	\$5,098	100%		
Cardiovascular stress test	\$1,392	100%		
Tte w/doppler complete	\$2,951	25%		
Emergency dept visit	\$2,578	14%		
Hospital observation per hr	\$3,533	14%		
General supporting services	\$51	14%		
Assay blood carbon dioxide	\$35	14%		
Assay of blood chloride	\$35	14%		
Assay of creatinine	\$31	14%		
Assay glucose blood quant	\$30	14%		
Assay of serum potassium	\$35	14%		
Assay of serum sodium	\$35	14%		
Assay of troponin quant	\$142	14%		
Assay of urea nitrogen	\$31	14%		
Complete cbc w/auto diff wbc	\$52	14%		
Electrocardiogram tracing	\$765	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ht muscle image spect mult, CPT® 78452

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,445
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,817
Ht muscle image spect mult	\$5,098	100%		
Cardiovascular stress test	\$1,392	100%		
Tte w/doppler complete	\$2,951	14%		
3d render w/intrp postproces	\$524	4%		
Bilirubin total	\$63	4%		
Assay blood carbon dioxide	\$53	4%		
Assay of blood chloride	\$53	4%		
Assay of creatinine	\$47	4%		
Assay glucose blood quant	\$45	4%		
Assay alkaline phosphatase	\$31	4%		
Assay of serum potassium	\$53	4%		
Assay of serum sodium	\$53	4%		
Alanine amino (ALT) (SGPT)	\$42	4%		
Assay of troponin quant	\$178	4%		
Assay of urea nitrogen	\$47	4%		
Complete cbc w/auto diff wbc	\$78	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ht muscle image spect mult, CPT® 78452

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,456
Ht muscle image spect mult	\$5,098	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$878
Cardiovascular stress test	\$1,392	100%		
Bilirubin total	\$63	7%		
Assay blood carbon dioxide	\$35	7%		
Assay of blood chloride	\$35	7%		
Assay of creatinine	\$31	7%		
Assay glucose blood quant	\$30	7%		
Assay of magnesium	\$49	7%		
Assay of natriuretic peptide	\$134	7%		
Assay alkaline phosphatase	\$31	7%		
Assay of serum potassium	\$35	7%		
Assay of serum sodium	\$35	7%		
Assay thyroid stim hormone	\$81	7%		
Alanine amino (ALT) (SGPT)	\$42	7%		
Assay of troponin quant	\$213	7%		
Assay of urea nitrogen	\$31	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ht muscle image spect mult, CPT® 78452

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7,799
Ht muscle image spect mult	\$5,098	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Cardiovascular stress test	\$1,392	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ht muscle image spect mult, CPT® 78452
Payer Cigna

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,362
Ht muscle image spect mult	\$5,098	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,595
Cardiovascular stress test	\$1,392	100%		
Emergency dept visit	\$2,578	20%		
General supporting services	\$46	20%		
Assay blood carbon dioxide	\$35	20%		
Assay of blood chloride	\$35	20%		
Assay of creatinine	\$31	20%		
Assay glucose blood quant	\$30	20%		
Assay of serum potassium	\$35	20%		
Assay of serum sodium	\$35	20%		
Assay of troponin quant	\$142	20%		
Assay of urea nitrogen	\$31	20%		
Complete cbc w/auto diff wbc	\$52	20%		
Electrocardiogram tracing	\$510	20%		
Routine venipuncture	\$36	18%		
Hospital observation per hr	\$3,783	16%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ht muscle image spect mult, CPT® 78452

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,583
Ht muscle image spect mult	\$5,098	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$878
Cardiovascular stress test	\$1,392	100%		
Emergency dept visit	\$2,578	14%		
Hospital observation per hr	\$5,033	14%		
General supporting services	\$287	14%		
Routine venipuncture	\$45	14%		
X-ray exam chest 2 views	\$356	14%		
Assay of creatinine	\$47	14%		
Assay glucose blood quant	\$45	14%		
Assay of blood lipoprotein	\$44	14%		
Assay of troponin quant	\$142	14%		
Assay of urea nitrogen	\$47	14%		
Complete cbc w/auto diff wbc	\$52	14%		
Electrocardiogram tracing	\$510	14%		
Assay blood carbon dioxide	\$70	7%		
Assay of blood chloride	\$70	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ht muscle image spect mult, CPT® 78452

Payer Medicaid-Other

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$22,261
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,300
Ht muscle image spect mult	\$5,098	100%		
Cardiovascular stress test	\$1,392	100%		
Emergency dept visit	\$2,578	67%		
Hospital observation per hr	\$4,971	67%		
General supporting services	\$196	67%		
Assay blood carbon dioxide	\$53	67%		
Assay of blood chloride	\$53	67%		
Assay of creatinine	\$47	67%		
Assay glucose blood quant	\$45	67%		
Assay of serum potassium	\$53	67%		
Assay of serum sodium	\$53	67%		
Assay of troponin quant	\$142	67%		
Assay of urea nitrogen	\$47	67%		
Complete cbc w/auto diff wbc	\$52	67%		
Fibrin degradj d-dimer	\$88	67%		
Electrocardiogram tracing	\$638	67%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ht muscle image spect mult, CPT® 78452
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,445
Ht muscle image spect mult	\$5,098	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,426
Cardiovascular stress test	\$1,392	100%		
Tte w/doppler complete	\$2,951	21%		
3d render w/intrp postproces	\$524	7%		
Assay blood carbon dioxide	\$35	5%		
Assay of blood chloride	\$35	5%		
Assay of creatinine	\$31	5%		
Assay glucose blood quant	\$30	5%		
Assay of serum potassium	\$35	5%		
Assay of serum sodium	\$35	5%		
Assay of troponin quant	\$249	5%		
Assay of urea nitrogen	\$31	5%		
Complete cbc w/auto diff wbc	\$52	5%		
Electrocardiogram tracing	\$510	5%		
Emergency dept visit	\$2,578	5%		
General supporting services	\$78	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ht muscle image spect mult, CPT® 78452
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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

UNDERSTANDING YOUR PAYMENT

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

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,531
Ht muscle image spect mult	\$5,098	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,448
Cardiovascular stress test	\$1,392	100%		
Tte w/doppler complete	\$2,951	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Lung ventilat&perfus imaging, CPT® 78582

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,985
Lung ventilat&perfus imaging	\$3,373	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Lung ventilat&perfus imaging, CPT® 78582

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,985
Lung ventilat&perfus imaging	\$3,373	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$526
X-ray exam chest 2 views	\$356	33%		

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Lung ventilat&perfus imaging, CPT® 78582

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,163
Lung ventilat&perfus imaging	\$3,373	100%	Average Negotiated Charge (Payment) / Visit	\$1,617
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam chest 2 views	\$356	25%		
X-ray exam unilat ribs/chest	\$566	13%		
Extremity study	\$2,272	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Lung ventilat&perfus imaging, CPT® 78582

Payer Connecticare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,341
Lung ventilat&perfus imaging	\$3,373	100%	Average Negotiated Charge (Payment) / Visit	\$1,568
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam chest 2 views	\$356	67%		
Electrolyte panel	\$23	33%		
Assay of creatinine	\$31	33%		
Assay glucose blood quant	\$30	33%		
Assay of urea nitrogen	\$31	33%		
Chorionic gonadotropin assay	\$97	33%		
Complete cbc w/auto diff wbc	\$52	33%		
Fibrin degradj d-dimer	\$88	33%		
Ther/proph/diag inj iv push	\$351	33%		
Emergency dept visit	\$1,915	33%		
General supporting services	\$36	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Lung ventilat&perfus imaging, CPT® 78582

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,341
Lung ventilat&perfus imaging	\$3,373	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,937
X-ray exam chest 2 views	\$356	57%		
Extremity study	\$2,272	29%		
Evaluation of wheezing	\$692	14%		
Co/membane diffuse capacity	\$487	14%		
Pulmonary compliance study	\$434	14%		

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Lung ventilat&perfus imaging, CPT® 78582

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,341
Lung ventilat&perfus imaging	\$3,373	100%	Average Negotiated Charge (Payment) / Visit	\$806
Supporting Service Description	Average Gross Charges	Patient Utilization %		
X-ray exam chest 2 views	\$356	43%		
Extremity study	\$2,272	29%		
Extremity study	\$1,285	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pet image w/ct skull-thigh, CPT® 78815

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,250
Pet image w/ct skull-thigh	\$7,416	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,588

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pet image w/ct skull-thigh, CPT® 78815

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,250
Pet image w/ct skull-thigh	\$7,416	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pet image w/ct skull-thigh, CPT® 78815

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,250
Pet image w/ct skull-thigh	\$7,416	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,588

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Pet image w/ct skull-thigh, CPT® 78815
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,250
Pet image w/ct skull-thigh	\$7,416	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pet image w/ct skull-thigh, CPT® 78815

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,250
Pet image w/ct skull-thigh	\$7,416	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pet image w/ct skull-thigh, CPT® 78815

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,250
Pet image w/ct skull-thigh	\$7,416	100%	Average Negotiated Charge (Payment) / Visit	\$3,729
Supporting Service Description	Average Gross Charges	Patient Utilization %		
General supporting services	\$36	4%		
Routine venipuncture	\$18	4%		
Mri lumbar spine w/o & w/dye	\$3,754	4%		
Assay blood carbon dioxide	\$35	4%		
Assay of blood chloride	\$35	4%		
Assay of creatinine	\$31	4%		
Assay glucose blood quant	\$30	4%		
Assay of serum potassium	\$35	4%		
Assay of serum sodium	\$35	4%		
Assay of urea nitrogen	\$31	4%		
Bl smear w/diff wbc count	\$29	4%		
Complete cbc w/auto diff wbc	\$52	4%		
Complete cbc automated	\$49	4%		
Ther/proph/diag inj iv push	\$351	4%		
Emergency dept visit	\$1,915	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pet image w/ct skull-thigh, CPT® 78815

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,250
Pet image w/ct skull-thigh	\$7,416	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,548

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pet image w/ct skull-thigh, CPT® 78815

Payer United Healthcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,250
Pet image w/ct skull-thigh	\$7,416	100%	Average Negotiated Charge (Payment) / Visit	\$2,056
Supporting Service Description	Average Gross Charges	Patient Utilization %		
3d render w/intrp postproces	\$524	7%		
Tte w/doppler complete	\$2,951	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pet image w/ct skull-thigh, CPT® 78815

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,250
Pet image w/ct skull-thigh	\$7,416	100%	Average Negotiated Charge (Payment) / Visit	\$6,246
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Evaluation of wheezing	\$692	6%		
Co/membane diffuse capacity	\$487	6%		
Pulmonary compliance study	\$434	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pet image w/ct skull-thigh, CPT® 78815

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,250
Pet image w/ct skull-thigh	\$7,416	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,679

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pet image w/ct skull-thigh, CPT® 78815

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,250
Pet image w/ct skull-thigh	\$7,416	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$5,735

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pet image w/ct skull-thigh, CPT® 78815

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,250
Pet image w/ct skull-thigh	\$7,416	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,816

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pet image w/ct skull-thigh, CPT® 78815

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,250
Pet image w/ct skull-thigh	\$7,416	100%	Average Negotiated Charge (Payment) / Visit	\$4,679
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Evaluation of wheezing	\$692	8%		
Pulm function test by gas	\$609	8%		
Co/membane diffuse capacity	\$487	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pet image w/ct skull-thigh, CPT® 78815

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,250
Pet image w/ct skull-thigh	\$7,416	100%	Average Negotiated Charge (Payment) / Visit	\$1,596
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Capillary blood draw	\$80	5%		
Prothrombin time	\$100	5%		
Office/outpatient visit est	\$492	5%		
Office/outpatient visit est	\$189	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Pet image w/ct skull-thigh, CPT® 78815
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,250
Pet image w/ct skull-thigh	\$7,416	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pet image w/ct full body, CPT® 78816

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,250
Pet image w/ct full body	\$7,416	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pet image w/ct full body, CPT® 78816

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,250
Pet image w/ct full body	\$7,416	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$6,246

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pet image w/ct full body, CPT® 78816

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,250
Pet image w/ct full body	\$7,416	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,588

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pet image w/ct full body, CPT® 78816

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,250
Pet image w/ct full body	\$7,416	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,679

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Pet image w/ct full body, CPT® 78816
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,250
Pet image w/ct full body	\$7,416	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pet image w/ct full body, CPT® 78816

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,250
Pet image w/ct full body	\$7,416	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pet image w/ct full body, CPT® 78816

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,250
Pet image w/ct full body	\$7,416	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Metabolic panel total ca, CPT® 80048
Payer Multiplan

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$401
Metabolic panel total ca	\$29	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Lipid panel	\$71	100%		
Vitamin B-12	\$129	100%		
Assay thyroid stim hormone	\$81	100%		
Alanine amino (ALT) (SGPT)	\$42	100%		
Complete cbc automated	\$49	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Metabolic panel total ca, CPT® 80048
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$293
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$68
Metabolic panel total ca	\$29	100%		
Routine venipuncture	\$18	67%		
Complete cbc w/auto diff wbc	\$52	50%		
Complete cbc automated	\$49	33%		
Lipid panel	\$71	33%		
Assay thyroid stim hormone	\$81	33%		
Lyme disease antibody	\$32	33%		
Alanine amino (ALT) (SGPT)	\$42	17%		
Assay of blood/uric acid	\$26	17%		
Microalbumin quantitative	\$88	17%		
Assay of urine creatinine	\$70	17%		
Glycosylated hemoglobin test	\$113	17%		
Assay of free thyroxine	\$86	17%		
Rbc sed rate automated	\$25	17%		
C-reactive protein	\$113	17%		
Ccp antibody	\$52	17%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Metabolic panel total ca, CPT® 80048
Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$133
Metabolic panel total ca	\$29	100%	Average Negotiated Charge (Payment) / Visit	\$23
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Complete cbc w/auto diff wbc	\$52	48%		
Glycosylated hemoglobin test	\$113	38%		
Routine venipuncture	\$18	29%		
Vitamin B-12	\$129	14%		
Lipid panel	\$71	10%		
Assay of psa total	\$104	10%		
Assay thyroid stim hormone	\$81	5%		
Alanine amino (ALT) (SGPT)	\$42	5%		
Assay Of Homocystine	\$128	5%		
Assay of natriuretic peptide	\$134	5%		
Assay of ck (cpk)	\$63	5%		
Assay of glycated protein	\$71	5%		
Antinuclear antibodies (ANA)	\$52	5%		
Dna antibody native	\$102	5%		
Nuclear antigen antibody	\$478	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Metabolic panel total ca, CPT® 80048

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$151
Metabolic panel total ca	\$29	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Assay of psa total	\$104	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Metabolic panel total ca, CPT® 80048
Payer Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$152
Metabolic panel total ca	\$29	100%	Average Negotiated Charge (Payment) / Visit	\$23
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Glycosylated hemoglobin test	\$113	50%		
Complete cbc w/auto diff wbc	\$52	25%		
Assay of digoxin total	\$97	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Metabolic panel total ca, CPT® 80048
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$81
Metabolic panel total ca	\$29	100%	Average Negotiated Charge (Payment) / Visit	\$18
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	34%		
Complete cbc w/auto diff wbc	\$52	28%		
Complete cbc automated	\$49	9%		
Glycosylated hemoglobin test	\$113	8%		
Lipid panel	\$71	6%		
Assay of blood/uric acid	\$26	6%		
Vitamin d 25 hydroxy	\$163	4%		
Vitamin B-12	\$129	4%		
Assay of total testosterone	\$55	4%		
Assay thyroid stim hormone	\$81	4%		
Transferase (AST) (SGOT)	\$29	4%		
Alanine amino (ALT) (SGPT)	\$42	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Metabolic panel total ca, CPT® 80048

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$142
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$32
Metabolic panel total ca	\$29	100%		
Routine venipuncture	\$18	39%		
Complete cbc w/auto diff wbc	\$52	33%		
Assay thyroid stim hormone	\$81	21%		
Lipid panel	\$71	21%		
Glycosylated hemoglobin test	\$113	21%		
Assay of free thyroxine	\$86	9%		
Alanine amino (ALT) (SGPT)	\$42	6%		
Assay of ferritin	\$74	6%		
Vitamin d 25 hydroxy	\$163	6%		
Assay of ck (cpk)	\$63	3%		
Assay of iron	\$88	3%		
Assay of magnesium	\$49	3%		
Assay of parathormone	\$252	3%		
Assay of psa total	\$104	3%		
Assay of folic acid serum	\$134	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Metabolic panel total ca, CPT® 80048
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$81
Metabolic panel total ca	\$29	100%	Average Negotiated Charge (Payment) / Visit	\$20
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	20%		
Complete cbc w/auto diff wbc	\$52	20%		
Complete cbc automated	\$49	20%		
C-reactive protein hs	\$97	10%		
Lipid panel	\$71	10%		
Urinalysis auto w/o scope	\$7	10%		
Assay bld/serum cholesterol	\$29	10%		
Glycosylated hemoglobin test	\$113	10%		
Assay of lipoprotein	\$71	10%		
Assay thyroid stim hormone	\$81	10%		
Transferase (AST) (SGOT)	\$29	10%		
Alanine amino (ALT) (SGPT)	\$42	10%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Metabolic panel total ca, CPT® 80048
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$81
Metabolic panel total ca	\$29	100%	Average Negotiated Charge (Payment) / Visit	\$18
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	48%		
Complete cbc w/auto diff wbc	\$52	42%		
Lipid panel	\$71	15%		
Assay thyroid stim hormone	\$81	12%		
Alanine amino (ALT) (SGPT)	\$42	12%		
Glycosylated hemoglobin test	\$113	9%		
Complete cbc automated	\$49	6%		
Lyme disease antibody	\$32	6%		
Fungus nes antibody	\$106	3%		
Hepatitis c ab test	\$115	3%		
Fluorescent antibody titer	\$44	3%		
Assay of blood/uric acid	\$26	3%		
Assay of magnesium	\$49	3%		
Assay of natriuretic peptide	\$134	3%		
Assay of psa total	\$104	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Metabolic panel total ca, CPT® 80048
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$89
Metabolic panel total ca	\$29	100%	Average Negotiated Charge (Payment) / Visit	\$21
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Complete cbc w/auto diff wbc	\$52	33%		
Routine venipuncture	\$18	25%		
Glycosylated hemoglobin test	\$113	17%		
Assay thyroid stim hormone	\$81	13%		
Alanine amino (ALT) (SGPT)	\$42	8%		
Prothrombin time	\$38	8%		
Lipid panel	\$71	8%		
Assay blood carbon dioxide	\$35	4%		
Assay of blood chloride	\$35	4%		
Assay of creatinine	\$31	4%		
Assay glucose blood quant	\$30	4%		
Assay of magnesium	\$49	4%		
Assay alkaline phosphatase	\$31	4%		
Assay of serum potassium	\$35	4%		
Assay of serum sodium	\$35	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Metabolic panel total ca, CPT® 80048
Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$81
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$25
Metabolic panel total ca	\$29	100%		
Routine venipuncture	\$18	38%		
Complete cbc w/auto diff wbc	\$52	36%		
Lipid panel	\$71	15%		
Assay thyroid stim hormone	\$81	13%		
Glycosylated hemoglobin test	\$113	10%		
Assay of free thyroxine	\$86	8%		
Complete cbc automated	\$49	5%		
Vitamin d 25 hydroxy	\$163	5%		
Vitamin B-12	\$129	5%		
Assay of ferritin	\$74	3%		
Assay of folic acid serum	\$134	3%		
Assay of iron	\$88	3%		
Assay of psa total	\$104	3%		
Assay dipropylacetic acd tot	\$108	3%		
Alanine amino (ALT) (SGPT)	\$42	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Metabolic panel total ca, CPT® 80048

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$81
Metabolic panel total ca	\$29	100%	Average Negotiated Charge (Payment) / Visit	\$20
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Complete cbc w/auto diff wbc	\$52	60%		
Prothrombin time	\$25	20%		
Thromboplastin time partial	\$52	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Metabolic panel total ca, CPT® 80048

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$81
Metabolic panel total ca	\$29	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Metabolic panel total ca, CPT® 80048
Payer United Healthcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$81
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$30
Metabolic panel total ca	\$29	100%		
Routine venipuncture	\$18	32%		
Complete cbc w/auto diff wbc	\$52	32%		
Glycosylated hemoglobin test	\$113	9%		
Assay of iron	\$88	5%		
Assay of psa total	\$104	5%		
Assay of protein serum	\$29	5%		
Assay thyroid stim hormone	\$81	5%		
Assay of blood/uric acid	\$26	5%		
Assay of lithium	\$37	5%		
Assay of ferritin	\$74	5%		
Assay iga/igd/igg/igm each	\$92	5%		
C-reactive protein	\$113	5%		
Heterophile antibody screen	\$59	5%		
Epstein-barr nuclear antigen	\$189	5%		
Epstein-barr capsid vca	\$194	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Comprehensive metabolic panel, CPT® 80053
Payer United Healthcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$292
Comprehensive metabolic panel	\$38	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$90
Complete cbc w/auto diff wbc	\$52	71%		
Lipid panel	\$71	36%		
Routine venipuncture	\$18	34%		
Assay thyroid stim hormone	\$81	29%		
Glycosylated hemoglobin test	\$113	19%		
Vitamin d 25 hydroxy	\$163	18%		
Rbc sed rate automated	\$25	14%		
C-reactive protein	\$113	12%		
Lyme disease antibody	\$32	11%		
Detect agent nos dna amp	\$348	8%		
Assay of psa total	\$104	7%		
Assay of free thyroxine	\$86	7%		
Urinalysis auto w/o scope	\$7	6%		
Assay of ferritin	\$74	4%		
Assay of blood/uric acid	\$26	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Comprehensive metabolic panel, CPT® 80053
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$250
Comprehensive metabolic panel	\$38	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$46
Complete cbc w/auto diff wbc	\$52	58%		
Routine venipuncture	\$18	48%		
Lipid panel	\$71	35%		
Glycosylated hemoglobin test	\$113	20%		
Assay thyroid stim hormone	\$81	20%		
Complete cbc automated	\$49	13%		
Assay of blood/uric acid	\$26	10%		
Assay of free thyroxine	\$86	10%		
Vitamin d 25 hydroxy	\$163	8%		
C-reactive protein	\$113	8%		
Hepatitis c ab test	\$115	8%		
Rbc sed rate automated	\$25	5%		
Lactate (LD) (LDH) enzyme	\$51	5%		
Assay of psa total	\$104	5%		
Urinalysis auto w/scope	\$26	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Comprehen metabolic panel, CPT® 80053

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$95
Comprehen metabolic panel	\$38	100%	Average Negotiated Charge (Payment) / Visit	\$22
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Glycosylated hemoglobin test	\$113	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Comprehensive metabolic panel, CPT® 80053
Payer Medicaid-Other

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$778
Comprehensive metabolic panel	\$38	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Vitamin B-12	\$129	100%		
Assay of ferritin	\$74	100%		
Assay of folic acid serum	\$134	100%		
Assay Of Homocystine	\$128	100%		
Assay of iron	\$88	100%		
Iron binding test	\$64	100%		
Lactate (LD) (LDH) enzyme	\$51	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Reticyte/hgb concentrate	\$20	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Comprehensive metabolic panel, CPT® 80053
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$203
Comprehensive metabolic panel	\$38	100%	Average Negotiated Charge (Payment) / Visit	\$37
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Complete cbc w/auto diff wbc	\$52	65%		
Routine venipuncture	\$18	41%		
Lipid panel	\$71	31%		
Assay thyroid stim hormone	\$81	26%		
Glycosylated hemoglobin test	\$113	23%		
Vitamin d 25 hydroxy	\$163	10%		
Lactate (LD) (LDH) enzyme	\$51	7%		
Assay of psa total	\$104	7%		
Assay of urine creatinine	\$70	6%		
Microalbumin quantitative	\$88	6%		
Lyme disease antibody	\$32	6%		
Complete cbc automated	\$49	5%		
Rbc sed rate automated	\$25	5%		
Urinalysis auto w/scope	\$26	5%		
Urinalysis auto w/o scope	\$7	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Comprehensive metabolic panel, CPT® 80053
Payer Aetna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$320
Comprehensive metabolic panel	\$38	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$97
Complete cbc w/auto diff wbc	\$52	74%		
Routine venipuncture	\$18	41%		
Lipid panel	\$71	38%		
Assay thyroid stim hormone	\$81	35%		
Glycosylated hemoglobin test	\$113	15%		
C-reactive protein	\$113	11%		
Rbc sed rate automated	\$25	10%		
Lyme disease antibody	\$32	9%		
Vitamin d 25 hydroxy	\$163	9%		
Assay of psa total	\$104	7%		
Urinalysis auto w/scope	\$26	7%		
Urinalysis auto w/o scope	\$7	7%		
Detect agent nos dna amp	\$348	7%		
Complete cbc automated	\$49	6%		
Hepatitis c ab test	\$115	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Comprehensive metabolic panel, CPT® 80053
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$273
Comprehensive metabolic panel	\$38	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$60
Complete cbc w/auto diff wbc	\$52	69%		
Lipid panel	\$71	44%		
Assay thyroid stim hormone	\$81	39%		
Routine venipuncture	\$18	30%		
Vitamin d 25 hydroxy	\$163	17%		
Glycosylated hemoglobin test	\$113	17%		
Lyme disease antibody	\$32	11%		
Detect agent nos dna amp	\$348	9%		
Complete cbc automated	\$49	9%		
Urinalysis auto w/o scope	\$7	7%		
Assay of magnesium	\$49	6%		
Assay of psa total	\$104	6%		
Assay of free thyroxine	\$86	6%		
C-reactive protein	\$113	6%		
Assay of amylase	\$51	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Comprehensive metabolic panel, CPT® 80053
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$260
Comprehensive metabolic panel	\$38	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$60
Complete cbc w/auto diff wbc	\$52	78%		
Routine venipuncture	\$18	46%		
Lipid panel	\$71	39%		
Assay thyroid stim hormone	\$81	38%		
Vitamin d 25 hydroxy	\$163	15%		
Glycosylated hemoglobin test	\$113	13%		
Complete cbc automated	\$49	10%		
Hepatitis c ab test	\$115	10%		
Urinalysis auto w/o scope	\$7	9%		
C-reactive protein	\$113	9%		
Lyme disease antibody	\$32	8%		
Rbc sed rate automated	\$25	8%		
Lactate (LD) (LDH) enzyme	\$51	6%		
Assay of free thyroxine	\$86	6%		
Antinuclear antibodies (ANA)	\$52	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Comprehensive metabolic panel, CPT® 80053
Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$251
Comprehensive metabolic panel	\$38	100%	Average Negotiated Charge (Payment) / Visit	\$63
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Complete cbc w/auto diff wbc	\$52	64%		
Routine venipuncture	\$18	36%		
Assay thyroid stim hormone	\$81	36%		
Lipid panel	\$71	33%		
Glycosylated hemoglobin test	\$113	19%		
Lyme disease antibody	\$32	14%		
Vitamin d 25 hydroxy	\$163	11%		
Assay of iron	\$88	8%		
Iron binding test	\$64	8%		
C-reactive protein	\$113	8%		
Detect agent nos dna amp	\$348	6%		
Lactate (LD) (LDH) enzyme	\$51	6%		
Assay of psa total	\$104	6%		
Assay of free thyroxine	\$86	6%		
Complete cbc automated	\$49	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Comprehensive metabolic panel, CPT® 80053
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$174
Comprehensive metabolic panel	\$38	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$53
Complete cbc w/auto diff wbc	\$52	75%		
Lipid panel	\$71	39%		
Assay thyroid stim hormone	\$81	36%		
Routine venipuncture	\$18	29%		
Urinalysis auto w/o scope	\$7	14%		
Vitamin d 25 hydroxy	\$163	11%		
Glycosylated hemoglobin test	\$113	11%		
Assay of psa total	\$104	7%		
Prothrombin time	\$25	7%		
Rbc sed rate automated	\$25	7%		
C-reactive protein	\$113	7%		
Assay of free thyroxine	\$86	4%		
Assay of zinc	\$83	4%		
Carcinoembryonic antigen	\$68	4%		
Assay of urine creatinine	\$70	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Comprehensive metabolic panel, CPT® 80053
Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$260
Comprehensive metabolic panel	\$38	100%	Average Negotiated Charge (Payment) / Visit	\$74
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Complete cbc w/auto diff wbc	\$52	71%		
Lipid panel	\$71	42%		
Assay thyroid stim hormone	\$81	38%		
Routine venipuncture	\$18	35%		
Glycosylated hemoglobin test	\$113	14%		
Vitamin d 25 hydroxy	\$163	12%		
Urinalysis auto w/o scope	\$7	10%		
Lyme disease antibody	\$32	10%		
Prothrombin time	\$25	9%		
Complete cbc automated	\$49	8%		
Assay of psa total	\$104	7%		
C-reactive protein	\$113	7%		
Hepatitis c ab test	\$115	7%		
Detect agent nos dna amp	\$348	7%		
Rbc sed rate automated	\$25	7%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Comprehensive metabolic panel, CPT® 80053
Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$189
Comprehensive metabolic panel	\$38	100%	Average Negotiated Charge (Payment) / Visit	\$65
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	67%		
Complete cbc w/auto diff wbc	\$52	67%		
Lipid panel	\$71	33%		
Vitamin d 25 hydroxy	\$163	33%		
Assay thyroid stim hormone	\$81	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Comprehensive metabolic panel, CPT® 80053
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$275
Comprehensive metabolic panel	\$38	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$56
Complete cbc w/auto diff wbc	\$52	79%		
Routine venipuncture	\$18	35%		
Lipid panel	\$71	21%		
Assay thyroid stim hormone	\$81	21%		
Rbc sed rate automated	\$25	12%		
Glycosylated hemoglobin test	\$113	12%		
Mumps antibody	\$132	12%		
Rubella antibody	\$68	12%		
Rubeola antibody	\$141	12%		
Urine culture/colony count	\$74	9%		
Prothrombin time	\$25	9%		
Hep b core antibody total	\$128	9%		
Antinuclear antibodies (ANA)	\$52	6%		
C-reactive protein	\$113	6%		
Chylomicron DNA amp probe	\$157	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Comprehensive metabolic panel, CPT® 80053
Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$164
Comprehensive metabolic panel	\$38	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$102
Complete cbc w/auto diff wbc	\$52	83%		
Routine venipuncture	\$18	50%		
Assay thyroid stim hormone	\$81	33%		
Lipid panel	\$71	17%		
Vitamin d 25 hydroxy	\$163	17%		
Carcinoembryonic antigen	\$68	17%		
Glycosylated hemoglobin test	\$113	17%		
Protein e-phoresis serum	\$59	17%		
Assay of free thyroxine	\$86	17%		
Rbc sed rate automated	\$25	17%		
Antinuclear antibodies (ANA)	\$52	17%		
Rheumatoid factor quant	\$40	17%		
Lyme disease antibody	\$32	17%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Comprehensive metabolic panel, CPT® 80053
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$206
Comprehensive metabolic panel	\$38	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$40
Complete cbc w/auto diff wbc	\$52	43%		
Complete cbc automated	\$49	21%		
Assay thyroid stim hormone	\$81	21%		
Assay of psa total	\$104	21%		
Routine venipuncture	\$18	14%		
Lipid panel	\$71	14%		
Glycosylated hemoglobin test	\$113	14%		
Assay Of Homocystine	\$128	7%		
Assay of lipase	\$59	7%		
Assay of natriuretic peptide	\$134	7%		
Assay of amylase	\$51	7%		
Assay of total testosterone	\$55	7%		
Fibrin degradable d-dimer	\$88	7%		
Fungus nes antibody	\$106	7%		
Detect agent nos dna amp	\$174	7%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Lipid panel, CPT® 80061
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$202
Lipid panel	\$71	100%	Average Negotiated Charge (Payment) / Visit	\$38
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	58%		
Comprehensive metabolic panel	\$38	56%		
Complete cbc w/auto diff wbc	\$52	28%		
Assay thyroid stim hormone	\$81	25%		
Glycosylated hemoglobin test	\$113	22%		
Assay of psa total	\$104	11%		
Transferase (AST) (SGOT)	\$29	11%		
Complete cbc automated	\$49	8%		
Metabolic panel total ca	\$29	8%		
Urinalysis auto w/scope	\$26	6%		
Microalbumin quantitative	\$88	6%		
Vitamin d 25 hydroxy	\$163	6%		
Alanine amino (ALT) (SGPT)	\$42	6%		
Assay of urine creatinine	\$70	6%		
Assay blood carbon dioxide	\$35	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Lipid panel, CPT® 80061
Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$262
Lipid panel	\$71	100%	Average Negotiated Charge (Payment) / Visit	\$95
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	67%		
Routine venipuncture	\$18	58%		
Complete cbc w/auto diff wbc	\$52	55%		
Assay thyroid stim hormone	\$81	41%		
Glycosylated hemoglobin test	\$113	20%		
Assay of psa total	\$104	13%		
Vitamin d 25 hydroxy	\$163	13%		
Assay of free thyroxine	\$86	9%		
Assay of blood/uric acid	\$26	7%		
Hepatitis c ab test	\$115	7%		
Complete cbc automated	\$49	6%		
Vitamin B-12	\$129	6%		
Urinalysis auto w/o scope	\$7	6%		
Assay of creatinine	\$31	4%		
Assay glucose blood quant	\$30	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Lipid panel, CPT® 80061
Payer Connecticare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$341
Lipid panel	\$71	100%	Average Negotiated Charge (Payment) / Visit	\$69
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Complete cbc w/auto diff wbc	\$52	67%		
Assay thyroid stim hormone	\$81	58%		
Comprehensive metabolic panel	\$38	58%		
Routine venipuncture	\$18	42%		
Glycosylated hemoglobin test	\$113	42%		
Assay of psa total	\$104	25%		
Metabolic panel total ca	\$29	17%		
Bilirubin total	\$63	8%		
Assay of urine creatinine	\$70	8%		
Assay of psa free	\$51	8%		
Assay of total testosterone	\$55	8%		
Assay of free thyroxine	\$86	8%		
Assay of parathormone	\$252	8%		
Assay alkaline phosphatase	\$31	8%		
Alanine amino (ALT) (SGPT)	\$42	8%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Lipid panel, CPT® 80061
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$231
Lipid panel	\$71	100%	Average Negotiated Charge (Payment) / Visit	\$42
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	62%		
Comprehen metabolic panel	\$38	62%		
Complete cbc w/auto diff wbc	\$52	38%		
Assay thyroid stim hormone	\$81	33%		
Glycosylated hemoglobin test	\$113	29%		
Vitamin d 25 hydroxy	\$163	24%		
Assay of psa total	\$104	14%		
Urinalysis auto w/o scope	\$7	10%		
Metabolic panel total ca	\$29	10%		
Complete cbc automated	\$49	10%		
C-reactive protein hs	\$97	5%		
Fungus nes antibody	\$106	5%		
Hepatitis c ab test	\$115	5%		
Chorionic gonadotropin test	\$194	5%		
Assay of urine creatinine	\$70	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Lipid panel, CPT® 80061
Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$342
Lipid panel	\$71	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$105
Comprehensive metabolic panel	\$38	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Vitamin d 25 hydroxy	\$163	67%		
Routine venipuncture	\$18	67%		
Vitamin B-12	\$129	33%		
Glycosylated hemoglobin test	\$113	33%		
Protein e-phoresis serum	\$59	33%		
Assay thyroid stim hormone	\$81	33%		
Rbc sed rate automated	\$25	33%		
C-reactive protein	\$113	33%		
Complement antigen	\$324	33%		
Ccp antibody	\$52	33%		
Rheumatoid factor quant	\$40	33%		
Lyme disease antibody	\$32	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Lipid panel, CPT® 80061
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$341
Lipid panel	\$71	100%	Average Negotiated Charge (Payment) / Visit	\$54
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	80%		
Comprehensive metabolic panel	\$38	60%		
Glycosylated hemoglobin test	\$113	40%		
Complete cbc w/auto diff wbc	\$52	40%		
Assay of urine creatinine	\$70	30%		
Microalbumin quantitative	\$88	30%		
Assay thyroid stim hormone	\$81	20%		
Transferase (AST) (SGOT)	\$29	20%		
Antinuclear antibodies (ANA)	\$52	10%		
Assay blood carbon dioxide	\$35	10%		
Assay of blood chloride	\$35	10%		
Assay of creatinine	\$31	10%		
Assay of serum potassium	\$35	10%		
Assay of psa total	\$104	10%		
Assay of free thyroxine	\$86	10%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Lipid panel, CPT® 80061
Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$191
Lipid panel	\$71	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Metabolic panel total ca	\$29	100%		
Alanine amino (ALT) (SGPT)	\$42	100%		
Complete cbc automated	\$49	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Lipid panel, CPT® 80061
Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$260
Lipid panel	\$71	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$76
Comprehensive metabolic panel	\$38	68%		
Routine venipuncture	\$18	49%		
Complete cbc w/auto diff wbc	\$52	43%		
Assay thyroid stim hormone	\$81	42%		
Glycosylated hemoglobin test	\$113	24%		
Vitamin d 25 hydroxy	\$163	15%		
Complete cbc automated	\$49	13%		
Assay of psa total	\$104	12%		
Metabolic panel total ca	\$29	8%		
Assay of creatinine	\$31	6%		
Hepatitis c ab test	\$115	6%		
Lyme disease antibody	\$32	5%		
Transferase (AST) (SGOT)	\$29	5%		
Assay of urea nitrogen	\$31	5%		
Vitamin B-12	\$129	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Lipid panel, CPT® 80061
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$260
Lipid panel	\$71	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$62
Comprehensive metabolic panel	\$38	68%		
Routine venipuncture	\$18	64%		
Complete cbc w/auto diff wbc	\$52	64%		
Assay thyroid stim hormone	\$81	55%		
Glycosylated hemoglobin test	\$113	28%		
Vitamin d 25 hydroxy	\$163	11%		
Metabolic panel total ca	\$29	11%		
Assay of psa total	\$104	9%		
Transferase (AST) (SGOT)	\$29	8%		
Lyme disease antibody	\$32	8%		
Hepatitis c ab test	\$115	6%		
Complete cbc automated	\$49	6%		
Assay of free thyroxine	\$86	6%		
Assay of urine creatinine	\$70	6%		
Microalbumin quantitative	\$88	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Lipid panel, CPT® 80061
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$265
Lipid panel	\$71	100%	Average Negotiated Charge (Payment) / Visit	\$59
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	64%		
Complete cbc w/auto diff wbc	\$52	45%		
Glycosylated hemoglobin test	\$113	36%		
Assay of psa total	\$104	27%		
Routine venipuncture	\$18	27%		
Assay thyroid stim hormone	\$81	27%		
Complete cbc automated	\$49	9%		
Antinuclear antibodies (ANA)	\$52	9%		
Hepatitis c ab test	\$115	9%		
Assay of free thyroxine	\$86	9%		
Assay of iron	\$88	9%		
Acute hepatitis panel	\$326	9%		
Assay of ck (cpk)	\$63	9%		
Assay of urine creatinine	\$70	9%		
Assay of ferritin	\$74	9%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Lipid panel, CPT® 80061
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$284
Lipid panel	\$71	100%	Average Negotiated Charge (Payment) / Visit	\$49
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	63%		
Comprehensive metabolic panel	\$38	56%		
Complete cbc w/auto diff wbc	\$52	52%		
Glycosylated hemoglobin test	\$113	41%		
Assay thyroid stim hormone	\$81	26%		
Transferase (AST) (SGOT)	\$29	19%		
Metabolic panel total ca	\$29	15%		
Assay of serum potassium	\$35	11%		
Assay of serum sodium	\$35	11%		
Assay blood carbon dioxide	\$35	11%		
Assay of blood chloride	\$35	11%		
Assay of creatinine	\$31	11%		
Alanine amino (ALT) (SGPT)	\$42	11%		
Assay of urea nitrogen	\$31	11%		
Hepatitis c ab test	\$115	11%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Lipid panel, CPT® 80061
Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$518
Lipid panel	\$71	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	100%		
Vitamin d 25 hydroxy	\$163	100%		
Glycosylated hemoglobin test	\$113	100%		
Assay thyroid stim hormone	\$81	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Lipid panel, CPT® 80061
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$273
Lipid panel	\$71	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$86
Comprehensive metabolic panel	\$38	65%		
Complete cbc w/auto diff wbc	\$52	54%		
Routine venipuncture	\$18	48%		
Assay thyroid stim hormone	\$81	40%		
Glycosylated hemoglobin test	\$113	33%		
Vitamin d 25 hydroxy	\$163	19%		
Assay of psa total	\$104	16%		
Urinalysis auto w/o scope	\$7	6%		
Transferase (AST) (SGOT)	\$29	6%		
Hepatitis c ab test	\$115	6%		
Assay of free thyroxine	\$86	5%		
Assay blood carbon dioxide	\$35	5%		
Assay of blood chloride	\$35	5%		
Assay of creatinine	\$31	5%		
Assay glucose blood quant	\$30	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Lipid panel, CPT® 80061
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$219
Lipid panel	\$71	100%	Average Negotiated Charge (Payment) / Visit	\$41
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	64%		
Comprehensive metabolic panel	\$38	59%		
Complete cbc w/auto diff wbc	\$52	30%		
Assay thyroid stim hormone	\$81	28%		
Glycosylated hemoglobin test	\$113	23%		
Transferase (AST) (SGOT)	\$29	11%		
Assay of urea nitrogen	\$31	8%		
Vitamin d 25 hydroxy	\$163	8%		
Metabolic panel total ca	\$29	8%		
Assay of creatinine	\$31	8%		
Assay glucose blood quant	\$30	8%		
Assay blood carbon dioxide	\$35	6%		
Assay of blood chloride	\$35	6%		
Assay of serum potassium	\$35	6%		
Assay of serum sodium	\$35	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Renal function panel, CPT® 80069

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$334
Renal function panel	\$49	100%	Average Negotiated Charge (Payment) / Visit	\$86
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	75%		
Assay of urine creatinine	\$70	75%		
Assay of protein urine	\$29	75%		
Complete cbc w/auto diff wbc	\$52	50%		
Assay of parathormone	\$252	50%		
Complete cbc automated	\$49	25%		
Assay of blood/uric acid	\$26	25%		
Assay of magnesium	\$49	25%		
Assay of tacrolimus	\$43	25%		
Urinalysis auto w/scope	\$26	25%		
Microalbumin quantitative	\$88	25%		
Assay of calcium	\$81	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Renal function panel, CPT® 80069

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$467
Renal function panel	\$49	100%	Average Negotiated Charge (Payment) / Visit	\$76
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	86%		
Assay of urine creatinine	\$70	43%		
Assay of parathormone	\$252	43%		
Assay of protein urine	\$29	43%		
Complete cbc w/auto diff wbc	\$52	43%		
Hepatitis c ab test	\$115	29%		
Immunoassay nonantibody	\$101	29%		
Assay nephelometry not spec	\$180	14%		
Assay alkaline phosphatase	\$31	14%		
Assay iga/igd/igg/igm each	\$276	14%		
Assay of calcium	\$81	14%		
Assay of ck (cpk)	\$63	14%		
Antinuclear antibodies (ANA)	\$52	14%		
Alanine amino (ALT) (SGPT)	\$42	14%		
Assay of blood/uric acid	\$26	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Renal function panel, CPT® 80069

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$67
Renal function panel	\$49	100%	Average Negotiated Charge (Payment) / Visit	\$14
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	80%		
Assay of urine creatinine	\$70	40%		
Assay of parathormone	\$252	20%		
Assay alkaline phosphatase	\$31	20%		
Assay of protein urine	\$29	20%		
Assay of free thyroxine	\$86	20%		
Assay thyroid stim hormone	\$81	20%		
Transferase (AST) (SGOT)	\$29	20%		
Alanine amino (ALT) (SGPT)	\$42	20%		
Complete cbc w/auto diff wbc	\$52	20%		
Lipid panel	\$71	20%		
Vitamin d 25 hydroxy	\$163	20%		
Assay of calcium in urine	\$45	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Renal function panel, CPT® 80069

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$608
Renal function panel	\$49	100%	Average Negotiated Charge (Payment) / Visit	\$146
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Assay of calcium in urine	\$45	33%		
Assay of citrate	\$70	33%		
Assay of ck (cpk)	\$63	33%		
Assay of urine creatinine	\$140	33%		
Assay iga/igd/igg/igm each	\$276	33%		
Assay of magnesium	\$49	33%		
Assay nephelometry not spec	\$180	33%		
Assay of oxalate	\$52	33%		
Assay of urine phosphorus	\$52	33%		
Assay of protein urine	\$29	33%		
Assay of urine sodium	\$37	33%		
Assay of blood/uric acid	\$26	33%		
Assay of urine/uric acid	\$64	33%		
Antinuclear antibodies (ANA)	\$52	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Renal function panel, CPT® 80069
Payer Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$368
Renal function panel	\$49	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Assay of parathormone	\$252	100%		
Complete cbc automated	\$49	100%		

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Hospital Name Danbury Hospital

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Charge Display Renal function panel, CPT® 80069

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$244
Renal function panel	\$49	100%	Average Negotiated Charge (Payment) / Visit	\$44
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Assay of magnesium	\$49	50%		
Assay of parathormone	\$252	50%		
Complete cbc w/auto diff wbc	\$52	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Renal function panel, CPT® 80069

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,075
Renal function panel	\$49	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Assay of urine creatinine	\$70	100%		
Assay of parathormone	\$252	100%		
Assay of protein urine	\$29	100%		
Rbc sed rate automated	\$25	100%		
Antinuclear antibodies (ANA)	\$52	100%		
Dna antibody native	\$102	100%		
Nuclear antigen antibody	\$478	100%		

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Hospital Name Danbury Hospital

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Charge Display Renal function panel, CPT® 80069

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$657
Renal function panel	\$49	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Vitamin d 25 hydroxy	\$163	100%		
Assay of prolactin	\$260	100%		
Assay of free thyroxine	\$86	100%		
Assay thyroid stim hormone	\$81	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Renal function panel, CPT® 80069

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$370
Renal function panel	\$49	100%	Average Negotiated Charge (Payment) / Visit	\$123
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	75%		
Assay thyroid stim hormone	\$81	50%		
Transferase (AST) (SGOT)	\$29	25%		
Alanine amino (ALT) (SGPT)	\$42	25%		
Complete cbc w/auto diff wbc	\$52	25%		
Complete cbc automated	\$49	25%		
Nuclear antigen antibody	\$42	25%		
Bilirubin total	\$63	25%		
Vitamin d 25 hydroxy	\$163	25%		
Assay of parathormone	\$252	25%		
Assay alkaline phosphatase	\$31	25%		
Assay of total testosterone	\$55	25%		
Assay of thyroglobulin	\$102	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Renal function panel, CPT® 80069

Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$117
Renal function panel	\$49	100%	Average Negotiated Charge (Payment) / Visit	\$18
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Assay of urine creatinine	\$70	50%		
Assay of protein urine	\$29	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Acute hepatitis panel, CPT® 80074

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$598
Acute hepatitis panel	\$326	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Assay iga/igd/igg/igm each	\$92	100%		
Immunoassay nonantibody	\$162	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Acute hepatitis panel, CPT® 80074

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$701
Acute hepatitis panel	\$326	100%	Average Negotiated Charge (Payment) / Visit	\$212
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	50%		
Comprehen metabolic panel	\$38	50%		
Bilirubin total	\$63	50%		
Assay alkaline phosphatase	\$31	50%		
Transferase (AST) (SGOT)	\$29	50%		
Alanine amino (ALT) (SGPT)	\$42	50%		
Treponema pallidum	\$57	50%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	50%		
Chylmd trach dna amp probe	\$157	50%		
N.gonorrhoeae dna amp prob	\$157	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Acute hepatitis panel, CPT® 80074

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$589
Acute hepatitis panel	\$326	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$153
Tb test cell immun measure	\$179	100%		
Comprehen metabolic panel	\$38	50%		
Assay of protein serum	\$29	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Complete cbc automated	\$49	50%		

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Hospital Name Danbury Hospital

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Charge Display Acute hepatitis panel, CPT® 80074

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,149
Acute hepatitis panel	\$326	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$279
Routine venipuncture	\$18	100%		
Comprehen metabolic panel	\$38	100%		
Antinuclear antibodies (ANA)	\$52	100%		
Assay thyroid stim hormone	\$81	100%		
Complete cbc w/auto diff wbc	\$52	50%		
Fluorescent antibody screen	\$81	50%		
CMV antibody	\$70	50%		
Cmv antibody igm	\$68	50%		
Epstein-barr nuclear antigen	\$189	50%		
Epstein-barr capsid vca	\$194	50%		
Assay of ceruloplasmin	\$49	50%		
Assay of ferritin	\$74	50%		
Assay iga/igd/igg/igm each	\$92	50%		
Assay of GGT	\$57	50%		
Assay of iron	\$88	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Hepatic function panel, CPT® 80076

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$226
Hepatic function panel	\$59	100%	Average Negotiated Charge (Payment) / Visit	\$50
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	33%		
Lipid panel	\$71	33%		
Assay of amylase	\$51	33%		
Assay of GGT	\$57	33%		
Assay of lipase	\$59	33%		
Complete cbc w/auto diff wbc	\$52	33%		
Lyme disease antibody	\$32	33%		
Detect agent nos dna amp	\$348	33%		

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Charge Display Hepatic function panel, CPT® 80076
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$118
Hepatic function panel	\$59	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$22
Routine venipuncture	\$18	100%		
Assay thyroid stim hormone	\$81	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Hepatic function panel, CPT® 80076

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$148
Hepatic function panel	\$59	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Lipid panel	\$71	100%		

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$433
Hepatic function panel	\$59	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Complete cbc w/auto diff wbc	\$52	100%		
Lyme disease antibody	\$290	100%		
Lyme disease antibody	\$32	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Hepatic function panel, CPT® 80076

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$130
Hepatic function panel	\$59	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Lipid panel	\$71	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Hepatic function panel, CPT® 80076

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$716
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130
Hepatic function panel	\$59	100%		
Routine venipuncture	\$18	33%		
Metabolic panel total ca	\$29	33%		
Assay of amylase	\$51	33%		
Assay of lipase	\$59	33%		
Complete cbc w/auto diff wbc	\$52	33%		
Lyme disease antibody	\$290	33%		
Lyme disease antibody	\$32	33%		
Hep b core antibody total	\$128	33%		
Hep b surface antibody	\$119	33%		
Hepatitis a antibody	\$128	33%		
Treponema pallidum	\$57	33%		
Hepatitis c ab test	\$115	33%		
Hepatitis b surface ag ia	\$149	33%		
Chyld trach dna amp probe	\$157	33%		
N.gonorrhoeae dna amp prob	\$157	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Drug test prsmv chem anlyzr, CPT® 80307

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$180
Drug test prsmv chem anlyzr	\$180	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Drug test prsmv chem anlyzr, CPT® 80307

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$267
Drug test prsmv chem anlyzr	\$180	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Cannabinoids natural	\$87	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Drug test prsmv chem anlyzr, CPT® 80307

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$218
Drug test prsmv chem anlyzr	\$180	100%	Average Negotiated Charge (Payment) / Visit	\$85
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	67%		
Lipid panel	\$71	33%		
Glycosylated hemoglobin test	\$113	33%		
Complete cbc w/auto diff wbc	\$52	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Drug test prsmv chem anlyzr, CPT® 80307

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$224
Drug test prsmv chem anlyzr	\$180	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$71
Cannabinoids natural	\$87	25%		
Chorionic gonadotropin assay	\$97	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Drug test prsmv chem anlyzr, CPT® 80307

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$267
Drug test prsmv chem anlyzr	\$180	100%	Average Negotiated Charge (Payment) / Visit	\$168
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Cannabinoids natural	\$87	100%		
Assay of folic acid serum	\$134	33%		
Assay of iron	\$88	33%		
Iron binding test	\$64	33%		
Assay of magnesium	\$49	33%		
Assay of phosphorus	\$37	33%		
Assay of prolactin	\$260	33%		
Assay thyroid stim hormone	\$81	33%		
Complete cbc w/auto diff wbc	\$52	33%		
C-reactive protein	\$113	33%		
Epstein-barr nuclear antigen	\$189	33%		
Epstein-barr capsid vca	\$194	33%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	33%		
Detect agent nos dna amp	\$348	33%		
Comprehen metabolic panel	\$38	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urinalysis auto w/scope, CPT® 81001
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$100
Urinalysis auto w/scope	\$26	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$13
Urine culture/colony count	\$74	61%		
Culture Aerobic Identify	\$86	39%		
Microbe susceptible mic	\$35	35%		
Metabolic panel total ca	\$29	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urinalysis auto w/scope, CPT® 81001
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$161
Urinalysis auto w/scope	\$26	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$22
Urine culture/colony count	\$74	100%		
Microbe susceptible mic	\$35	50%		
Culture Aerobic Identify	\$86	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Urinalysis auto w/scope, CPT® 81001

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$100
Urinalysis auto w/scope	\$26	100%	Average Negotiated Charge (Payment) / Visit	\$20
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Urine culture/colony count	\$74	64%		
Microbe susceptible mic	\$35	19%		
Culture Aerobic Identify	\$86	19%		
Comprehen metabolic panel	\$38	14%		
Assay thyroid stim hormone	\$81	14%		
Complete cbc w/auto diff wbc	\$52	11%		
Lipid panel	\$71	11%		
Glycosylated hemoglobin test	\$113	6%		
Chyld trach dna amp probe	\$157	6%		
N.gonorrhoeae dna amp prob	\$157	6%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	3%		
Vitamin d 25 hydroxy	\$163	3%		
Vitamin B-12	\$129	3%		
Complete cbc automated	\$49	3%		
Treponema pallidum	\$57	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Urinalysis auto w/scope, CPT® 81001

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$26
Urinalysis auto w/scope	\$26	100%	Average Negotiated Charge (Payment) / Visit	\$4
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	25%		
Lipid panel	\$71	25%		
Complete cbc w/auto diff wbc	\$52	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Urinalysis auto w/scope, CPT® 81001

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$100
Urinalysis auto w/scope	\$26	100%	Average Negotiated Charge (Payment) / Visit	\$17
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Urine culture/colony count	\$74	63%		
Comprehensive metabolic panel	\$38	15%		
Lipid panel	\$71	13%		
Complete cbc w/auto diff wbc	\$52	13%		
Culture Aerobic Identify	\$86	10%		
Microbe susceptible mic	\$35	10%		
Assay thyroid stim hormone	\$81	10%		
Routine venipuncture	\$18	5%		
Glycosylated hemoglobin test	\$113	5%		
Vitamin d 25 hydroxy	\$163	5%		
Vitamin B-12	\$129	5%		
Assay of ferritin	\$74	3%		
Assay of iron	\$88	3%		
Assay of parathormone	\$252	3%		
Chylomicron DNA amp probe	\$157	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Urinalysis auto w/scope, CPT® 81001

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$26
Urinalysis auto w/scope	\$26	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urinalysis auto w/scope, CPT® 81001
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$221
Urinalysis auto w/scope	\$26	100%	Average Negotiated Charge (Payment) / Visit	\$31
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Urine culture/colony count	\$74	86%		
Microbe susceptible mic	\$35	57%		
Culture Aerobic Identify	\$86	57%		
Comprehen metabolic panel	\$38	14%		
Lipid panel	\$71	14%		
Assay thyroid stim hormone	\$81	14%		
Complete cbc w/auto diff wbc	\$52	14%		
Hepatitis c ab test	\$115	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Urinalysis auto w/scope, CPT® 81001

Payer Multiplan

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$26
Urinalysis auto w/scope	\$26	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Urinalysis auto w/scope, CPT® 81001

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$221
Urinalysis auto w/scope	\$26	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$41
Culture Aerobic Identify	\$86	75%		
Urine culture/colony count	\$74	75%		
Microbe susceptible mic	\$35	75%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urinalysis auto w/scope, CPT® 81001
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$63
Urinalysis auto w/scope	\$26	100%	Average Negotiated Charge (Payment) / Visit	\$8
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Urine culture/colony count	\$74	50%		
Microbe susceptible mic	\$53	20%		
Culture Aerobic Identify	\$129	20%		
Smear gram stain	\$70	10%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urinalysis auto w/scope, CPT® 81001
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$100
Urinalysis auto w/scope	\$26	100%	Average Negotiated Charge (Payment) / Visit	\$12
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Urine culture/colony count	\$74	52%		
Microbe susceptible mic	\$35	39%		
Culture Aerobic Identify	\$86	39%		
Routine venipuncture	\$18	4%		
Comprehen metabolic panel	\$38	4%		
Lipid panel	\$71	4%		
Assay of psa total	\$104	4%		
Assay thyroid stim hormone	\$81	4%		
Complete cbc w/auto diff wbc	\$52	4%		
Culture othr specimn aerobic	\$80	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Urinalysis auto w/scope, CPT® 81001

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$177
Urinalysis auto w/scope	\$26	100%	Average Negotiated Charge (Payment) / Visit	\$32
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Urine culture/colony count	\$74	50%		
Microbe susceptible mic	\$35	25%		
Culture Aerobic Identify	\$86	25%		
Metabolic panel total ca	\$29	17%		
Assay of urine creatinine	\$70	17%		
Glycosylated hemoglobin test	\$113	17%		
Assay of protein urine	\$29	17%		
Protein e-phoresis/urine/csf	\$59	8%		
Complete cbc w/auto diff wbc	\$52	8%		
Complete cbc automated	\$49	8%		
Chylimd trach dna amp probe	\$157	8%		
N.gonorrhoeae dna amp prob	\$157	8%		
Cytopath c/v thin layer	\$144	8%		
Comprehen metabolic panel	\$38	8%		
Lipid panel	\$71	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Urinalysis auto w/scope, CPT® 81001

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$100
Urinalysis auto w/scope	\$26	100%	Average Negotiated Charge (Payment) / Visit	\$14
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Urine culture/colony count	\$74	60%		
Detect agent nos dna amp	\$348	20%		
Routine venipuncture	\$18	20%		
Vitamin d 25 hydroxy	\$163	20%		
Assay of erythropoietin	\$122	20%		
Complete cbc w/auto diff wbc	\$52	20%		
Rbc sed rate automated	\$25	20%		
Antinuclear antibodies (ANA)	\$52	20%		
C-reactive protein	\$113	20%		
Dna antibody native	\$102	20%		
Nuclear antigen antibody	\$478	20%		
Rheumatoid factor quant	\$40	20%		
Lyme disease antibody	\$32	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urinalysis auto w/scope, CPT® 81001
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$148
Urinalysis auto w/scope	\$26	100%	Average Negotiated Charge (Payment) / Visit	\$34
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Urine culture/colony count	\$74	56%		
Microbe susceptible mic	\$35	28%		
Culture Aerobic Identify	\$86	28%		
Glycosylated hemoglobin test	\$113	11%		
Assay of psa total	\$104	6%		
Assay of protein urine	\$29	6%		
Assay thyroid stim hormone	\$81	6%		
Complete cbc w/auto diff wbc	\$52	6%		
Routine venipuncture	\$36	6%		
Metabolic panel total ca	\$29	6%		
Comprehend metabolic panel	\$38	6%		
Lipid panel	\$71	6%		
Vitamin d 25 hydroxy	\$163	6%		
Assay of urine creatinine	\$70	6%		
Cytopath c/v thin layer	\$144	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urinalysis auto w/o scope, CPT® 81003
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$61
Urinalysis auto w/o scope	\$7	100%	Average Negotiated Charge (Payment) / Visit	\$9
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	40%		
Complete cbc w/auto diff wbc	\$52	40%		
Routine venipuncture	\$18	20%		
Assay thyroid stim hormone	\$81	20%		
Lipid panel	\$71	20%		
Microalbumin quantitative	\$88	10%		
Assay of urine creatinine	\$70	10%		
Glycosylated hemoglobin test	\$113	10%		
Assay of psa total	\$104	10%		
Hepatitis c ab test	\$115	10%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urinalysis auto w/o scope, CPT® 81003
Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$63
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$19
Urinalysis auto w/o scope	\$7	100%		
Comprehensive metabolic panel	\$38	38%		
Lipid panel	\$71	31%		
Complete cbc w/auto diff wbc	\$52	31%		
Assay of psa total	\$104	23%		
Routine venipuncture	\$18	15%		
Antinuclear antibodies (ANA)	\$52	8%		
C-reactive protein	\$113	8%		
Assay of psa free	\$51	8%		
Assay of total testosterone	\$55	8%		
Assay thyroid stim hormone	\$81	8%		
Assay of triglycerides	\$49	8%		
Assay of blood/uric acid	\$26	8%		
Assay of apolipoprotein	\$49	8%		
Assay bld/serum cholesterol	\$49	8%		
Assay of lipoprotein	\$49	8%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urinalysis auto w/o scope, CPT® 81003
Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7
Urinalysis auto w/o scope	\$7	100%	Average Negotiated Charge (Payment) / Visit	\$3
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	32%		
Lipid panel	\$71	32%		
Complete cbc w/auto diff wbc	\$52	32%		
Assay thyroid stim hormone	\$81	24%		
Routine venipuncture	\$18	20%		
Assay of psa total	\$104	12%		
Glycosylated hemoglobin test	\$113	8%		
Vitamin d 25 hydroxy	\$163	8%		
Assay of urine creatinine	\$70	4%		
Microalbumin quantitative	\$88	4%		
Antinuclear antibodies (ANA)	\$52	4%		
Dna antibody native	\$102	4%		
Nuclear antigen antibody	\$478	4%		
Chylomicron dna amp probe	\$157	4%		
N.gonorrhoeae dna amp prob	\$157	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urinalysis auto w/o scope, CPT® 81003
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$128
Urinalysis auto w/o scope	\$7	100%	Average Negotiated Charge (Payment) / Visit	\$39
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	50%		
Lipid panel	\$71	50%		
Assay thyroid stim hormone	\$81	50%		
Complete cbc w/auto diff wbc	\$52	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Urinalysis auto w/o scope, CPT® 81003

Payer Empire Blue Cross

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7
Urinalysis auto w/o scope	\$7	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urinalysis auto w/o scope, CPT® 81003
Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7
Urinalysis auto w/o scope	\$7	100%	Average Negotiated Charge (Payment) / Visit	\$4
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	30%		
Lipid panel	\$71	30%		
Complete cbc w/auto diff wbc	\$52	30%		
Assay thyroid stim hormone	\$81	23%		
Routine venipuncture	\$18	13%		
Assay of psa total	\$104	10%		
Vitamin d 25 hydroxy	\$163	10%		
Assay of free thyroxine	\$86	7%		
Hepatitis c ab test	\$115	7%		
Urine culture/colony count	\$74	7%		
Chylomicron dna amp probe	\$157	7%		
N.gonorrhoeae dna amp prob	\$157	7%		
Assay of ck (cpk)	\$63	3%		
Assay of ferritin	\$74	3%		
Assay of iron	\$88	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urinalysis auto w/o scope, CPT® 81003
Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$97
Urinalysis auto w/o scope	\$7	100%	Average Negotiated Charge (Payment) / Visit	\$23
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	38%		
Complete cbc w/auto diff wbc	\$52	38%		
Lipid panel	\$71	33%		
Assay thyroid stim hormone	\$81	33%		
Glycosylated hemoglobin test	\$113	29%		
Vitamin d 25 hydroxy	\$163	14%		
Assay of urine creatinine	\$70	10%		
Microalbumin quantitative	\$88	10%		
Assay of magnesium	\$49	10%		
Routine venipuncture	\$18	10%		
Chylomicron DNA amp probe	\$157	10%		
N.gonorrhoeae DNA amp prob	\$157	10%		
Antinuclear antibodies (ANA)	\$52	5%		
Microsomal antibody each	\$160	5%		
Lyme disease antibody	\$290	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urinalysis auto w/o scope, CPT® 81003
Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$552
Urinalysis auto w/o scope	\$7	100%	Average Negotiated Charge (Payment) / Visit	\$120
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	100%		
Assay thyroid stim hormone	\$81	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Rbc sed rate automated	\$25	50%		
Urine culture/culture colony count	\$74	50%		
Assay of blood/uric acid	\$26	50%		
Lipid panel	\$71	50%		
Vitamin d 25 hydroxy	\$163	50%		
Assay of calcium	\$81	50%		
Assay of parathormone	\$252	50%		
Assay of phosphorus	\$37	50%		
Routine venipuncture	\$18	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urinalysis auto w/o scope, CPT® 81003
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7
Urinalysis auto w/o scope	\$7	100%	Average Negotiated Charge (Payment) / Visit	\$2
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urinalysis auto w/o scope, CPT® 81003
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7
Urinalysis auto w/o scope	\$7	100%	Average Negotiated Charge (Payment) / Visit	\$3
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	43%		
Lipid panel	\$71	29%		
Complete cbc w/auto diff wbc	\$52	29%		
Routine venipuncture	\$18	14%		
Glycosylated hemoglobin test	\$113	14%		
Assay of psa total	\$104	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urinalysis auto w/o scope, CPT® 81003
Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7
Urinalysis auto w/o scope	\$7	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urinalysis auto w/o scope, CPT® 81003
Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7
Urinalysis auto w/o scope	\$7	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urinalysis auto w/o scope, CPT® 81003
Payer Connecticare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$514
Urinalysis auto w/o scope	\$7	100%	Average Negotiated Charge (Payment) / Visit	\$78
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Vitamin B-12	\$129	40%		
Assay of ferritin	\$74	40%		
Comprehen metabolic panel	\$38	40%		
Assay thyroid stim hormone	\$81	40%		
Complete cbc w/auto diff wbc	\$52	40%		
Treponema pallidum	\$57	20%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	20%		
Chylmd trach dna amp probe	\$157	20%		
N.gonorrhoeae dna amp prob	\$157	20%		
Routine venipuncture	\$18	20%		
Assay of vitamin a	\$95	20%		
Lipid panel	\$71	20%		
Assay of folic acid serum	\$134	20%		
Assay of iron	\$88	20%		
Iron binding test	\$64	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Microalbumin quantitative, CPT® 82043

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$158
Microalbumin quantitative	\$88	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Assay of urine creatinine	\$70	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Microalbumin quantitative, CPT® 82043

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$158
Microalbumin quantitative	\$88	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$20
Assay of urine creatinine	\$70	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Microalbumin quantitative, CPT® 82043

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$158
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$17
Microalbumin quantitative	\$88	100%		
Assay of urine creatinine	\$70	100%		
Metabolic panel total ca	\$29	25%		
Assay of gonadotropin (lh)	\$211	25%		
Complete cbc w/auto diff wbc	\$52	25%		
Routine venipuncture	\$18	13%		
Glycosylated hemoglobin test	\$113	13%		
Assay of magnesium	\$49	13%		
Assay of total testosterone	\$33	13%		
Testosterone bioavailable	\$43	13%		
Assay thyroid stim hormone	\$81	13%		
Urinalysis auto w/scope	\$26	13%		
Vitamin d 25 hydroxy	\$163	13%		
Vitamin B-12	\$129	13%		
Assay of gonadotropin (fsh)	\$200	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Microalbumin quantitative, CPT® 82043

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$399
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$93
Microalbumin quantitative	\$88	100%		
Assay of urine creatinine	\$70	100%		
Glycosylated hemoglobin test	\$113	78%		
Routine venipuncture	\$18	67%		
Comprehensive metabolic panel	\$38	44%		
Lipid panel	\$71	44%		
Assay thyroid stim hormone	\$81	44%		
Complete cbc w/auto diff wbc	\$52	44%		
Metabolic panel total ca	\$29	33%		
Urinalysis auto w/o scope	\$7	22%		
Assay of iron	\$88	11%		
Assay of magnesium	\$49	11%		
Assay of protein urine	\$29	11%		
Alanine amino (ALT) (SGPT)	\$42	11%		
Assay of blood/uric acid	\$26	11%		
Assay of ferritin	\$74	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Microalbumin quantitative, CPT® 82043

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$308
Microalbumin quantitative	\$88	100%	Average Negotiated Charge (Payment) / Visit	\$32
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Assay of urine creatinine	\$70	100%		
Glycosylated hemoglobin test	\$113	75%		
Routine venipuncture	\$18	50%		
Comprehensive metabolic panel	\$38	25%		
Lipid panel	\$71	25%		
Urinalysis auto w/scope	\$26	25%		
Urinalysis auto w/o scope	\$7	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Microalbumin quantitative, CPT® 82043

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$158
Microalbumin quantitative	\$88	100%	Average Negotiated Charge (Payment) / Visit	\$14
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Assay of urine creatinine	\$70	100%		
Lipid panel	\$71	40%		
Urinalysis auto w/scope	\$26	20%		
Routine venipuncture	\$18	20%		
Assay of psa total	\$104	20%		
Hep b surface antibody	\$119	20%		
Mumps antibody	\$132	20%		
Rubella antibody	\$68	20%		
Rubeola antibody	\$141	20%		
Hepatitis c ab test	\$115	20%		
Hepatitis b surface ag ia	\$149	20%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Microalbumin quantitative, CPT® 82043

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$158
Microalbumin quantitative	\$88	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Assay of urine creatinine	\$70	100%		

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Hospital Name Danbury Hospital
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Charge Display Microalbumin quantitative, CPT® 82043
Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$374
Microalbumin quantitative	\$88	100%	Average Negotiated Charge (Payment) / Visit	\$44
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Assay of urine creatinine	\$70	100%		
Glycosylated hemoglobin test	\$113	67%		
Complete cbc w/auto diff wbc	\$52	50%		
Routine venipuncture	\$18	33%		
Comprehen metabolic panel	\$38	33%		
Lipid panel	\$71	33%		
Urinalysis auto w/scope	\$26	17%		
Assay thyroid stim hormone	\$81	17%		
Vitamin B-12	\$129	17%		
Assay glucose blood quant	\$30	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Microalbumin quantitative, CPT® 82043

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$241
Microalbumin quantitative	\$88	100%	Average Negotiated Charge (Payment) / Visit	\$24
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Assay of urine creatinine	\$70	100%		
Glycosylated hemoglobin test	\$113	50%		
Assay of psa total	\$104	25%		
Complete cbc w/auto diff wbc	\$52	25%		
Complete cbc automated	\$49	25%		
Hepatitis c ab test	\$115	25%		
Routine venipuncture	\$18	25%		
Comprehen metabolic panel	\$38	25%		
Lipid panel	\$71	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Microalbumin quantitative, CPT® 82043
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$287
Microalbumin quantitative	\$88	100%	Average Negotiated Charge (Payment) / Visit	\$29
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Assay of urine creatinine	\$70	100%		
Lipid panel	\$71	40%		
Assay thyroid stim hormone	\$81	40%		
Vitamin B-12	\$129	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Microalbumin quantitative, CPT® 82043

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$158
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$14
Microalbumin quantitative	\$88	100%		
Assay of urine creatinine	\$70	100%		
Glycosylated hemoglobin test	\$113	36%		
Routine venipuncture	\$18	27%		
Metabolic panel total ca	\$29	18%		
Comprehen metabolic panel	\$38	18%		
Lipid panel	\$71	18%		
Urinalysis auto w/scope	\$26	18%		
Assay of psa total	\$104	9%		
Assay of free thyroxine	\$86	9%		
Assay thyroid stim hormone	\$81	9%		
Assay of blood/uric acid	\$26	9%		
Complete cbc w/auto diff wbc	\$52	9%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of amylase, CPT® 82150
Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$804
Assay of amylase	\$51	100%	Average Negotiated Charge (Payment) / Visit	\$342
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	100%		
Assay of lipase	\$59	100%		
Assay thyroid stim hormone	\$81	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Rbc sed rate automated	\$25	50%		
Iadna-dna/rna probe tq 12-25	\$771	50%		
Assay of free thyroxine	\$86	50%		
Lipid panel	\$71	50%		
Assay of ferritin	\$74	50%		
Routine venipuncture	\$18	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of amylase, CPT® 82150
Payer Aetna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$250
Assay of amylase	\$51	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$98
Comprehensive metabolic panel	\$38	100%		
Assay of lipase	\$59	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Lyme disease antibody	\$32	67%		
Routine venipuncture	\$18	67%		
Detect agent nos dna amp	\$174	33%		
Reticulocyte/hgb concentrate	\$20	33%		
Lyme disease antibody	\$290	33%		
Assay thyroid stim hormone	\$81	33%		
Assay of ferritin	\$74	33%		
Assay of folic acid serum	\$134	33%		
Glycosylated hemoglobin test	\$113	33%		
Assay of iron	\$88	33%		
Iron binding test	\$64	33%		
Lactate (LD) (LDH) enzyme	\$51	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of amylase, CPT® 82150
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$513
Assay of amylase	\$51	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Comprehensive metabolic panel	\$38	100%		
Assay bld/serum cholesterol	\$29	100%		
Assay of lipase	\$59	100%		
Assay of lipoprotein	\$71	100%		
Assay of blood lipoprotein	\$44	100%		
Assay thyroid stim hormone	\$81	100%		
Assay of triglycerides	\$44	100%		
Assay of blood/uric acid	\$26	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of amylase, CPT® 82150
Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$640
Assay of amylase	\$51	100%	Average Negotiated Charge (Payment) / Visit	\$216
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	100%		
Assay of lipase	\$59	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Rbc sed rate automated	\$25	50%		
Antinuclear antibodies (ANA)	\$52	50%		
C-reactive protein	\$113	50%		
Ccp antibody	\$52	50%		
Dna antibody native	\$102	50%		
Nuclear antigen antibody	\$478	50%		
Rheumatoid factor quant	\$40	50%		
Routine venipuncture	\$18	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of amylase, CPT® 82150
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,075
Assay of amylase	\$51	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$360
Assay of lipase	\$59	100%		
Routine venipuncture	\$18	67%		
Assay iga/igd/igg/igm each	\$92	67%		
Complete cbc w/auto diff wbc	\$52	67%		
Immunoassay nonantibody	\$277	67%		
Allergen specific IgE	\$364	33%		
Assay of ige	\$100	33%		
Assay of GGT	\$57	33%		
Comprehen metabolic panel	\$38	33%		
Acute hepatitis panel	\$326	33%		
Assay of ferritin	\$74	33%		
Assay of magnesium	\$49	33%		
Assay of free thyroxine	\$86	33%		
Assay thyroid stim hormone	\$81	33%		
Alanine amino (ALT) (SGPT)	\$42	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Bilirubin direct, CPT® 82248
Payer Anthem

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$100
Bilirubin direct	\$37	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Bilirubin total	\$63	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Bilirubin direct, CPT® 82248
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$37
Bilirubin direct	\$37	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Bilirubin direct, CPT® 82248
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$167
Bilirubin direct	\$37	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Bilirubin total	\$63	100%		
Complete cbc automated	\$49	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Bilirubin direct, CPT® 82248
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$100
Bilirubin direct	\$37	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Bilirubin total	\$63	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Bilirubin direct, CPT® 82248
Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$100
Bilirubin direct	\$37	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Bilirubin total	\$63	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vitamin d 25 hydroxy, CPT® 82306
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$713
Vitamin d 25 hydroxy	\$163	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Comprehen metabolic panel	\$38	100%		
Collagen crosslinks	\$97	100%		
Assay of magnesium	\$49	100%		
Assay of parathormone	\$252	100%		
Assay of phosphorus	\$37	100%		
Protein e-phoresis serum	\$59	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Vitamin d 25 hydroxy, CPT® 82306

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$526
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$152
Vitamin d 25 hydroxy	\$163	100%		
Assay thyroid stim hormone	\$81	62%		
Routine venipuncture	\$18	54%		
Comprehensive metabolic panel	\$38	46%		
Lipid panel	\$71	46%		
Complete cbc w/auto diff wbc	\$52	46%		
Vitamin B-12	\$129	31%		
Glycosylated hemoglobin test	\$113	31%		
Assay of iron	\$88	23%		
Iron binding test	\$64	23%		
Assay of ferritin	\$74	23%		
Complete cbc automated	\$49	23%		
Hepatitis c ab test	\$115	15%		
Assay of magnesium	\$49	15%		
Assay of psa total	\$104	15%		
Assay of calcium	\$30	15%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Vitamin d 25 hydroxy, CPT® 82306

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$301
Vitamin d 25 hydroxy	\$163	100%	Average Negotiated Charge (Payment) / Visit	\$59
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	50%		
Comprehen metabolic panel	\$38	50%		
Assay of free thyroxine	\$86	50%		
Assay thyroid stim hormone	\$81	50%		
Complete cbc w/auto diff wbc	\$52	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Vitamin d 25 hydroxy, CPT® 82306

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$902
Vitamin d 25 hydroxy	\$163	100%	Average Negotiated Charge (Payment) / Visit	\$172
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Assay of iron	\$88	67%		
Iron binding test	\$64	67%		
Assay of phosphorus	\$37	67%		
Assay of psa total	\$104	33%		
Assay of free testosterone	\$48	33%		
Assay of free thyroxine	\$86	33%		
Alanine amino (ALT) (SGPT)	\$42	33%		
Assay of blood/uric acid	\$26	33%		
Assay of parathormone	\$252	33%		
Assay alkaline phosphatase	\$31	33%		
Assay of calcium	\$30	33%		
Assay of creatinine	\$31	33%		
Assay of ferritin	\$74	33%		
Assay of GGT	\$57	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Vitamin d 25 hydroxy, CPT® 82306

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$423
Vitamin d 25 hydroxy	\$163	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Comprehen metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Assay thyroid stim hormone	\$81	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Vitamin d 25 hydroxy, CPT® 82306

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$518
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$170
Vitamin d 25 hydroxy	\$163	100%		
Complete cbc w/auto diff wbc	\$52	75%		
Comprehensive metabolic panel	\$38	69%		
Assay thyroid stim hormone	\$81	63%		
Routine venipuncture	\$18	44%		
Lipid panel	\$71	38%		
Vitamin B-12	\$129	31%		
Glycosylated hemoglobin test	\$113	25%		
Lyme disease antibody	\$32	25%		
Alanine amino (ALT) (SGPT)	\$42	13%		
Assay of iron	\$88	13%		
Assay of parathormone	\$252	13%		
Assay of free thyroxine	\$86	13%		
Assay of ferritin	\$74	13%		
Assay of folic acid serum	\$134	13%		
Assay iga/igd/igg/igm each	\$92	13%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vitamin d 25 hydroxy, CPT® 82306
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$383
Vitamin d 25 hydroxy	\$163	100%	Average Negotiated Charge (Payment) / Visit	\$81
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	83%		
Complete cbc w/auto diff wbc	\$52	50%		
Assay thyroid stim hormone	\$81	33%		
Metabolic panel total ca	\$29	33%		
Comprehen metabolic panel	\$38	33%		
Assay of serum albumin	\$42	33%		
Assay of calcium	\$30	33%		
Assay of calcium	\$81	17%		
Assay of creatinine	\$31	17%		
Vitamin B-12	\$129	17%		
Glycosylated hemoglobin test	\$113	17%		
Organic acid single quant	\$100	17%		
Assay of parathormone	\$252	17%		
Assay of phosphorus	\$37	17%		
Lipid panel	\$71	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Vitamin d 25 hydroxy, CPT® 82306

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$563
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$172
Vitamin d 25 hydroxy	\$163	100%		
Routine venipuncture	\$18	83%		
Assay thyroid stim hormone	\$81	75%		
Comprehensive metabolic panel	\$38	67%		
Lipid panel	\$71	50%		
Complete cbc w/auto diff wbc	\$52	42%		
Assay of free thyroxine	\$86	42%		
Glycosylated hemoglobin test	\$113	25%		
Assay of parathormone	\$252	17%		
Vitamin B-12	\$129	17%		
Metabolic panel total ca	\$29	17%		
Complete cbc automated	\$49	17%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	17%		
Free assay (FT-3)	\$146	17%		
Assay of calcium in urine	\$45	8%		
Assay of ferritin	\$74	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Vitamin d 25 hydroxy, CPT® 82306

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$460
Vitamin d 25 hydroxy	\$163	100%	Average Negotiated Charge (Payment) / Visit	\$103
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	67%		
Lipid panel	\$71	67%		
Complete cbc w/auto diff wbc	\$52	67%		
Routine venipuncture	\$18	67%		
Metabolic panel total ca	\$29	33%		
Hep b core antibody total	\$128	33%		
Hepatitis c ab test	\$115	33%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	33%		
Assay of serum albumin	\$42	33%		
Assay of apolipoprotein	\$94	33%		
Assay of lipoprotein(a)	\$94	33%		
Assay of prealbumin	\$63	33%		
Assay thyroid stim hormone	\$81	33%		
Assay of transferrin	\$64	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Vitamin d 25 hydroxy, CPT® 82306

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$450
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$99
Vitamin d 25 hydroxy	\$163	100%		
Comprehensive metabolic panel	\$38	64%		
Lipid panel	\$71	64%		
Assay thyroid stim hormone	\$81	64%		
Complete cbc w/auto diff wbc	\$52	50%		
Routine venipuncture	\$18	50%		
Vitamin B-12	\$129	21%		
Glycosylated hemoglobin test	\$113	21%		
Assay of psa total	\$104	14%		
Assay of free thyroxine	\$86	7%		
Assay of iron	\$88	7%		
Assay of parathormone	\$252	7%		
Assay of ferritin	\$74	7%		
Assay iga/igd/igg/igm each	\$92	7%		
Complete cbc automated	\$49	7%		
Complement antigen	\$324	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Vitamin d 25 hydroxy, CPT® 82306

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$423
Vitamin d 25 hydroxy	\$163	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Comprehen metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Assay thyroid stim hormone	\$81	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Vitamin d 25 hydroxy, CPT® 82306

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$345
Vitamin d 25 hydroxy	\$163	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Ccp antibody	\$52	100%		
Rheumatoid factor quant	\$40	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Carcinoembryonic antigen, CPT® 82378
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$374
Carcinoembryonic antigen	\$68	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$94
Routine venipuncture	\$18	100%		
Comprehen metabolic panel	\$38	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Immunoassay tumor ca 15-3	\$172	100%		
Lactate (LD) (LDH) enzyme	\$51	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Carcinoembryonic antigen, CPT® 82378
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$191
Carcinoembryonic antigen	\$68	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$51
Comprehensive metabolic panel	\$38	50%		
Assay of PSA total	\$104	50%		
Assay of PSA free	\$51	50%		
Complete CBC w/auto diff wbc	\$52	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Carcinoembryonic antigen, CPT® 82378
Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$533
Carcinoembryonic antigen	\$68	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Comprehensive metabolic panel	\$38	100%		
Urinalysis auto w/scope	\$26	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Immunoassay tumor ca 15-3	\$113	100%		
Immunoassay tumor ca 19-9	\$132	100%		
Immunoassay tumor ca 125	\$86	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Carcinoembryonic antigen, CPT® 82378
Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$86
Carcinoembryonic antigen	\$68	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Carcinoembryonic antigen, CPT® 82378
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$348
Carcinoembryonic antigen	\$68	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Comprehen metabolic panel	\$38	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Immunoassay tumor ca 15-3	\$172	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Carcinoembryonic antigen, CPT® 82378
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$227
Carcinoembryonic antigen	\$68	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$51
Routine venipuncture	\$18	100%		
Comprehen metabolic panel	\$38	67%		
Complete cbc w/auto diff wbc	\$52	67%		
Prothrombin time	\$25	33%		
Immunoassay tumor ca 19-9	\$132	33%		
Hep b core antibody total	\$128	33%		
Hep b surface antibody	\$119	33%		
Hepatitis a antibody	\$128	33%		
Hepatitis c ab test	\$115	33%		
Hepb screen high risk indiv	\$149	33%		
Alpha-fetoprotein serum	\$102	33%		
Lactate (LD) (LDH) enzyme	\$51	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Carcinoembryonic antigen, CPT® 82378
Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$148
Carcinoembryonic antigen	\$68	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$61
Routine venipuncture	\$18	50%		
Comprehensive metabolic panel	\$38	50%		
Lactate (LD) (LDH) enzyme	\$51	50%		
Complete cbc w/auto diff wbc	\$52	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Col chromatography qual/quan, CPT® 82542

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,376
Col chromatography qual/quan	\$1,194	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Assay of prostaglandin	\$181	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of ck (cpk), CPT® 82550
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$705
Assay of ck (cpk)	\$63	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$126
Complete cbc w/auto diff wbc	\$52	100%		
Routine venipuncture	\$18	75%		
Comprehensive metabolic panel	\$38	50%		
Lipid panel	\$71	50%		
Rbc sed rate automated	\$25	50%		
Antinuclear antibodies (ANA)	\$52	50%		
C-reactive protein	\$113	50%		
Lyme disease antibody	\$44	50%		
Detect agent nos dna amp	\$348	25%		
Dna antibody native	\$102	25%		
Immunoassay tumor ca 125	\$86	25%		
Glycosylated hemoglobin test	\$113	25%		
Assay of parathormone	\$252	25%		
Assay thyroid stim hormone	\$81	25%		
Assay of blood/uric acid	\$26	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of ck (cpk), CPT® 82550
Payer Connecticare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$81
Assay of ck (cpk)	\$63	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of ck (cpk), CPT® 82550
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$572
Assay of ck (cpk)	\$63	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Comprehensive metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Vitamin d 25 hydroxy	\$163	100%		
Assay of free thyroxine	\$86	100%		
Assay thyroid stim hormone	\$81	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of ck (cpk), CPT® 82550
Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$323
Assay of ck (cpk)	\$63	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Comprehen metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Assay thyroid stim hormone	\$81	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of ck (cpk), CPT® 82550
Payer United Healthcare

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$662
Assay of ck (cpk)	\$63	100%	Average Negotiated Charge (Payment) / Visit	\$189
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	83%		
Complete cbc w/auto diff wbc	\$52	67%		
Comprehensive metabolic panel	\$38	50%		
Urinalysis auto w/scope	\$26	33%		
Assay thyroid stim hormone	\$81	33%		
Rbc sed rate automated	\$25	33%		
Antinuclear antibodies (ANA)	\$52	33%		
C-reactive protein	\$113	33%		
Complement antigen	\$243	33%		
Dna antibody native	\$102	33%		
Nuclear antigen antibody	\$524	33%		
Lyme disease antibody	\$32	33%		
Detect agent nos dna amp	\$348	33%		
Alanine amino (ALT) (SGPT)	\$42	17%		
Assay of free thyroxine	\$86	17%		

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Charge Display Assay of ck (cpk), CPT® 82550
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$336
Assay of ck (cpk)	\$63	100%	Average Negotiated Charge (Payment) / Visit	\$56
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	50%		
Lactate (LD) (LDH) enzyme	\$51	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Urine culture/colony count	\$74	25%		
Assay alkaline phosphatase	\$31	25%		
Assay of psa total	\$104	25%		
Assay thyroid stim hormone	\$81	25%		
Transferase (AST) (SGOT)	\$29	25%		
Alanine amino (ALT) (SGPT)	\$42	25%		
Metabolic panel total ca	\$29	25%		
Comprehensive metabolic panel	\$38	25%		
Lipid panel	\$71	25%		
Renal function panel	\$49	25%		
Assay of aldolase	\$47	25%		
Bilirubin total	\$63	25%		

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Charge Display Assay of ck (cpk), CPT® 82550
Payer Anthem Exchange

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$671
Assay of ck (cpk)	\$63	100%	Average Negotiated Charge (Payment) / Visit	\$202
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	50%		
Lipid panel	\$71	50%		
Glycosylated hemoglobin test	\$113	50%		
Transferase (AST) (SGOT)	\$29	50%		
Rbc sed rate automated	\$25	50%		
Antinuclear antibodies (ANA)	\$52	50%		
C-reactive protein	\$113	50%		
Dna antibody native	\$102	50%		
Nuclear antigen antibody	\$478	50%		
Treponema pallidum	\$57	50%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of ck (cpk), CPT® 82550
Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$947
Assay of ck (cpk)	\$63	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$192
Routine venipuncture	\$18	100%		
Lyme disease antibody	\$55	100%		
Ehrlichia Antibody	\$99	50%		
Protozoa antibody nos	\$116	50%		
Hepatitis c ab test	\$115	50%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	50%		
Comprehen metabolic panel	\$38	50%		
Assay of ferritin	\$74	50%		
Assay of folic acid serum	\$134	50%		
Assay of magnesium	\$49	50%		
Complete cbc w/auto diff wbc	\$52	50%		
C-reactive protein	\$113	50%		
C-reactive protein hs	\$97	50%		
Ccp antibody	\$52	50%		
Lyme disease antibody	\$290	50%		

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Charge Display Assay of ck (cpk), CPT® 82550
Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$162
Assay of ck (cpk)	\$63	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$51
Routine venipuncture	\$18	100%		
Comprehensive metabolic panel	\$38	50%		
Lipid panel	\$71	50%		
Complete cbc w/auto diff wbc	\$52	50%		

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Hospital Name Danbury Hospital
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Charge Display Assay of ck (cpk), CPT® 82550
Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$292
Assay of ck (cpk)	\$63	100%	Average Negotiated Charge (Payment) / Visit	\$96
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	67%		
Complete cbc w/auto diff wbc	\$52	50%		
Lyme disease antibody	\$32	50%		
Routine venipuncture	\$18	50%		
Hepatitis c ab test	\$115	33%		
C-reactive protein	\$113	33%		
Rbc sed rate automated	\$25	33%		
Assay of aldolase	\$47	33%		
Vitamin d 25 hydroxy	\$163	33%		
Assay thyroid stim hormone	\$81	33%		
Assay of blood/uric acid	\$26	17%		
Antinuclear antibodies (ANA)	\$52	17%		
Complete cbc automated	\$49	17%		
Ccp antibody	\$52	17%		
Hep b surface antibody	\$119	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of creatinine, CPT® 82565

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$291
Assay of creatinine	\$31	100%	Average Negotiated Charge (Payment) / Visit	\$40
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Assay of urea nitrogen	\$31	71%		
Assay blood carbon dioxide	\$35	29%		
Assay of blood chloride	\$35	29%		
Lipid panel	\$71	29%		
Assay of serum potassium	\$35	29%		
Assay of psa total	\$104	29%		
Assay of serum sodium	\$35	29%		
Assay of free thyroxine	\$172	14%		
Assay thyroid stim hormone	\$81	14%		
Free assay (FT-3)	\$146	14%		
Assay of serum albumin	\$42	14%		
Assay of calcium	\$30	14%		
Assay of parathormone	\$252	14%		
Complete cbc w/auto diff wbc	\$52	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of creatinine, CPT® 82565

Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$212
Assay of creatinine	\$31	100%	Average Negotiated Charge (Payment) / Visit	\$41
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Assay of urea nitrogen	\$31	100%		
Urine culture/colony count	\$74	50%		
Electrolyte panel	\$23	50%		
Hepatic function panel	\$59	50%		
Urinalysis auto w/scope	\$26	50%		
Assay thyroid stim hormone	\$81	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of creatinine, CPT® 82565
Payer Wellcare Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$268
Assay of creatinine	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$37
Assay of serum potassium	\$35	100%		
Assay of serum sodium	\$35	50%		
Assay of urea nitrogen	\$31	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Culture screen only	\$168	50%		
Routine venipuncture	\$18	50%		
Assay blood carbon dioxide	\$35	50%		
Assay of blood chloride	\$35	50%		
Assay glucose blood quant	\$30	50%		

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Charge Display Assay of creatinine, CPT® 82565
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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$62
Assay of creatinine	\$31	100%	Average Negotiated Charge (Payment) / Visit	\$10
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Assay of urea nitrogen	\$31	83%		
Assay thyroid stim hormone	\$81	33%		
Routine venipuncture	\$18	33%		
Microalbumin quantitative	\$88	17%		
Assay blood carbon dioxide	\$35	17%		
Assay of blood chloride	\$35	17%		
Assay of urine creatinine	\$70	17%		
Glycosylated hemoglobin test	\$113	17%		
Assay of serum potassium	\$35	17%		
Assay of serum sodium	\$35	17%		
Transferase (AST) (SGOT)	\$29	17%		
Alanine amino (ALT) (SGPT)	\$42	17%		
Complete cbc w/auto diff wbc	\$52	17%		

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Hospital Name Danbury Hospital

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Payer Anthem Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$123
Assay of creatinine	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$29
Assay of urea nitrogen	\$31	100%		
Routine venipuncture	\$18	50%		
Electrolyte panel	\$23	50%		
Assay of calcium	\$81	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of creatinine, CPT® 82565

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$220
Assay of creatinine	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$34
Routine venipuncture	\$18	80%		
Assay of serum potassium	\$35	80%		
Assay of serum sodium	\$35	60%		
Assay blood carbon dioxide	\$35	60%		
Assay of blood chloride	\$35	60%		
Assay of urea nitrogen	\$31	60%		
Lipid panel	\$71	40%		
Transferase (AST) (SGOT)	\$29	40%		
Alanine amino (ALT) (SGPT)	\$42	20%		
Assay glucose blood quant	\$30	20%		
Assay of blood/uric acid	\$26	20%		
Complete cbc automated	\$49	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of creatinine, CPT® 82565
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$220
Assay of creatinine	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$34
Routine venipuncture	\$18	87%		
Assay of urea nitrogen	\$31	87%		
Assay of serum potassium	\$35	33%		
Assay of serum sodium	\$35	33%		
Assay blood carbon dioxide	\$35	33%		
Assay of blood chloride	\$35	33%		
Lipid panel	\$71	13%		
Assay of calcium	\$30	13%		
Assay of parathormone	\$252	13%		
Transferase (AST) (SGOT)	\$29	13%		
Assay of psa total	\$104	7%		
Assay of phosphorus	\$37	7%		
Assay glucose blood quant	\$30	7%		
Assay of magnesium	\$49	7%		
Assay of metanephrides	\$73	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of creatinine, CPT® 82565

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$191
Assay of creatinine	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$49
Assay of urea nitrogen	\$31	92%		
Routine venipuncture	\$18	83%		
Electrolyte panel	\$23	33%		
Assay blood carbon dioxide	\$35	33%		
Assay of blood chloride	\$35	33%		
Assay of serum potassium	\$35	33%		
Assay of serum sodium	\$35	33%		
Assay of metanephrides	\$73	17%		
Rbc sed rate automated	\$25	17%		
C-reactive protein	\$113	17%		
Complement antigen	\$324	8%		
Ccp antibody	\$52	8%		
Antinuclear antibodies (ANA)	\$52	8%		
Alanine amino (ALT) (SGPT)	\$42	8%		
Assay three catecholamines	\$76	8%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of creatinine, CPT® 82565
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,533
Assay of creatinine	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Electrolyte panel	\$23	100%		
Assay of serum albumin	\$42	100%		
Assay of calcium	\$30	100%		
Assay of urine creatinine	\$70	100%		
Immunoassay nonantibody	\$79	100%		
Assay of parathormone	\$252	100%		
Assay of phosphorus	\$37	100%		
Assay of protein serum	\$29	100%		
Assay of protein urine	\$29	100%		
Protein e-phoresis serum	\$59	100%		
Assay of urea nitrogen	\$31	100%		
Antinuclear antibodies (ANA)	\$52	100%		
Complement antigen	\$324	100%		
Hepatitis c ab test	\$115	100%		
Hepatitis b surface ag ia	\$149	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of creatinine, CPT® 82565

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$281
Assay of creatinine	\$31	100%	Average Negotiated Charge (Payment) / Visit	\$83
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Assay of urea nitrogen	\$31	67%		
Lipid panel	\$71	33%		
Vitamin d 25 hydroxy	\$163	33%		
Assay of calcium	\$30	17%		
Assay blood carbon dioxide	\$35	17%		
Assay of blood chloride	\$35	17%		
Assay of urine creatinine	\$70	17%		
Assay of parathormone	\$252	17%		
Assay of phosphorus	\$37	17%		
Assay of serum potassium	\$35	17%		
Assay of protein urine	\$29	17%		
Assay of serum sodium	\$35	17%		
Assay thyroid stim hormone	\$81	17%		
Assay of serum albumin	\$42	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of creatinine, CPT® 82565

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$105
Assay of creatinine	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$40
Routine venipuncture	\$18	100%		
Assay of urea nitrogen	\$31	100%		
Electrolyte panel	\$23	50%		
Urinalysis auto w/scope	\$26	25%		
Urine culture/culture count	\$74	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of urine creatinine, CPT® 82570

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$212
Assay of urine creatinine	\$70	100%	Average Negotiated Charge (Payment) / Visit	\$31
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	50%		
Microalbumin quantitative	\$88	50%		
Assay of calcium in urine	\$45	50%		
Glycosylated hemoglobin test	\$113	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of urine creatinine, CPT® 82570
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$425
Assay of urine creatinine	\$70	100%	Average Negotiated Charge (Payment) / Visit	\$58
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	78%		
Microalbumin quantitative	\$88	67%		
Assay of protein urine	\$29	44%		
Complete cbc w/auto diff wbc	\$52	44%		
Glycosylated hemoglobin test	\$113	33%		
Metabolic panel total ca	\$29	33%		
Lipid panel	\$71	33%		
Renal function panel	\$49	22%		
Comprehensive metabolic panel	\$38	22%		
Complete cbc automated	\$49	22%		
Assay of parathormone	\$252	22%		
Hepatitis c ab test	\$115	11%		
Assay of magnesium	\$49	11%		
Assay thyroid stim hormone	\$81	11%		
Assay of blood/uric acid	\$26	11%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of urine creatinine, CPT® 82570
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$274
Assay of urine creatinine	\$70	100%	Average Negotiated Charge (Payment) / Visit	\$60
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	46%		
Assay of protein urine	\$29	46%		
Microalbumin quantitative	\$88	38%		
Comprehensive metabolic panel	\$38	23%		
Lipid panel	\$71	23%		
Assay of parathormone	\$252	23%		
Complete cbc w/auto diff wbc	\$52	15%		
Complete cbc automated	\$49	15%		
Renal function panel	\$49	15%		
Urinalysis auto w/scope	\$26	15%		
Vitamin d 25 hydroxy	\$163	15%		
Assay of calcium in urine	\$45	15%		
Glycosylated hemoglobin test	\$113	15%		
Assay of 5-hiaa	\$55	8%		
Antinuclear antibodies (ANA)	\$52	8%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of urine creatinine, CPT® 82570
Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$340
Assay of urine creatinine	\$70	100%	Average Negotiated Charge (Payment) / Visit	\$88
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	63%		
Microalbumin quantitative	\$88	50%		
Assay of protein urine	\$29	38%		
Complete cbc w/auto diff wbc	\$52	31%		
Assay thyroid stim hormone	\$81	25%		
Comprehensive metabolic panel	\$38	25%		
Lipid panel	\$71	25%		
Renal function panel	\$49	25%		
Urinalysis auto w/scope	\$26	19%		
Assay of blood/uric acid	\$26	19%		
Assay of urine sodium	\$37	13%		
Assay of calcium in urine	\$45	13%		
Glycosylated hemoglobin test	\$113	13%		
Assay of magnesium	\$49	13%		
Assay of parathormone	\$252	13%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of urine creatinine, CPT® 82570
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$439
Assay of urine creatinine	\$70	100%	Average Negotiated Charge (Payment) / Visit	\$74
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	50%		
Comprehen metabolic panel	\$38	50%		
Microalbumin quantitative	\$88	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Hep b surface antibody	\$119	25%		
Hepatitis b surface ag ia	\$149	25%		
Chylmd trach dna amp probe	\$157	25%		
Assay of calcium in urine	\$45	25%		
Assay three catecholamines	\$76	25%		
Glycosylated hemoglobin test	\$113	25%		
Assay of metanephrides	\$73	25%		
Assay of parathormone	\$252	25%		
Assay of psa total	\$104	25%		
Assay thyroid stim hormone	\$81	25%		
Chorionic gonadotropin assay	\$97	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of urine creatinine, CPT® 82570
Payer Aetna Whole Health

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$136
Assay of urine creatinine	\$70	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Assay of protein urine	\$29	100%		
Assay of urine sodium	\$37	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of urine creatinine, CPT® 82570
Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$531
Assay of urine creatinine	\$70	100%	Average Negotiated Charge (Payment) / Visit	\$111
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	82%		
Assay of protein urine	\$29	55%		
Comprehensive metabolic panel	\$38	45%		
Lipid panel	\$71	45%		
Renal function panel	\$49	45%		
Microalbumin quantitative	\$88	45%		
Assay of parathormone	\$252	36%		
Assay thyroid stim hormone	\$81	36%		
Complete cbc w/auto diff wbc	\$52	36%		
Glycosylated hemoglobin test	\$113	27%		
Vitamin d 25 hydroxy	\$163	18%		
Urinalysis auto w/scope	\$26	18%		
Complete cbc automated	\$49	18%		
Rubeola antibody	\$141	18%		
Hepatitis c ab test	\$115	18%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of urine creatinine, CPT® 82570
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$265
Assay of urine creatinine	\$70	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$40
Routine venipuncture	\$18	100%		
Metabolic panel total ca	\$29	50%		
Renal function panel	\$49	50%		
Microalbumin quantitative	\$88	50%		
Assay of protein urine	\$29	50%		
Assay thyroid stim hormone	\$81	50%		
Assay of blood/uric acid	\$26	50%		
Complete cbc w/auto diff wbc	\$52	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of urine creatinine, CPT® 82570
Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$418
Assay of urine creatinine	\$70	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$75
Routine venipuncture	\$18	91%		
Complete cbc w/auto diff wbc	\$52	55%		
Assay of protein urine	\$29	45%		
Microalbumin quantitative	\$88	45%		
Lipid panel	\$71	36%		
Renal function panel	\$49	36%		
Glycosylated hemoglobin test	\$113	27%		
Assay thyroid stim hormone	\$81	27%		
Transferase (AST) (SGOT)	\$29	27%		
Alanine amino (ALT) (SGPT)	\$42	27%		
Vitamin d 25 hydroxy	\$163	18%		
Metabolic panel total ca	\$29	18%		
Comprehensive metabolic panel	\$38	18%		
Assay blood carbon dioxide	\$35	9%		
Assay alkaline phosphatase	\$31	9%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of urine creatinine, CPT® 82570
Payer Connecticare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$158
Assay of urine creatinine	\$70	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$22
Renal function panel	\$49	67%		
Microalbumin quantitative	\$88	33%		
Assay of calcium in urine	\$45	33%		
Assay of citrate	\$70	33%		
Assay of oxalate	\$52	33%		
Assay of protein urine	\$29	33%		
Assay of urine sodium	\$37	33%		
Assay of urine/uric acid	\$64	33%		
Routine venipuncture	\$18	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of urine creatinine, CPT® 82570
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$318
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$58
Assay of urine creatinine	\$70	100%		
Routine venipuncture	\$18	64%		
Microalbumin quantitative	\$88	45%		
Assay of calcium in urine	\$45	27%		
Comprehensive metabolic panel	\$38	27%		
Lipid panel	\$71	27%		
Glycosylated hemoglobin test	\$113	27%		
Assay of protein urine	\$29	27%		
Complete cbc w/auto diff wbc	\$52	27%		
Renal function panel	\$49	18%		
Metabolic panel total ca	\$29	18%		
Assay of ferritin	\$74	9%		
Alpha-fetoprotein serum	\$102	9%		
Assay of beta-2 protein	\$63	9%		
Assay of blood/uric acid	\$26	9%		
Assay nephelometry not spec	\$180	9%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of urine creatinine, CPT® 82570
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$323
Assay of urine creatinine	\$70	100%	Average Negotiated Charge (Payment) / Visit	\$51
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	78%		
Microalbumin quantitative	\$88	67%		
Comprehensive metabolic panel	\$38	44%		
Complete cbc w/auto diff wbc	\$52	44%		
Lipid panel	\$71	33%		
Renal function panel	\$49	22%		
Vitamin d 25 hydroxy	\$163	22%		
Glycosylated hemoglobin test	\$113	22%		
Assay of protein urine	\$29	22%		
Assay thyroid stim hormone	\$81	22%		
Assay of urine sodium	\$37	11%		
Complement antigen	\$324	11%		
Assay of oxalate	\$52	11%		
Assay of urine phosphorus	\$52	11%		
Assay of calcium in urine	\$45	11%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of urine creatinine, CPT® 82570
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$672
Assay of urine creatinine	\$70	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Assay of serum albumin	\$42	100%		
Vitamin d 25 hydroxy	\$163	100%		
Assay of calcium	\$30	100%		
Assay of parathormone	\$252	100%		
Assay of phosphorus	\$37	100%		
Assay of protein urine	\$29	100%		
Complete cbc automated	\$49	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vitamin B-12, CPT® 82607
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$431
Vitamin B-12	\$129	100%	Average Negotiated Charge (Payment) / Visit	\$122
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	80%		
Assay thyroid stim hormone	\$81	80%		
Complete cbc w/auto diff wbc	\$52	80%		
Organic acid single quant	\$100	40%		
Lipid panel	\$71	40%		
Assay of iron	\$88	40%		
Iron binding test	\$64	40%		
Lactate (LD) (LDH) enzyme	\$51	20%		
Assay nephelometry not spec	\$180	20%		
Assay of ferritin	\$74	20%		
Assay iga/igd/igg/igm each	\$276	20%		
Glycosylated hemoglobin test	\$113	20%		
Protein e-phoresis serum	\$59	20%		
C-reactive protein	\$113	20%		
Routine venipuncture	\$18	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vitamin B-12, CPT® 82607
Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$350
Vitamin B-12	\$129	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Comprehen metabolic panel	\$38	100%		
Complete cbc w/auto diff wbc	\$52	100%		
C-reactive protein	\$113	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vitamin B-12, CPT® 82607
Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$719
Vitamin B-12	\$129	100%	Average Negotiated Charge (Payment) / Visit	\$215
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	73%		
Assay thyroid stim hormone	\$81	73%		
Complete cbc w/auto diff wbc	\$52	73%		
Routine venipuncture	\$18	64%		
Vitamin d 25 hydroxy	\$163	64%		
Lipid panel	\$71	45%		
Assay of ferritin	\$74	27%		
Glycosylated hemoglobin test	\$113	27%		
Assay of iron	\$88	27%		
Lyme disease antibody	\$32	27%		
Antinuclear antibodies (ANA)	\$52	18%		
C-reactive protein	\$113	18%		
Iron binding test	\$64	18%		
Assay of free thyroxine	\$86	18%		
Assay of folic acid serum	\$134	18%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vitamin B-12, CPT® 82607
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$445
Vitamin B-12	\$129	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$93
Comprehensive metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Assay thyroid stim hormone	\$81	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Routine venipuncture	\$18	67%		
Rbc sed rate automated	\$25	33%		
Culture Aerobic Identify	\$86	33%		
Urine culture/colony count	\$74	33%		
Microbe susceptible mic	\$35	33%		
Urinalysis auto w/scope	\$26	33%		
Urinalysis auto w/o scope	\$7	33%		
Vitamin d 25 hydroxy	\$163	33%		
Assay of magnesium	\$49	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vitamin B-12, CPT® 82607
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$514
Vitamin B-12	\$129	100%	Average Negotiated Charge (Payment) / Visit	\$101
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Lipid panel	\$71	100%		
Vitamin d 25 hydroxy	\$163	100%		
Glycosylated hemoglobin test	\$113	50%		
Assay thyroid stim hormone	\$81	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Routine venipuncture	\$18	50%		
Comprehen metabolic panel	\$38	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vitamin B-12, CPT® 82607
Payer Anthem Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$549
Vitamin B-12	\$129	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Assay of ferritin	\$74	100%		
Assay of haptoglobin quant	\$57	100%		
Assay of iron	\$88	100%		
Assay of natriuretic peptide	\$134	100%		
Complete cbc automated	\$49	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vitamin B-12, CPT® 82607
Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$535
Vitamin B-12	\$129	100%	Average Negotiated Charge (Payment) / Visit	\$118
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	78%		
Complete cbc w/auto diff wbc	\$52	78%		
Lipid panel	\$71	67%		
Assay thyroid stim hormone	\$81	67%		
Routine venipuncture	\$18	56%		
Vitamin d 25 hydroxy	\$163	44%		
Glycosylated hemoglobin test	\$113	33%		
Assay of free thyroxine	\$86	33%		
Free assay (FT-3)	\$146	22%		
C-reactive protein	\$113	22%		
Assay of blood/uric acid	\$26	11%		
Assay of estradiol	\$295	11%		
Assay of ferritin	\$74	11%		
Assay of glycated protein	\$71	11%		
Assay of gonadotropin (fsh)	\$200	11%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vitamin B-12, CPT® 82607
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$704
Vitamin B-12	\$129	100%	Average Negotiated Charge (Payment) / Visit	\$133
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	67%		
Comprehensive metabolic panel	\$38	67%		
Lipid panel	\$71	67%		
Vitamin D 25 hydroxy	\$163	67%		
Assay thyroid stim hormone	\$81	67%		
Complete CBC w/auto diff wbc	\$52	33%		
Complete CBC automated	\$49	33%		
Hepatitis C ab test	\$115	33%		
Assay of ferritin	\$74	33%		
Assay of folic acid serum	\$134	33%		
Assay of iron	\$88	33%		
Iron binding test	\$64	33%		
Assay of total thyroxine	\$51	33%		
Urinalysis auto w/scope	\$26	33%		
Metabolic panel total ca	\$29	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vitamin B-12, CPT® 82607
Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$526
Vitamin B-12	\$129	100%	Average Negotiated Charge (Payment) / Visit	\$99
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	67%		
Assay thyroid stim hormone	\$81	67%		
Complete cbc w/auto diff wbc	\$52	50%		
Lipid panel	\$71	50%		
Comprehen metabolic panel	\$38	33%		
Assay of folic acid serum	\$134	33%		
Assay iga/igd/igg/igm each	\$276	17%		
Assay of iron	\$88	17%		
Assay of magnesium	\$49	17%		
Assay nephelometry not spec	\$180	17%		
Assay of psa total	\$104	17%		
Assay of psa free	\$51	17%		
Assay of protein serum	\$29	17%		
Assay of ferritin	\$74	17%		
Alanine amino (ALT) (SGPT)	\$42	17%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vitamin B-12, CPT® 82607
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$654
Vitamin B-12	\$129	100%	Average Negotiated Charge (Payment) / Visit	\$113
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	57%		
Comprehensive metabolic panel	\$38	57%		
Lipid panel	\$71	57%		
Assay of iron	\$88	57%		
Assay of ferritin	\$74	57%		
Assay thyroid stim hormone	\$81	57%		
Complete cbc w/auto diff wbc	\$52	57%		
Assay of folic acid serum	\$134	43%		
Glycosylated hemoglobin test	\$113	43%		
Vitamin d 25 hydroxy	\$163	43%		
Iron binding test	\$64	43%		
Urinalysis auto w/o scope	\$7	29%		
Complete cbc automated	\$49	29%		
Assay of psa total	\$104	14%		
Assay of protein serum	\$29	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of ferritin, CPT® 82728
Payer Aetna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$119
Assay of ferritin	\$74	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$40
Comprehensive metabolic panel	\$38	36%		
Assay of iron	\$88	36%		
Iron binding test	\$64	36%		
Complete cbc w/auto diff wbc	\$52	29%		
Routine venipuncture	\$18	21%		
Assay thyroid stim hormone	\$81	21%		
Vitamin d 25 hydroxy	\$163	21%		
Assay of glycated protein	\$71	7%		
Glycosylated hemoglobin test	\$113	7%		
Lactate (LD) (LDH) enzyme	\$84	7%		
Assay of ldh enzymes	\$15	7%		
Assay of magnesium	\$49	7%		
Complete cbc automated	\$49	7%		
Antinuclear antibodies (ANA)	\$52	7%		
Islet cell antibody	\$147	7%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of ferritin, CPT® 82728
Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$278
Assay of ferritin	\$74	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$59
Complete cbc w/auto diff wbc	\$52	50%		
Assay of iron	\$88	50%		
Iron binding test	\$64	40%		
Comprehen metabolic panel	\$38	40%		
Routine venipuncture	\$18	30%		
Assay thyroid stim hormone	\$81	20%		
Vitamin d 25 hydroxy	\$163	20%		
Assay of folic acid serum	\$134	10%		
Assay iga/igd/igg/igm each	\$276	10%		
Agglutinins febrile antigen	\$233	10%		
Bartonella Antibody	\$408	10%		
Borrelia antibody	\$185	10%		
Brucella antibody	\$378	10%		
CMV antibody	\$70	10%		
Cmv antibody igm	\$68	10%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of ferritin, CPT® 82728
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$126
Assay of ferritin	\$74	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of ferritin, CPT® 82728
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$448
Assay of ferritin	\$74	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$116
Comprehensive metabolic panel	\$38	60%		
Lipid panel	\$71	60%		
Vitamin d 25 hydroxy	\$163	40%		
Glycosylated hemoglobin test	\$113	40%		
Assay of iron	\$88	40%		
Iron binding test	\$64	40%		
Assay thyroid stim hormone	\$81	40%		
Complete cbc w/auto diff wbc	\$52	40%		
Culture Aerobic Identify	\$86	20%		
Urine culture/colony count	\$74	20%		
Microbe susceptible mic	\$35	20%		
Vitamin B-12	\$129	20%		
Urinalysis auto w/scope	\$26	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of ferritin, CPT® 82728
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$226
Assay of ferritin	\$74	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$32
Assay of iron	\$88	57%		
Iron binding test	\$64	57%		
Complete cbc w/auto diff wbc	\$52	43%		
Routine venipuncture	\$18	29%		
Metabolic panel total ca	\$29	14%		
Comprehen metabolic panel	\$38	14%		
Vitamin d 25 hydroxy	\$163	14%		
Glycosylated hemoglobin test	\$113	14%		
Reticyte/hgb concentrate	\$20	14%		
Detect agent nos dna amp	\$407	14%		
Lactate (LD) (LDH) enzyme	\$51	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of ferritin, CPT® 82728
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$74
Assay of ferritin	\$74	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of ferritin, CPT® 82728
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$503
Assay of ferritin	\$74	100%	Average Negotiated Charge (Payment) / Visit	\$108
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Complete cbc w/auto diff wbc	\$52	67%		
Prothrombin time	\$25	33%		
Antinuclear antibodies (ANA)	\$52	33%		
Hepatitis a antibody	\$128	33%		
Hepatitis c ab test	\$115	33%		
Routine venipuncture	\$18	33%		
Comprehensive metabolic panel	\$38	33%		
Jak2 gene	\$377	33%		
Unlisted maaa	\$489	33%		
Alpha-fetoprotein serum	\$102	33%		
Occult blood feces	\$23	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of ferritin, CPT® 82728
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$347
Assay of ferritin	\$74	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$63
Assay of iron	\$88	67%		
Iron binding test	\$64	50%		
Routine venipuncture	\$18	50%		
Vitamin B-12	\$129	33%		
Assay of folic acid serum	\$134	33%		
Complete cbc w/auto diff wbc	\$52	33%		
Complete cbc automated	\$49	17%		
Assay iga/igd/igg/igm each	\$276	17%		
Comprehensive metabolic panel	\$38	17%		
Assay of serum albumin	\$42	17%		
Assay of calcium	\$30	17%		
Assay of natriuretic peptide	\$134	17%		
Assay nephelometry not spec	\$180	17%		
Assay of protein serum	\$29	17%		
Assay of vitamin b-1	\$80	17%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of ferritin, CPT® 82728
Payer Connecticare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$293
Assay of ferritin	\$74	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$49
Assay of iron	\$88	100%		
Iron binding test	\$64	100%		
Routine venipuncture	\$18	67%		
Comprehensive metabolic panel	\$38	33%		
Vitamin B-12	\$129	33%		
Complete cbc w/auto diff wbc	\$52	33%		
Complete cbc automated	\$49	33%		
Rbc sed rate automated	\$25	33%		
Antinuclear antibodies (ANA)	\$52	33%		
C-reactive protein	\$113	33%		
Dna antibody native	\$102	33%		
Nuclear antigen antibody	\$478	33%		
Rheumatoid factor quant	\$40	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of ferritin, CPT® 82728
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$164
Assay of ferritin	\$74	100%	Average Negotiated Charge (Payment) / Visit	\$39
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Complete cbc w/auto diff wbc	\$52	80%		
Comprehen metabolic panel	\$38	60%		
Vitamin d 25 hydroxy	\$163	40%		
Vitamin B-12	\$129	40%		
Assay of iron	\$88	40%		
Iron binding test	\$64	40%		
Assay of psa total	\$104	20%		
Assay thyroid stim hormone	\$81	20%		
Glycosylated hemoglobin test	\$113	20%		
Lipid panel	\$71	20%		
Urinalysis auto w/o scope	\$7	20%		
Prothrombin time	\$25	20%		
C-reactive protein	\$113	20%		
Routine venipuncture	\$18	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of ferritin, CPT® 82728
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$74
Assay of ferritin	\$74	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$17

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of folic acid serum, CPT® 82746

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$446
Assay of folic acid serum	\$134	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Vitamin B-12	\$129	100%		
Glycosylated hemoglobin test	\$113	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of folic acid serum, CPT® 82746

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$683
Assay of folic acid serum	\$134	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Comprehen metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Vitamin d 25 hydroxy	\$163	100%		
Vitamin B-12	\$129	100%		
Assay thyroid stim hormone	\$81	100%		
Complete cbc automated	\$49	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of folic acid serum, CPT® 82746

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$769
Assay of folic acid serum	\$134	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$215
Vitamin B-12	\$129	100%		
Routine venipuncture	\$18	67%		
Comprehensive metabolic panel	\$38	67%		
Lipid panel	\$71	67%		
Assay thyroid stim hormone	\$81	67%		
Complete cbc automated	\$49	67%		
Lyme disease antibody	\$32	33%		
Complete cbc w/auto diff wbc	\$52	33%		
Assay of serum albumin	\$42	33%		
Assay of calcium	\$30	33%		
Assay of iron	\$88	33%		
Iron binding test	\$64	33%		
Assay of protein serum	\$29	33%		
Assay of vitamin b-1	\$80	33%		
Assay of free thyroxine	\$86	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of folic acid serum, CPT® 82746
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$581
Assay of folic acid serum	\$134	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Comprehensive metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Vitamin B-12	\$129	100%		
Glycosylated hemoglobin test	\$113	100%		
Assay of blood/uric acid	\$26	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay iga/igd/igg/igm each, CPT® 82784

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$593
Assay iga/igd/igg/igm each	\$276	100%	Average Negotiated Charge (Payment) / Visit	\$147
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	67%		
Assay nephelometry not spec	\$180	67%		
Protein e-phoresis serum	\$59	67%		
Complete cbc w/auto diff wbc	\$52	67%		
Comprehen metabolic panel	\$38	50%		
Immunoassay nonantibody	\$162	33%		
Assay of protein serum	\$29	33%		
Immunofix e-phoresis serum	\$173	17%		
Lactate (LD) (LDH) enzyme	\$51	17%		
Assay of ferritin	\$74	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay iga/igd/igg/igm each, CPT® 82784

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$364
Assay iga/igd/igg/igm each	\$276	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Assay of protein serum	\$29	100%		
Protein e-phoresis serum	\$59	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay iga/igd/igg/igm each, CPT® 82784

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$604
Assay iga/igd/igg/igm each	\$92	100%	Average Negotiated Charge (Payment) / Visit	\$107
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Routine venipuncture	\$18	80%		
Assay thyroid stim hormone	\$81	80%		
Immunoassay nonantibody	\$162	60%		
Lipid panel	\$71	40%		
C-reactive protein	\$113	40%		
Fluorescent antibody screen	\$81	20%		
Lyme disease antibody	\$32	20%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	20%		
Antinuclear antibodies (ANA)	\$52	20%		
Acute hepatitis panel	\$326	20%		
Assay of ceruloplasmin	\$49	20%		
Glycosylated hemoglobin test	\$113	20%		
Lactate (LD) (LDH) enzyme	\$51	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay iga/igd/igg/igm each, CPT® 82784
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$883
Assay iga/igd/igg/igm each	\$184	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
Routine venipuncture	\$18	100%		
Comprehen metabolic panel	\$38	100%		
Alpha-1-antitrypsin total	\$40	100%		
Alpha-1-antitrypsin pheno	\$44	100%		
Angiotensin I enzyme test	\$177	100%		
Vitamin d 25 hydroxy	\$163	100%		
Assay of ige	\$50	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Rbc sed rate automated	\$25	100%		
Antinuclear antibodies (ANA)	\$52	100%		
Rheumatoid factor quant	\$40	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay iga/igd/igg/igm each, CPT® 82784
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$668
Assay iga/igd/igg/igm each	\$276	100%	Average Negotiated Charge (Payment) / Visit	\$112
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	80%		
Complete cbc w/auto diff wbc	\$52	80%		
Lactate (LD) (LDH) enzyme	\$51	40%		
Assay nephelometry not spec	\$270	40%		
Routine venipuncture	\$18	40%		
Assay of protein urine	\$58	20%		
Antithrombin iii activity	\$80	20%		
Clot inhibit prot c activity	\$115	20%		
Clot inhibit prot s free	\$210	20%		
Fibrinogen activity	\$71	20%		
F2 gene	\$556	20%		
F5 gene	\$278	20%		
Assay of beta-2 protein	\$63	20%		
Assay of urine creatinine	\$70	20%		
Assay of iron	\$88	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay iga/igd/igg/igm each, CPT® 82784

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$605
Assay iga/igd/igg/igm each	\$276	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	100%		
Assay nephelometry not spec	\$180	100%		
Protein e-phoresis serum	\$59	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay iga/igd/igg/igm each, CPT® 82784

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$605
Assay iga/igd/igg/igm each	\$276	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Comprehensive metabolic panel	\$38	100%		
Assay nephelometry not spec	\$180	100%		
Protein e-phoresis serum	\$59	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay iga/igd/igg/igm each, CPT® 82784

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$464
Assay iga/igd/igg/igm each	\$92	100%	Average Negotiated Charge (Payment) / Visit	\$79
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Immunoassay nonantibody	\$162	75%		
Routine venipuncture	\$18	50%		
Comprehensive metabolic panel	\$38	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Rbc sed rate automated	\$25	25%		
C-reactive protein	\$113	25%		
Assay of beta-2 protein	\$63	25%		
Assay of ferritin	\$74	25%		
Assay nephelometry not spec	\$180	25%		
Protein e-phoresis serum	\$59	25%		
Assay thyroid stim hormone	\$81	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay iga/igd/igg/igm each, CPT® 82784

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$590
Assay iga/igd/igg/igm each	\$92	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Comprehensive metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Assay of amylase	\$51	100%		
Immunoassay nonantibody	\$162	100%		
Assay thyroid stim hormone	\$81	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Rbc sed rate automated	\$25	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay iga/igd/igg/igm each, CPT® 82784

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$636
Assay iga/igd/igg/igm each	\$92	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$198
Immunoassay nonantibody	\$243	80%		
Routine venipuncture	\$18	60%		
Comprehensive metabolic panel	\$38	40%		
Lipid panel	\$71	40%		
Assay thyroid stim hormone	\$81	40%		
Complete cbc w/auto diff wbc	\$52	40%		
Allergen specific IgE	\$154	20%		
Vitamin d 25 hydroxy	\$163	20%		
Immunoassay quant nos nonab	\$55	20%		
Assay of psa total	\$104	20%		
Protein e-phoresis serum	\$59	20%		
Assay of somatomedin	\$67	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay glucose blood quant, CPT® 82947

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$350
Assay glucose blood quant	\$30	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Lipid panel	\$71	100%		
Assay blood carbon dioxide	\$35	100%		
Assay of blood chloride	\$35	100%		
Assay of creatinine	\$31	100%		
Assay of serum potassium	\$35	100%		
Assay of serum sodium	\$35	100%		
Transferase (AST) (SGOT)	\$29	100%		
Assay of urea nitrogen	\$31	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay glucose blood quant, CPT® 82947

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$225
Assay glucose blood quant	\$30	100%	Average Negotiated Charge (Payment) / Visit	\$42
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	80%		
Complete cbc w/auto diff wbc	\$52	40%		
Urine culture/colony count	\$74	20%		
Lipid panel	\$71	20%		
Urinalysis auto w/scope	\$26	20%		
Assay blood carbon dioxide	\$35	20%		
Assay of blood chloride	\$35	20%		
Assay of creatinine	\$31	20%		
Glucose tolerance test (GTT)	\$177	20%		
Glycosylated hemoglobin test	\$113	20%		
Assay of serum potassium	\$35	20%		
Assay of serum sodium	\$35	20%		
Assay of urea nitrogen	\$31	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay glucose blood quant, CPT® 82947

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$30
Assay glucose blood quant	\$30	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay glucose blood quant, CPT® 82947
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$143
Assay glucose blood quant	\$30	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Glycosylated hemoglobin test	\$113	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay glucose blood quant, CPT® 82947

Payer Cigna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$232
Assay glucose blood quant	\$30	100%	Average Negotiated Charge (Payment) / Visit	\$38
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	50%		
Lipid panel	\$71	50%		
Assay blood carbon dioxide	\$35	50%		
Assay of blood chloride	\$35	50%		
Assay of creatinine	\$31	50%		
Glycosylated hemoglobin test	\$113	50%		
Assay of serum potassium	\$35	50%		
Assay of serum sodium	\$35	50%		
Assay of urea nitrogen	\$31	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay glucose blood quant, CPT® 82947
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$61
Assay glucose blood quant	\$30	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Assay of creatinine	\$31	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay glucose blood quant, CPT® 82947

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$226
Assay glucose blood quant	\$30	100%	Average Negotiated Charge (Payment) / Visit	\$48
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Lipid panel	\$71	75%		
Routine venipuncture	\$18	50%		
Hepatic function panel	\$59	25%		
Assay blood carbon dioxide	\$35	25%		
Assay of blood chloride	\$35	25%		
Assay of creatinine	\$31	25%		
Glycosylated hemoglobin test	\$113	25%		
Assay of serum potassium	\$35	25%		
Assay of serum sodium	\$35	25%		
Alanine amino (ALT) (SGPT)	\$42	25%		
Assay of urea nitrogen	\$31	25%		
Complete cbc w/auto diff wbc	\$52	25%		
Culture screen only	\$168	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Glucose blood test, CPT® 82962

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$18
Glucose blood test	\$18	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Glucose blood test, CPT® 82962
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$18
Glucose blood test	\$18	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Glucose blood test, CPT® 82962

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$18
Glucose blood test	\$18	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$6

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Glucose blood test, CPT® 82962

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$18
Glucose blood test	\$18	100%	Average Negotiated Charge (Payment) / Visit	\$4
Supporting Service Description	Average Gross Charges	Patient Utilization %		
General supporting services	\$21	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Glycosylated hemoglobin test, CPT® 83036

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$677
Glycosylated hemoglobin test	\$113	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Comprehensive metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Vitamin D 25 hydroxy	\$163	100%		
Assay of PSA total	\$104	100%		
Assay of total testosterone	\$55	100%		
Assay thyroid stim hormone	\$81	100%		
Complete CBC w/auto diff WBC	\$52	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Glycosylated hemoglobin test, CPT® 83036

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$358
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$84
Glycosylated hemoglobin test	\$113	100%		
Lipid panel	\$71	67%		
Routine venipuncture	\$18	59%		
Comprehensive metabolic panel	\$38	59%		
Complete cbc w/auto diff wbc	\$52	48%		
Assay thyroid stim hormone	\$81	45%		
Metabolic panel total ca	\$29	23%		
Vitamin d 25 hydroxy	\$163	21%		
Assay of psa total	\$104	9%		
Urinalysis auto w/o scope	\$7	9%		
Microalbumin quantitative	\$88	8%		
Assay of free thyroxine	\$86	8%		
Assay of urine creatinine	\$70	8%		
Vitamin B-12	\$129	8%		
Complete cbc automated	\$49	6%		
Hepatitis c ab test	\$115	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Glycosylated hemoglobin test, CPT® 83036

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$283
Glycosylated hemoglobin test	\$113	100%	Average Negotiated Charge (Payment) / Visit	\$65
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Lipid panel	\$71	80%		
Comprehensive metabolic panel	\$38	70%		
Routine venipuncture	\$18	50%		
Assay thyroid stim hormone	\$81	30%		
Complete cbc w/auto diff wbc	\$52	20%		
Assay of psa total	\$104	20%		
Vitamin d 25 hydroxy	\$163	20%		
Assay blood carbon dioxide	\$35	10%		
Assay of blood chloride	\$35	10%		
Assay of creatinine	\$31	10%		
Assay iga/igd/igg/igm each	\$92	10%		
Assay of blood osmolality	\$59	10%		
Assay of serum potassium	\$35	10%		
Assay of serum sodium	\$35	10%		
Assay of free thyroxine	\$86	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Glycosylated hemoglobin test, CPT® 83036

Payer Empire Blue Cross

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$222
Glycosylated hemoglobin test	\$113	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$122
Metabolic panel total ca	\$29	100%		
Lipid panel	\$71	100%		
Routine venipuncture	\$18	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Glycosylated hemoglobin test, CPT® 83036

Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$544
Glycosylated hemoglobin test	\$113	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Assay thyroid stim hormone	\$81	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Hepatitis c ab test	\$115	100%		
Urine culture/colony count	\$74	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Glycosylated hemoglobin test, CPT® 83036

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$402
Glycosylated hemoglobin test	\$113	100%	Average Negotiated Charge (Payment) / Visit	\$112
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Lipid panel	\$71	60%		
Comprehensive metabolic panel	\$38	58%		
Routine venipuncture	\$18	57%		
Complete cbc w/auto diff wbc	\$52	49%		
Assay thyroid stim hormone	\$81	45%		
Vitamin d 25 hydroxy	\$163	21%		
Metabolic panel total ca	\$29	17%		
Assay of psa total	\$104	15%		
Transferase (AST) (SGOT)	\$29	9%		
Alanine amino (ALT) (SGPT)	\$42	8%		
Assay of free thyroxine	\$86	8%		
Assay of urine creatinine	\$70	6%		
Acute hepatitis panel	\$326	6%		
C-reactive protein	\$113	6%		
Lyme disease antibody	\$32	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Glycosylated hemoglobin test, CPT® 83036

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$398
Glycosylated hemoglobin test	\$113	100%	Average Negotiated Charge (Payment) / Visit	\$101
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Lipid panel	\$71	61%		
Routine venipuncture	\$18	55%		
Comprehensive metabolic panel	\$38	54%		
Complete cbc w/auto diff wbc	\$52	42%		
Assay thyroid stim hormone	\$81	41%		
Metabolic panel total ca	\$29	22%		
Vitamin d 25 hydroxy	\$163	20%		
Assay of urine creatinine	\$70	19%		
Microalbumin quantitative	\$88	19%		
Assay of psa total	\$104	19%		
Urinalysis auto w/o scope	\$7	16%		
Assay of free thyroxine	\$86	12%		
Vitamin B-12	\$129	10%		
Hepatitis c ab test	\$115	7%		
Urinalysis auto w/scope	\$26	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Glycosylated hemoglobin test, CPT® 83036
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$373
Glycosylated hemoglobin test	\$113	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$68
Lipid panel	\$71	86%		
Routine venipuncture	\$18	71%		
Complete cbc w/auto diff wbc	\$52	57%		
Comprehensive metabolic panel	\$38	57%		
Metabolic panel total ca	\$29	43%		
Assay thyroid stim hormone	\$81	43%		
Transferase (AST) (SGOT)	\$29	29%		
Vitamin d 25 hydroxy	\$163	29%		
Vitamin B-12	\$129	29%		
Alanine amino (ALT) (SGPT)	\$42	14%		
Assay of blood/uric acid	\$26	14%		
C-reactive protein	\$113	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Glycosylated hemoglobin test, CPT® 83036
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$283
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$40
Glycosylated hemoglobin test	\$113	100%		
Routine venipuncture	\$18	78%		
Lipid panel	\$71	70%		
Comprehensive metabolic panel	\$38	52%		
Complete cbc w/auto diff wbc	\$52	35%		
Assay thyroid stim hormone	\$81	17%		
Metabolic panel total ca	\$29	17%		
Assay of psa total	\$104	9%		
Microalbumin quantitative	\$88	9%		
Vitamin d 25 hydroxy	\$163	9%		
Assay of urine creatinine	\$105	9%		
Assay glucose blood quant	\$30	4%		
Assay of glycated protein	\$71	4%		
Assay of magnesium	\$49	4%		
Assay of calcium in urine	\$45	4%		
Assay of blood/uric acid	\$26	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Glycosylated hemoglobin test, CPT® 83036
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$347
Glycosylated hemoglobin test	\$113	100%	Average Negotiated Charge (Payment) / Visit	\$49
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	60%		
Lipid panel	\$71	50%		
Comprehensive metabolic panel	\$38	48%		
Complete cbc w/auto diff wbc	\$52	46%		
Assay thyroid stim hormone	\$81	44%		
Metabolic panel total ca	\$29	20%		
Microalbumin quantitative	\$88	20%		
Assay of urine creatinine	\$70	20%		
Vitamin d 25 hydroxy	\$163	16%		
Vitamin B-12	\$129	6%		
Urinalysis auto w/scope	\$26	6%		
Assay of psa total	\$104	6%		
Assay of free thyroxine	\$86	6%		
Assay of folic acid serum	\$134	4%		
Assay of calcium	\$81	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Glycosylated hemoglobin test, CPT® 83036
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$330
Glycosylated hemoglobin test	\$113	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$57
Lipid panel	\$71	67%		
Comprehensive metabolic panel	\$38	63%		
Routine venipuncture	\$18	58%		
Complete cbc w/auto diff wbc	\$52	50%		
Assay thyroid stim hormone	\$81	33%		
Metabolic panel total ca	\$29	33%		
Assay of psa total	\$104	17%		
Microalbumin quantitative	\$88	13%		
Assay of urine creatinine	\$70	13%		
Vitamin B-12	\$129	8%		
Alanine amino (ALT) (SGPT)	\$42	8%		
Complete cbc automated	\$49	8%		
Prothrombin time	\$25	8%		
Thromboplastin time partial	\$52	8%		
C-reactive protein	\$113	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Glycosylated hemoglobin test, CPT® 83036

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$222
Glycosylated hemoglobin test	\$113	100%	Average Negotiated Charge (Payment) / Visit	\$42
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Lipid panel	\$71	64%		
Comprehensive metabolic panel	\$38	55%		
Assay thyroid stim hormone	\$81	36%		
Complete cbc w/auto diff wbc	\$52	36%		
Vitamin d 25 hydroxy	\$163	36%		
Routine venipuncture	\$18	36%		
Metabolic panel total ca	\$29	27%		
Assay of psa total	\$104	18%		
Assay of free thyroxine	\$86	9%		
Assay of ck (cpk)	\$63	9%		
Vitamin B-12	\$129	9%		
Assay of magnesium	\$49	9%		
Hepatitis c ab test	\$115	9%		
Transferase (AST) (SGOT)	\$29	9%		
Alanine amino (ALT) (SGPT)	\$42	9%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Glycosylated hemoglobin test, CPT® 83036

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$578
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$358
Glycosylated hemoglobin test	\$113	100%		
Routine venipuncture	\$18	100%		
Comprehensive metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Urinalysis auto w/o scope	\$7	50%		
Microalbumin quantitative	\$88	50%		
Vitamin d 25 hydroxy	\$163	50%		
Assay of urine creatinine	\$70	50%		
Assay of lipase	\$59	50%		
Assay of psa total	\$104	50%		
Assay thyroid stim hormone	\$81	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Glycosylated hemoglobin test, CPT® 83036

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$373
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$67
Glycosylated hemoglobin test	\$113	100%		
Routine venipuncture	\$18	78%		
Lipid panel	\$71	76%		
Comprehensive metabolic panel	\$38	57%		
Complete cbc w/auto diff wbc	\$52	53%		
Assay thyroid stim hormone	\$81	51%		
Assay of psa total	\$104	22%		
Metabolic panel total ca	\$29	20%		
Microalbumin quantitative	\$88	14%		
Assay of urine creatinine	\$70	14%		
Transferase (AST) (SGOT)	\$29	10%		
Hepatitis c ab test	\$115	8%		
Vitamin d 25 hydroxy	\$163	8%		
Assay glucose blood quant	\$30	6%		
Assay of free thyroxine	\$86	6%		
Alanine amino (ALT) (SGPT)	\$42	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Glycosylated hemoglobin test, CPT® 83036
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$318
Glycosylated hemoglobin test	\$113	100%	Average Negotiated Charge (Payment) / Visit	\$61
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Lipid panel	\$71	71%		
Routine venipuncture	\$18	64%		
Comprehensive metabolic panel	\$38	64%		
Complete cbc w/auto diff wbc	\$52	43%		
Hepatitis c ab test	\$115	29%		
Assay of psa total	\$104	21%		
Assay thyroid stim hormone	\$81	21%		
Alanine amino (ALT) (SGPT)	\$42	14%		
Lyme disease antibody	\$290	14%		
Vitamin d 25 hydroxy	\$163	14%		
Assay iga/igd/igg/igm each	\$276	7%		
Assay nephelometry not spec	\$180	7%		
Assay alkaline phosphatase	\$31	7%		
Assay of aldolase	\$47	7%		
Antinuclear antibodies (ANA)	\$52	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay Of Homocystine, CPT® 83090

Payer Connecticcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$357
Assay Of Homocystine	\$128	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Vitamin B-12	\$129	100%		
Organic acid single quant	\$100	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay Of Homocystine, CPT® 83090

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$128
Assay Of Homocystine	\$128	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay Of Homocystine, CPT® 83090

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,034
Assay Of Homocystine	\$128	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Urinalysis auto w/o scope	\$7	100%		
Microalbumin quantitative	\$88	100%		
Assay of urine creatinine	\$70	100%		
Vitamin B-12	\$129	100%		
Assay of folic acid serum	\$134	100%		
Glycosylated hemoglobin test	\$113	100%		
Organic acid single quant	\$100	100%		
Assay of PSA total	\$104	100%		
Complete CBC w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay Of Homocystine, CPT® 83090
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$816
Assay Of Homocystine	\$128	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Vitamin B-12	\$129	100%		
Glycosylated hemoglobin test	\$113	100%		
Organic acid single quant	\$100	100%		
Assay of PSA total	\$104	100%		
Assay thyroid stim hormone	\$81	100%		
Complete CBC w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Immunoassay nonantibody, CPT® 83516

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$430
Immunoassay nonantibody	\$162	100%	Average Negotiated Charge (Payment) / Visit	\$54
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Assay iga/igd/igg/igm each	\$92	75%		
C-reactive protein	\$113	50%		
Microsomal antibody each	\$160	25%		
Iadna-dna/rna probe tq 12-25	\$771	25%		
Complete cbc w/auto diff wbc	\$52	25%		
Comprehen metabolic panel	\$38	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Immunoassay nonantibody, CPT® 83516

Payer Connecticare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,241
Immunoassay nonantibody	\$79	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Urinalysis auto w/o scope	\$7	100%		
Assay iga/igd/igg/igm each	\$276	100%		
Beta-2 glycoprotein antibody	\$157	100%		
Complement antigen	\$324	100%		
Lyme disease antibody	\$32	100%		
Detect agent nos dna amp	\$348	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Immunoassay nonantibody, CPT® 83516

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,060
Immunoassay nonantibody	\$79	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
Angiotensin I enzyme test	\$177	100%		
Lactate (LD) (LDH) enzyme	\$51	100%		
Rbc sed rate automated	\$25	100%		
Antinuclear antibodies (ANA)	\$52	100%		
C-reactive protein	\$113	100%		
Dna antibody native	\$102	100%		
Nuclear antigen antibody	\$461	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Immunoassay nonantibody, CPT® 83516

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$487
Immunoassay nonantibody	\$121	100%	Average Negotiated Charge (Payment) / Visit	\$93
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Angiotensin I enzyme test	\$177	50%		
Assay iga/igd/igg/igm each	\$92	50%		
Antinuclear antibodies (ANA)	\$52	50%		
Rheumatoid factor quant	\$40	50%		
Tb test cell immun measure	\$179	50%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Immunoassay nonantibody, CPT® 83516
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,963
Immunoassay nonantibody	\$123	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Assay of urine albumin	\$30	100%		
Assay of aldosterone	\$279	100%		
Assay three catecholamines	\$76	100%		
Cortisol free	\$92	100%		
Assay of ck (cpk)	\$63	100%		
Assay of urine creatinine	\$70	100%		
Assay iga/igd/igg/igm each	\$276	100%		
Assay of magnesium	\$49	100%		
Assay of metanephrides	\$73	100%		
Assay nephelometry not spec	\$180	100%		
Assay of protein urine	\$29	100%		
Assay of urine sodium	\$37	100%		
Assay of blood/uric acid	\$26	100%		
Antinuclear antibodies (ANA)	\$52	100%		
Complement antigen	\$324	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Immunoassay nonantibody, CPT® 83516
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,185
Immunoassay nonantibody	\$123	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
Comprehensive metabolic panel	\$38	100%		
Assay of ck (cpk)	\$63	100%		
Assay of urine creatinine	\$70	100%		
Assay of magnesium	\$49	100%		
Assay of psa total	\$104	100%		
Assay of protein urine	\$29	100%		
Assay of blood/uric acid	\$26	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Antinuclear antibodies (ANA)	\$52	100%		
Complement antigen	\$324	100%		
Dna antibody native	\$102	100%		
Hep b core antibody total	\$128	100%		
Hep b surface antibody	\$119	100%		
Hepatitis c ab test	\$115	100%		
Hepatitis b surface ag ia	\$149	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Immunoassay nonantibody, CPT® 83516

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$530
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$93
Immunoassay nonantibody	\$162	100%		
Routine venipuncture	\$18	86%		
Comprehensive metabolic panel	\$38	71%		
Complete cbc w/auto diff wbc	\$52	71%		
Assay iga/igd/igg/igm each	\$92	57%		
Assay of lipase	\$59	43%		
Assay of amylase	\$51	43%		
Assay thyroid stim hormone	\$81	43%		
Prothrombin time	\$25	29%		
Antinuclear antibodies (ANA)	\$52	29%		
Fluorescent antibody screen	\$81	29%		
Assay of ferritin	\$74	14%		
Assay for calprotectin fecal	\$493	14%		
Assay of free thyroxine	\$86	14%		
Acute hepatitis panel	\$326	14%		
Alpha-1-antitrypsin total	\$40	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Immunoassay nonantibody, CPT® 83516
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,966
Immunoassay nonantibody	\$79	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
Routine venipuncture	\$18	100%		
Renal function panel	\$49	100%		
Assay of urine creatinine	\$70	100%		
Assay iga/igd/igg/igm each	\$276	100%		
Assay of magnesium	\$49	100%		
Assay nephelometry not spec	\$180	100%		
Assay of parathormone	\$252	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Antinuclear antibodies (ANA)	\$52	100%		
Complement antigen	\$324	100%		
Immunofix e-phoresis serum	\$173	100%		
Hep b core antibody total	\$128	100%		
Hepatitis c ab test	\$115	100%		
Hepatitis b surface ag ia	\$149	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Immunoassay nonantibody, CPT® 83516

Payer Aetna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$564
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$173
Immunoassay nonantibody	\$162	100%		
Routine venipuncture	\$18	100%		
Comprehensive metabolic panel	\$38	71%		
Complete cbc w/auto diff wbc	\$52	71%		
Assay thyroid stim hormone	\$81	43%		
Assay iga/igd/igg/igm each	\$92	43%		
Antinuclear antibodies (ANA)	\$52	29%		
Islet cell antibody	\$147	29%		
Assay of c-peptide	\$55	14%		
Assay of GGT	\$57	14%		
Assay of glycated protein	\$71	14%		
Assay of lipase	\$59	14%		
Assay of psa total	\$104	14%		
Assay of free thyroxine	\$86	14%		
Assay of amylase	\$51	14%		
Angiotensin I enzyme test	\$177	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Immunoassay nonantibody, CPT® 83516

Payer Connecticare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,489
Immunoassay nonantibody	\$324	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
Routine venipuncture	\$18	100%		
Comprehensive metabolic panel	\$38	100%		
Assay iga/igd/igg/igm each	\$92	100%		
Assay thyroid stim hormone	\$81	100%		
Complete cbc w/auto diff wbc	\$52	100%		
C-reactive protein	\$113	100%		
ladna-dna/rna probe tq 12-25	\$771	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ria nonantibody, CPT® 83519
Payer Connecticare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$533
Ria nonantibody	\$68	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Assay of free thyroxine	\$86	100%		
Assay thyroid stim hormone	\$81	100%		
Assay of tsi globulin	\$134	100%		
Free assay (FT-3)	\$146	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ria nonantibody, CPT® 83519
Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$886
Ria nonantibody	\$136	100%	Average Negotiated Charge (Payment) / Visit	\$282
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	100%		
Assay thyroid stim hormone	\$81	100%		
Assay of tsi globulin	\$134	67%		
Routine venipuncture	\$18	67%		
Vitamin d 25 hydroxy	\$163	67%		
Complete cbc w/auto diff wbc	\$52	67%		
Complete cbc automated	\$49	33%		
Rbc sed rate automated	\$25	33%		
C-reactive protein	\$113	33%		
Ccp antibody	\$52	33%		
Rheumatoid factor quant	\$40	33%		
Organic acid single quant	\$100	33%		
Assay of free thyroxine	\$86	33%		
Lipid panel	\$71	33%		
Free assay (FT-3)	\$146	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ria nonantibody, CPT® 83519
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$429
Ria nonantibody	\$159	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Assay of parathormone	\$252	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ria nonantibody, CPT® 83519
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,332
Ria nonantibody	\$68	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Renal function panel	\$49	100%		
Vitamin d 25 hydroxy	\$163	100%		
Assay of calcium	\$81	100%		
Assay of parathormone	\$252	100%		
Assay of free thyroxine	\$86	100%		
Assay thyroid stim hormone	\$81	100%		
Assay of tsi globulin	\$134	100%		
Free assay (FT-3)	\$146	100%		
Microsomal antibody each	\$160	100%		
Thyroglobulin antibody	\$94	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Immunoassay quant nos nonab, CPT® 83520

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$926
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$344
Immunoassay quant nos nonab	\$160	100%		
Routine venipuncture	\$18	100%		
Vitamin d 25 hydroxy	\$163	100%		
Transferase (AST) (SGOT)	\$29	100%		
Alanine amino (ALT) (SGPT)	\$42	100%		
Cell function assay w/stim	\$332	100%		
Assay of urea nitrogen	\$31	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Rbc sed rate automated	\$25	50%		
Antinuclear antibodies (ANA)	\$52	50%		
Complement antigen	\$203	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Immunoassay quant nos nonab, CPT® 83520

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$272
Immunoassay quant nos nonab	\$272	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of iron, CPT® 83540
Payer Cigna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$317
Assay of iron	\$88	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$57
Assay of ferritin	\$74	100%		
Routine venipuncture	\$18	75%		
Complete cbc w/auto diff wbc	\$52	75%		
Complete cbc automated	\$49	25%		
Lyme disease antibody	\$32	25%		
Comprehen metabolic panel	\$38	25%		
Vitamin d 25 hydroxy	\$163	25%		
Vitamin B-12	\$129	25%		
Iron binding test	\$64	25%		
Assay thyroid stim hormone	\$81	25%		
Bl smear w/diff wbc count	\$29	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of iron, CPT® 83540
Payer Connecticare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$741
Assay of iron	\$88	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Western blot test	\$80	100%		
Assay thyroid stim hormone	\$81	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Fluorescent antibody titer	\$44	100%		
Lyme disease antibody	\$290	100%		
Fungus nes antibody	\$106	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of iron, CPT® 83540
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$482
Assay of iron	\$88	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$85
Assay of ferritin	\$74	100%		
Iron binding test	\$64	75%		
Complete cbc w/auto diff wbc	\$52	75%		
Assay thyroid stim hormone	\$81	50%		
Assay of folic acid serum	\$134	50%		
Comprehen metabolic panel	\$38	50%		
Vitamin B-12	\$129	50%		
Routine venipuncture	\$18	25%		
Lipid panel	\$71	25%		
Assay of magnesium	\$49	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of iron, CPT® 83540
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$304
Assay of iron	\$88	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Assay of ferritin	\$74	100%		
Iron binding test	\$64	100%		
Bl smear w/diff wbc count	\$29	100%		
Complete cbc automated	\$49	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of iron, CPT® 83540
Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,449
Assay of iron	\$88	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$340
Routine venipuncture	\$27	100%		
Alpha-1-antitrypsin total	\$40	50%		
Assay three catecholamines	\$76	50%		
Assay of ceruloplasmin	\$49	50%		
Assay of urine creatinine	\$70	50%		
Assay of estradiol	\$295	50%		
Assay of ferritin	\$74	50%		
Assay of progesterone 17-d	\$83	50%		
Assay of magnesium	\$49	50%		
Assay of metanephrides	\$73	50%		
Assay of phosphorus	\$37	50%		
Assay of somatomedin	\$67	50%		
Assay thyroid stim hormone	\$81	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Antinuclear antibodies (ANA)	\$52	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of iron, CPT® 83540
Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,095
Assay of iron	\$88	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$265
Routine venipuncture	\$18	78%		
Comprehensive metabolic panel	\$38	78%		
Assay of ferritin	\$74	67%		
Complete cbc w/auto diff wbc	\$52	67%		
Assay thyroid stim hormone	\$81	44%		
Iron binding test	\$64	44%		
Vitamin d 25 hydroxy	\$163	44%		
Vitamin B-12	\$129	44%		
Lipid panel	\$71	33%		
Lyme disease antibody	\$32	33%		
Detect agent nos dna amp	\$348	33%		
Antinuclear antibodies (ANA)	\$52	22%		
Assay of magnesium	\$49	22%		
Assay of folic acid serum	\$134	22%		
Assay iga/igd/igg/igm each	\$184	22%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of iron, CPT® 83540
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$226
Assay of iron	\$88	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Assay of ferritin	\$74	100%		
Iron binding test	\$64	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of iron, CPT® 83540
Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$367
Assay of iron	\$88	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$77
Assay of ferritin	\$74	67%		
Iron binding test	\$64	67%		
Assay thyroid stim hormone	\$81	33%		
Complete cbc w/auto diff wbc	\$52	33%		
Varicella-zoster antibody	\$141	33%		
Routine venipuncture	\$18	33%		
Comprehen metabolic panel	\$38	33%		
Lipid panel	\$71	33%		
Vitamin d 25 hydroxy	\$163	33%		

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Hospital Name Danbury Hospital
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Charge Display Assay of iron, CPT® 83540
Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$785
Assay of iron	\$88	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$106
Assay of ferritin	\$74	100%		
Iron binding test	\$64	100%		
Assay thyroid stim hormone	\$81	50%		
Assay of zinc	\$83	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Rbc sed rate automated	\$25	50%		
C-reactive protein	\$113	50%		
Lyme disease antibody	\$32	50%		
Detect agent nos dna amp	\$174	50%		
Comprehen metabolic panel	\$38	50%		
Assay of copper	\$391	50%		
Vitamin B-12	\$129	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Iron binding test, CPT® 83550
Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$900
Iron binding test	\$64	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$204
Assay of ferritin	\$74	100%		
Assay of iron	\$88	100%		
Complete cbc w/auto diff wbc	\$52	80%		
Vitamin B-12	\$129	60%		
Assay thyroid stim hormone	\$81	40%		
Assay of protein serum	\$29	40%		
Comprehensive metabolic panel	\$38	40%		
Vitamin d 25 hydroxy	\$163	40%		
Assay of calcium	\$30	20%		
Assay of serum albumin	\$42	20%		
Assay of psa total	\$104	20%		
Assay of folic acid serum	\$134	20%		
Assay of vitamin b-1	\$80	20%		
Complete cbc automated	\$49	20%		
Epstein-barr capsid vca	\$194	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Iron binding test, CPT® 83550
Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$911
Iron binding test	\$64	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	100%		
Assay of iron	\$88	100%		
Lactate (LD) (LDH) enzyme	\$51	100%		
Protein e-phoresis serum	\$59	100%		
Hematocrit	\$29	100%		
Retocyte/hgb concentrate	\$20	100%		
Rbc sed rate automated	\$25	100%		
Lyme disease antibody	\$32	100%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	100%		
Detect agent nos dna amp	\$348	100%		

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Hospital Name Danbury Hospital
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Charge Display Iron binding test, CPT® 83550
Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$298
Iron binding test	\$64	100%	Average Negotiated Charge (Payment) / Visit	\$72
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Assay of iron	\$88	100%		
Assay of ferritin	\$74	100%		
Comprehensive metabolic panel	\$38	75%		
Lipid panel	\$71	25%		
Urinalysis auto w/o scope	\$7	25%		
Vitamin D 25 hydroxy	\$163	25%		
Vitamin B-12	\$129	25%		
Assay of PSA total	\$104	25%		
Assay of total testosterone	\$55	25%		
Assay thyroid stim hormone	\$81	25%		
Complete CBC w/auto diff wbc	\$52	25%		
Glycosylated hemoglobin test	\$113	25%		
Routine venipuncture	\$18	25%		

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Hospital Name Danbury Hospital
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Charge Display Iron binding test, CPT® 83550
Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$306
Iron binding test	\$64	100%	Average Negotiated Charge (Payment) / Visit	\$80
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Assay of ferritin	\$74	100%		
Assay of iron	\$88	100%		
Routine venipuncture	\$18	75%		
Complete cbc w/auto diff wbc	\$52	75%		
Comprehen metabolic panel	\$38	50%		
Assay thyroid stim hormone	\$81	25%		

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Hospital Name Danbury Hospital
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Charge Display Iron binding test, CPT® 83550
Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$278
Iron binding test	\$64	100%	Average Negotiated Charge (Payment) / Visit	\$37
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Assay of ferritin	\$74	100%		
Assay of iron	\$88	100%		
Complete cbc w/auto diff wbc	\$52	67%		

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Hospital Name Danbury Hospital
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Charge Display Iron binding test, CPT® 83550
Payer Connecticare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$609
Iron binding test	\$64	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Comprehensive metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Urinalysis auto w/scope	\$26	100%		
Assay of GGT	\$57	100%		
Assay of iron	\$88	100%		
Lactate (LD) (LDH) enzyme	\$51	100%		
Assay of phosphorus	\$37	100%		
Assay thyroid stim hormone	\$81	100%		
Assay of blood/uric acid	\$26	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Iron binding test, CPT® 83550
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$394
Iron binding test	\$64	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$61
Assay of iron	\$88	100%		
Assay of ferritin	\$74	100%		
Routine venipuncture	\$18	67%		
Comprehensive metabolic panel	\$38	33%		
Renal function panel	\$49	33%		
Assay of serum albumin	\$42	33%		
Assay of calcium	\$30	33%		
Vitamin B-12	\$129	33%		
Lactate (LD) (LDH) enzyme	\$51	33%		
Assay of magnesium	\$49	33%		
Assay of protein serum	\$29	33%		
Assay of vitamin b-1	\$80	33%		
Complete cbc w/auto diff wbc	\$52	33%		
Complete cbc automated	\$49	33%		
Assay of folic acid serum	\$134	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Iron binding test, CPT® 83550
Payer Cigna

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$468
Iron binding test	\$64	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$73
Assay of ferritin	\$74	100%		
Assay of iron	\$88	100%		
Complete cbc w/auto diff wbc	\$52	67%		
Vitamin B-12	\$129	50%		
Comprehen metabolic panel	\$38	50%		
Routine venipuncture	\$18	33%		
Vitamin d 25 hydroxy	\$163	33%		
Assay of folic acid serum	\$134	33%		
Assay thyroid stim hormone	\$81	33%		
Antinuclear antibodies (ANA)	\$52	17%		
Assay of estradiol	\$295	17%		
Assay of free thyroxine	\$86	17%		
Assay of gonadotropin (fsh)	\$200	17%		
Assay of gonadotropin (lh)	\$211	17%		
Assay of amylase	\$51	17%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Lactate (LD) (LDH) enzyme, CPT® 83615
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$946
Lactate (LD) (LDH) enzyme	\$51	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Comprehensive metabolic panel	\$38	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Hep b core antibody total	\$128	100%		
Hep b core antibody igm	\$60	100%		
Hep b surface antibody	\$119	100%		
Hepatitis a antibody	\$128	100%		
Hepatitis a igm antibody	\$106	100%		
Hepatitis c ab test	\$115	100%		
Hepatitis b surface ag ia	\$149	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Lactate (LD) (LDH) enzyme, CPT® 83615

Payer United Healthcare

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$316
Lactate (LD) (LDH) enzyme	\$51	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$97
Comprehensive metabolic panel	\$38	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Prothrombin time	\$25	25%		
Lyme disease antibody	\$32	25%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	25%		
Detect agent nos dna amp	\$348	25%		
Carcinoembryonic antigen	\$68	25%		
Assay of iron	\$88	25%		
Iron binding test	\$64	25%		
Assay of psa total	\$104	25%		
Assay thyroid stim hormone	\$81	25%		
Routine venipuncture	\$18	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Lactate (LD) (LDH) enzyme, CPT® 83615

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$212
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$66
Lactate (LD) (LDH) enzyme	\$51	100%		
Routine venipuncture	\$18	80%		
Comprehensive metabolic panel	\$38	80%		
Complete cbc w/auto diff wbc	\$52	80%		
Complete cbc automated	\$49	20%		
Epstein-barr nuclear antigen	\$189	20%		
Epstein-barr capsid vca	\$194	20%		
Blood culture for bacteria	\$117	20%		
Detect agent nos dna amp	\$348	20%		
Lipid panel	\$71	20%		
Assay of ferritin	\$74	20%		
Assay of folic acid serum	\$134	20%		
Assay of iron	\$88	20%		
Iron binding test	\$64	20%		
Assay of blood/uric acid	\$26	20%		
Bl smear w/diff wbc count	\$29	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Lactate (LD) (LDH) enzyme, CPT® 83615

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$150
Lactate (LD) (LDH) enzyme	\$51	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$29
Comprehensive metabolic panel	\$38	100%		
Assay of blood/uric acid	\$26	100%		
Complete cbc w/auto diff wbc	\$52	50%		
Routine venipuncture	\$18	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Lactate (LD) (LDH) enzyme, CPT® 83615

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$387
Lactate (LD) (LDH) enzyme	\$51	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$64
Comprehensive metabolic panel	\$38	100%		
Assay iga/igd/igg/igm each	\$276	50%		
Assay nephelometry not spec	\$180	50%		
Protein e-phoresis serum	\$59	50%		
Assay thyroid stim hormone	\$81	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Lactate (LD) (LDH) enzyme, CPT® 83615

Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$244
Lactate (LD) (LDH) enzyme	\$51	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$58
Comprehensive metabolic panel	\$38	100%		
Complete cbc w/auto diff wbc	\$52	50%		
Immunoassay tumor ca 15-3	\$172	25%		
Immunoassay tumor ca 125	\$86	25%		
Calr gene com variants	\$533	25%		
Routine venipuncture	\$18	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Lactate (LD) (LDH) enzyme, CPT® 83615

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,325
Lactate (LD) (LDH) enzyme	\$51	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Vitamin B-12	\$129	100%		
Assay of ferritin	\$74	100%		
Assay of folic acid serum	\$134	100%		
Assay of iron	\$88	100%		
Iron binding test	\$64	100%		
Assay thyroid stim hormone	\$81	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Reticyte/hgb concentrate	\$20	100%		
Antinuclear antibodies (ANA)	\$52	100%		
Dna antibody native	\$102	100%		
Nuclear antigen antibody	\$478	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Lactate (LD) (LDH) enzyme, CPT® 83615

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$115
Lactate (LD) (LDH) enzyme	\$51	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$33
Comprehensive metabolic panel	\$38	100%		
Assay of blood/uric acid	\$26	67%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of lipase, CPT® 83690
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$281
Assay of lipase	\$59	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$51
Comprehensive metabolic panel	\$38	100%		
Assay of amylase	\$51	100%		
Complete cbc w/auto diff wbc	\$52	67%		
Complete cbc automated	\$49	33%		
C-reactive protein	\$113	33%		
Routine venipuncture	\$18	33%		
Assay thyroid stim hormone	\$81	33%		
Bl smear w/diff wbc count	\$29	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of lipase, CPT® 83690
Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$161
Assay of lipase	\$59	100%	Average Negotiated Charge (Payment) / Visit	\$41
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	50%		
Assay thyroid stim hormone	\$81	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Lyme disease antibody	\$32	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of lipase, CPT® 83690
Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$719
Assay of lipase	\$59	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$165
Assay of amylase	\$51	100%		
Complete cbc w/auto diff wbc	\$52	75%		
C-reactive protein	\$113	75%		
Comprehen metabolic panel	\$38	75%		
Routine venipuncture	\$18	50%		
Lipid panel	\$71	25%		
Hep b core antibody igm	\$60	25%		
Hep b surface antibody	\$119	25%		
Hepatitis a igm antibody	\$106	25%		
Hepatitis c ab test	\$115	25%		
Hepatitis b surface ag ia	\$149	25%		
Iadna-dna/rna probe tq 12-25	\$771	25%		
Detect agent nos dna amp	\$174	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of lipase, CPT® 83690
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$59
Assay of lipase	\$59	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of lipase, CPT® 83690
Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$200
Assay of lipase	\$59	100%	Average Negotiated Charge (Payment) / Visit	\$58
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Complete cbc w/auto diff wbc	\$52	100%		
Metabolic panel total ca	\$29	50%		
Comprehen metabolic panel	\$38	50%		
Hepatic function panel	\$59	50%		
Assay of amylase	\$51	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of lipase, CPT® 83690
Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$437
Assay of lipase	\$59	100%	Average Negotiated Charge (Payment) / Visit	\$91
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	100%		
Assay of amylase	\$51	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Routine venipuncture	\$18	67%		
Assay thyroid stim hormone	\$81	67%		
Rbc sed rate automated	\$25	33%		
C-reactive protein	\$113	33%		
Vitamin d 25 hydroxy	\$163	33%		
Assay of ck (cpk)	\$63	33%		
Lipid panel	\$71	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of magnesium, CPT® 83735

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$195
Assay of magnesium	\$49	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$29
Metabolic panel total ca	\$29	50%		
Vitamin B-12	\$129	50%		
Assay of folic acid serum	\$134	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of magnesium, CPT® 83735

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$501
Assay of magnesium	\$49	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$149
Routine venipuncture	\$18	89%		
Complete cbc w/auto diff wbc	\$52	56%		
Assay of parathormone	\$252	44%		
Comprehen metabolic panel	\$38	44%		
Renal function panel	\$49	44%		
Vitamin d 25 hydroxy	\$163	44%		
Assay of calcium in urine	\$45	33%		
Assay of citrate	\$70	33%		
Assay of urine creatinine	\$70	33%		
Assay of oxalate	\$52	33%		
Assay of urine phosphorus	\$52	33%		
Assay of protein urine	\$29	33%		
Assay of urine sodium	\$37	33%		
Assay of urine/uric acid	\$64	22%		
Assay of calcium	\$81	22%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of magnesium, CPT® 83735

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$506
Assay of magnesium	\$49	100%	Average Negotiated Charge (Payment) / Visit	\$112
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Comprehen metabolic panel	\$38	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Assay of calcium	\$81	50%		
C-reactive protein	\$113	50%		
Rbc sed rate automated	\$25	50%		
Antinuclear antibodies (ANA)	\$52	25%		
Lyme disease antibody	\$32	25%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	25%		
Detect agent nos dna amp	\$348	25%		
Assay of GGT	\$57	25%		
Assay of parathormone	\$252	25%		
Assay of phosphorus	\$37	25%		
Prothrombin time	\$25	25%		
Assay of tacrolimus	\$43	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of magnesium, CPT® 83735

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$919
Assay of magnesium	\$49	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Metabolic panel total ca	\$29	100%		
Vitamin d 25 hydroxy	\$163	100%		
Vitamin B-12	\$129	100%		
Assay of phosphorus	\$37	100%		
Assay of total testosterone	\$55	100%		
Rbc sed rate automated	\$25	100%		
C-reactive protein	\$113	100%		
Lyme disease antibody	\$32	100%		
Treponema pallidum	\$57	100%		
Hiv-1 quant&revrse trnscripj	\$230	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of magnesium, CPT® 83735

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$205
Assay of magnesium	\$49	100%	Average Negotiated Charge (Payment) / Visit	\$52
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	50%		
Metabolic panel total ca	\$29	33%		
Renal function panel	\$49	33%		
Vitamin d 25 hydroxy	\$163	33%		
Assay of calcium	\$81	33%		
Assay of parathormone	\$252	33%		
Assay thyroid stim hormone	\$81	33%		
Transferase (AST) (SGOT)	\$29	17%		
Alanine amino (ALT) (SGPT)	\$42	17%		
Assay alkaline phosphatase	\$31	17%		
Assay of thyroglobulin	\$102	17%		
Vitamin B-12	\$129	17%		
Bilirubin total	\$63	17%		
Comprehen metabolic panel	\$38	17%		
Lipid panel	\$71	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of magnesium, CPT® 83735

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$619
Assay of magnesium	\$49	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$194
Routine venipuncture	\$18	100%		
Vitamin d 25 hydroxy	\$163	100%		
Assay of parathormone	\$252	100%		
Assay of phosphorus	\$37	100%		
Assay of blood/uric acid	\$26	50%		
Assay of calcium	\$81	50%		
Metabolic panel total ca	\$29	50%		
Comprehen metabolic panel	\$38	50%		
Urinalysis auto w/scope	\$26	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of magnesium, CPT® 83735
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$235
Assay of magnesium	\$49	100%	Average Negotiated Charge (Payment) / Visit	\$48
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	57%		
Assay thyroid stim hormone	\$81	57%		
Complete cbc w/auto diff wbc	\$52	43%		
Comprehen metabolic panel	\$38	43%		
Lipid panel	\$71	29%		
Complete cbc automated	\$49	29%		
Metabolic panel total ca	\$29	29%		
Assay of blood/uric acid	\$26	14%		
Assay of urine creatinine	\$70	14%		
Assay of ferritin	\$74	14%		
Assay of iron	\$88	14%		
Assay of parathormone	\$252	14%		
Assay of urine potassium	\$31	14%		
Assay of protein urine	\$29	14%		
Assay of urine sodium	\$37	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of natriuretic peptide, CPT® 83880

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$304
Assay of natriuretic peptide	\$134	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Metabolic panel total ca	\$29	100%		
Transferase (AST) (SGOT)	\$29	100%		
Alanine amino (ALT) (SGPT)	\$42	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of natriuretic peptide, CPT® 83880

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$224
Assay of natriuretic peptide	\$134	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Comprehen metabolic panel	\$38	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of natriuretic peptide, CPT® 83880
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$134
Assay of natriuretic peptide	\$134	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of natriuretic peptide, CPT® 83880

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$186
Assay of natriuretic peptide	\$134	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$48
Complete cbc w/auto diff wbc	\$52	67%		
Prothrombin time	\$25	33%		
Rbc sed rate automated	\$25	33%		
Antinuclear antibodies (ANA)	\$52	33%		
C-reactive protein	\$113	33%		
Rheumatoid factor quant	\$40	33%		
Lyme disease antibody	\$32	33%		
Comprehen metabolic panel	\$38	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay nephelometry not spec, CPT® 83883

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$716
Assay nephelometry not spec	\$180	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Comprehensive metabolic panel	\$38	100%		
Assay iga/igd/igg/igm each	\$276	100%		
Lactate (LD) (LDH) enzyme	\$51	100%		
Protein e-phoresis serum	\$59	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Rbc sed rate nonautomated	\$60	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay nephelometry not spec, CPT® 83883

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$180
Assay nephelometry not spec	\$180	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay nephelometry not spec, CPT® 83883

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$345
Assay nephelometry not spec	\$180	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Lactate (LD) (LDH) enzyme	\$51	100%		
Assay of protein serum	\$29	100%		
Protein e-phoresis serum	\$59	100%		
Assay of blood/uric acid	\$26	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay nephelometry not spec, CPT® 83883

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$737
Assay nephelometry not spec	\$180	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Assay of beta-2 protein	\$63	100%		
Assay of urine creatinine	\$70	100%		
Assay of erythropoietin	\$122	100%		
Assay of ferritin	\$74	100%		
Assay of protein serum	\$29	100%		
Assay of protein urine	\$29	100%		
Protein e-phoresis serum	\$59	100%		
Protein e-phoresis/urine/csf	\$59	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Organic acid single quant, CPT® 83921

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$100
Organic acid single quant	\$100	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of parathormone, CPT® 83970

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$534
Assay of parathormone	\$252	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Renal function panel	\$49	100%		
Vitamin d 25 hydroxy	\$163	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of parathormone, CPT® 83970

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$695
Assay of parathormone	\$252	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266
Metabolic panel total ca	\$29	50%		
Unlisted maaa	\$489	50%		
Assay of serum albumin	\$42	50%		
Vitamin d 25 hydroxy	\$163	50%		
Assay of calcium	\$81	50%		
Assay thyroid stim hormone	\$81	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of parathormone, CPT® 83970

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$252
Assay of parathormone	\$252	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of parathormone, CPT® 83970

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$252
Assay of parathormone	\$252	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of parathormone, CPT® 83970
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$417
Assay of parathormone	\$252	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$69
Routine venipuncture	\$18	100%		
Renal function panel	\$49	100%		
Assay of urine creatinine	\$70	33%		
Assay of magnesium	\$49	33%		
Assay of protein urine	\$29	33%		
Complete cbc automated	\$49	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of parathormone, CPT® 83970

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$252
Assay of parathormone	\$252	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$51
Routine venipuncture	\$18	25%		
Renal function panel	\$49	25%		
Complete cbc automated	\$49	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of parathormone, CPT® 83970
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$433
Assay of parathormone	\$252	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$82
Routine venipuncture	\$18	60%		
Complete cbc w/auto diff wbc	\$52	40%		
Antinuclear antibodies (ANA)	\$52	20%		
Assay blood carbon dioxide	\$35	20%		
Assay of blood chloride	\$35	20%		
Assay of creatinine	\$31	20%		
Assay of urine creatinine	\$140	20%		
Assay iga/igd/igg/igm each	\$276	20%		
Assay glucose blood quant	\$30	20%		
Assay nephelometry not spec	\$540	20%		
Assay of serum potassium	\$35	20%		
Assay of protein urine	\$58	20%		
Assay of serum sodium	\$35	20%		
Assay of urine sodium	\$37	20%		
Assay of urea nitrogen	\$31	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of parathormone, CPT® 83970

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$282
Assay of parathormone	\$252	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Assay of calcium	\$30	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of parathormone, CPT® 83970

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$252
Assay of parathormone	\$252	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$64
Assay of calcium	\$30	33%		
Vitamin B-12	\$129	33%		
Assay of magnesium	\$49	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of parathormone, CPT® 83970

Payer Anthem Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$252
Assay of parathormone	\$252	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of phosphorus, CPT® 84100

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$67
Assay of phosphorus	\$37	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Assay of calcium	\$30	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of phosphorus, CPT® 84100

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$865
Assay of phosphorus	\$37	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Comprehensive metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Vitamin d 25 hydroxy	\$163	100%		
Vit d 1 25-dihydroxy	\$73	100%		
Assay of GGT	\$57	100%		
Assay of iron	\$88	100%		
Lactate (LD) (LDH) enzyme	\$51	100%		
Assay thyroid stim hormone	\$81	100%		
Assay of blood/uric acid	\$26	100%		
Complete cbc automated	\$49	100%		
C-reactive protein	\$113	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of phosphorus, CPT® 84100

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$777
Assay of phosphorus	\$37	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Comprehensive metabolic panel	\$38	100%		
Vitamin B-12	\$129	100%		
Assay of GGT	\$57	100%		
Glycosylated hemoglobin test	\$113	100%		
Assay of iron	\$88	100%		
Lactate (LD) (LDH) enzyme	\$51	100%		
Assay of magnesium	\$49	100%		
Assay thyroid stim hormone	\$81	100%		
Assay of transferrin	\$64	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Eval amniotic fluid protein, CPT® 84112

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$202
Eval amniotic fluid protein	\$202	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of psa total, CPT® 84153
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$122
Assay of psa total	\$104	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$23
Routine venipuncture	\$18	57%		
Comprehensive metabolic panel	\$38	14%		
Lipid panel	\$71	14%		
Microalbumin quantitative	\$88	14%		
Assay of urine creatinine	\$70	14%		
Glycosylated hemoglobin test	\$113	14%		
Complete cbc automated	\$49	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of psa total, CPT® 84153
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$159
Assay of psa total	\$104	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$44
Routine venipuncture	\$18	45%		
Lipid panel	\$71	36%		
Metabolic panel total ca	\$29	18%		
Comprehen metabolic panel	\$38	18%		
Assay thyroid stim hormone	\$81	18%		
Vitamin d 25 hydroxy	\$163	18%		
Assay of creatinine	\$31	9%		
Assay of total testosterone	\$55	9%		
Assay of urea nitrogen	\$31	9%		
Complete cbc w/auto diff wbc	\$52	9%		
Complete cbc automated	\$49	9%		
Urinalysis auto w/o scope	\$7	9%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of PSA total, CPT® 84153

Payer United Healthcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$104
Assay of PSA total	\$104	100%	Average Negotiated Charge (Payment) / Visit	\$34
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	11%		
Metabolic panel total ca	\$29	11%		
Glycosylated hemoglobin test	\$113	7%		
Assay thyroid stim hormone	\$81	7%		
Urine culture/culture colony count	\$74	7%		
Hematocrit	\$29	4%		
Hemoglobin	\$29	4%		
Complete cbc w/auto diff wbc	\$52	4%		
Assay of total testosterone	\$33	4%		
Testosterone bioavailable	\$43	4%		
Assay of free thyroxine	\$86	4%		
Comprehensive metabolic panel	\$38	4%		
Lipid panel	\$71	4%		
Microalbumin quantitative	\$88	4%		
Assay of urine creatinine	\$70	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of psa total, CPT® 84153
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$104
Assay of psa total	\$104	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of psa total, CPT® 84153

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$104
Assay of psa total	\$104	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$23
Comprehensive metabolic panel	\$38	25%		
Lipid panel	\$71	25%		
Complete cbc w/auto diff wbc	\$52	25%		
Routine venipuncture	\$18	13%		
Acute hepatitis panel	\$326	13%		
Microalbumin quantitative	\$88	13%		
Assay of urine creatinine	\$70	13%		
Assay glucose blood quant	\$30	13%		
Glycosylated hemoglobin test	\$113	13%		
Assay thyroid stim hormone	\$81	13%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of psa total, CPT® 84153
Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$104
Assay of psa total	\$104	100%	Average Negotiated Charge (Payment) / Visit	\$23
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	22%		
Comprehensive metabolic panel	\$38	22%		
Lipid panel	\$71	15%		
Complete cbc w/auto diff wbc	\$52	15%		
Complete cbc automated	\$49	4%		
Hepatitis c ab test	\$115	4%		
Renal function panel	\$49	4%		
Vitamin d 25 hydroxy	\$163	4%		
Assay of creatinine	\$31	4%		
Glycosylated hemoglobin test	\$113	4%		
Assay of lipase	\$59	4%		
Assay of magnesium	\$49	4%		
Assay of psa free	\$51	4%		
Assay of total testosterone	\$55	4%		
Assay of urea nitrogen	\$31	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of psa total, CPT® 84153
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$122
Assay of psa total	\$104	100%	Average Negotiated Charge (Payment) / Visit	\$24
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	35%		
Comprehensive metabolic panel	\$38	18%		
Lipid panel	\$71	18%		
Glycosylated hemoglobin test	\$113	18%		
Assay thyroid stim hormone	\$81	12%		
Complete cbc w/auto diff wbc	\$52	6%		
Metabolic panel total ca	\$29	6%		
Assay of psa free	\$51	6%		
Assay of total testosterone	\$55	6%		
Assay of free thyroxine	\$86	6%		
Urinalysis auto w/scope	\$26	6%		
Urinalysis auto w/o scope	\$7	6%		
Assay of amylase	\$51	6%		
Vitamin B-12	\$129	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of psa total, CPT® 84153
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$122
Assay of psa total	\$104	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$23
Routine venipuncture	\$18	69%		
Lipid panel	\$71	31%		
Comprehensive metabolic panel	\$38	23%		
Metabolic panel total ca	\$29	8%		
Lactate (LD) (LDH) enzyme	\$51	8%		
Assay of psa free	\$51	8%		
Complete cbc w/auto diff wbc	\$52	8%		
Hepatitis c ab test	\$115	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of psa total, CPT® 84153

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$738
Assay of psa total	\$104	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Metabolic panel total ca	\$29	100%		
Lipid panel	\$71	100%		
Assay dipropylacetic acid tot	\$108	100%		
Bilirubin total	\$63	100%		
Glycosylated hemoglobin test	\$113	100%		
Assay alkaline phosphatase	\$31	100%		
Assay thyroid stim hormone	\$81	100%		
Transferase (AST) (SGOT)	\$29	100%		
Alanine amino (ALT) (SGPT)	\$42	100%		
Complete cbc automated	\$49	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of psa total, CPT® 84153
Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$104
Assay of psa total	\$104	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$20
Routine venipuncture	\$18	27%		
Assay of psa free	\$51	15%		
Complete cbc w/auto diff wbc	\$52	15%		
Comprehen metabolic panel	\$38	12%		
Lipid panel	\$71	12%		
Assay thyroid stim hormone	\$81	8%		
Glycosylated hemoglobin test	\$113	8%		
Assay of urea nitrogen	\$31	4%		
Metabolic panel total ca	\$29	4%		
Urinalysis auto w/o scope	\$7	4%		
Vitamin d 25 hydroxy	\$163	4%		
Assay of creatinine	\$31	4%		
Vitamin B-12	\$129	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of psa total, CPT® 84153
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$104
Assay of psa total	\$104	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$23
Routine venipuncture	\$18	33%		
Comprehen metabolic panel	\$38	11%		
Lipid panel	\$71	11%		
Carcinoembryonic antigen	\$68	11%		
Assay of psa free	\$51	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of psa total, CPT® 84153

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$104
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$28
Assay of psa total	\$104	100%		
Routine venipuncture	\$18	29%		
Comprehensive metabolic panel	\$38	22%		
Lipid panel	\$71	22%		
Complete cbc w/auto diff wbc	\$52	16%		
Assay thyroid stim hormone	\$81	13%		
Glycosylated hemoglobin test	\$113	11%		
Complete cbc automated	\$49	9%		
Vitamin d 25 hydroxy	\$163	7%		
Urinalysis auto w/o scope	\$7	4%		
Metabolic panel total ca	\$29	4%		
Assay of psa free	\$51	4%		
Alanine amino (ALT) (SGPT)	\$42	2%		
Assay of urea nitrogen	\$31	2%		
Assay of creatinine	\$31	2%		
Assay of blood lipoprotein	\$44	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of PSA total, CPT® 84153
Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$122
Assay of PSA total	\$104	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$44
Routine venipuncture	\$18	45%		
Comprehensive metabolic panel	\$38	30%		
Lipid panel	\$71	25%		
Complete CBC w/auto diff wbc	\$52	25%		
Glycosylated hemoglobin test	\$113	20%		
Assay thyroid stim hormone	\$81	18%		
Hepatitis C ab test	\$115	8%		
Assay of PSA free	\$51	8%		
Assay of total testosterone	\$55	8%		
Urinalysis auto w/o scope	\$7	8%		
Assay of creatinine	\$31	3%		
Assay of ferritin	\$74	3%		
Assay of iron	\$88	3%		
Assay of prolactin	\$260	3%		
Assay of urea nitrogen	\$31	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of psa free, CPT® 84154
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$173
Assay of psa free	\$51	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Assay of psa total	\$104	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of psa free, CPT® 84154
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$173
Assay of psa free	\$51	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$34
Routine venipuncture	\$18	100%		
Assay of psa total	\$104	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of psa free, CPT® 84154
Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$173
Assay of psa free	\$51	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Assay of psa total	\$104	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of psa free, CPT® 84154
Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$173
Assay of psa free	\$51	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Assay of psa total	\$104	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of psa free, CPT® 84154
Payer United Healthcare

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$173
Assay of psa free	\$51	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$73
Routine venipuncture	\$18	100%		
Assay of psa total	\$104	100%		
Assay of urea nitrogen	\$31	33%		
Assay of creatinine	\$31	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of psa free, CPT® 84154
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$204
Assay of psa free	\$51	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$49
Routine venipuncture	\$18	100%		
Assay of psa total	\$104	100%		
Assay of urea nitrogen	\$31	50%		
Assay of creatinine	\$31	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of psa free, CPT® 84154

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$341
Assay of psa free	\$51	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$136
Routine venipuncture	\$18	100%		
Assay of psa total	\$104	100%		
Assay of total testosterone	\$33	50%		
Testosterone bioavailable	\$43	50%		
Assay of prolactin	\$260	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of psa free, CPT® 84154

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$173
Assay of psa free	\$51	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$77
Routine venipuncture	\$18	100%		
Assay of psa total	\$104	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of protein urine, CPT® 84156

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$971
Assay of protein urine	\$29	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Renal function panel	\$49	100%		
Urinalysis auto w/scope	\$26	100%		
Vitamin d 25 hydroxy	\$163	100%		
Assay of urine creatinine	\$70	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Rbc sed rate automated	\$25	100%		
C-reactive protein	\$113	100%		
Complement antigen	\$324	100%		
Dna antibody native	\$102	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of protein urine, CPT® 84156

Payer Anthem Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$248
Assay of protein urine	\$29	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Renal function panel	\$49	100%		
Assay of calcium in urine	\$45	100%		
Assay of urine creatinine	\$70	100%		
Assay of urine sodium	\$37	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of protein urine, CPT® 84156
Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$395
Assay of protein urine	\$29	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$54
Assay of urine creatinine	\$70	100%		
Assay of ferritin	\$74	33%		
Assay of iron	\$88	33%		
Iron binding test	\$64	33%		
Assay of parathormone	\$252	33%		
Complete cbc w/auto diff wbc	\$52	33%		
Complete cbc automated	\$49	33%		
Routine venipuncture	\$18	33%		
Renal function panel	\$49	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of protein urine, CPT® 84156

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$330
Assay of protein urine	\$29	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$84
Assay of urine creatinine	\$70	100%		
Routine venipuncture	\$18	75%		
Renal function panel	\$49	50%		
Assay of blood/uric acid	\$26	50%		
Complete cbc w/auto diff wbc	\$52	25%		
Culture Aerobic Identify	\$86	25%		
Microbe susceptible mic	\$35	25%		
Detect agent nos dna quant	\$155	25%		
Assay of tacrolimus	\$43	25%		
Urinalysis auto w/scope	\$26	25%		
Microalbumin quantitative	\$88	25%		
Assay of creatinine	\$31	25%		
Electrolyte panel	\$23	25%		
Assay of magnesium	\$49	25%		
Assay of urea nitrogen	\$31	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of protein urine, CPT® 84156

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$166
Assay of protein urine	\$29	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$22
Assay of urine creatinine	\$70	100%		
Renal function panel	\$49	67%		
Assay of calcium in urine	\$45	33%		
Assay of magnesium	\$49	33%		
Assay of urine sodium	\$37	33%		
Routine venipuncture	\$18	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of protein urine, CPT® 84156

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$500
Assay of protein urine	\$29	100%	Average Negotiated Charge (Payment) / Visit	\$111
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	67%		
Assay of parathormone	\$252	67%		
Assay of urine creatinine	\$70	67%		
Assay iga/igd/igg/igm each	\$276	33%		
Assay nephelometry not spec	\$360	33%		
Assay of phosphorus	\$37	33%		
Assay of urine sodium	\$37	33%		
Assay of urea nitrogen	\$31	33%		
Antinuclear antibodies (ANA)	\$52	33%		
Complement antigen	\$324	33%		
Hepatitis b surface ag ia	\$149	33%		
Electrolyte panel	\$23	33%		
Assay of calcium	\$81	33%		
Assay of calcium in urine	\$45	33%		
Assay of creatinine	\$31	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of protein urine, CPT® 84156

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$373
Assay of protein urine	\$58	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Electrolyte panel	\$23	100%		
Assay of serum albumin	\$42	100%		
Assay of urine albumin	\$30	100%		
Assay of creatinine	\$31	100%		
Assay of urine creatinine	\$140	100%		
Assay of urea nitrogen	\$31	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of protein urine, CPT® 84156

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$192
Assay of protein urine	\$29	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$29
Assay of urine creatinine	\$70	100%		
Complete cbc w/auto diff wbc	\$52	50%		
Routine venipuncture	\$18	33%		
Renal function panel	\$49	33%		
Assay of urine albumin	\$30	17%		
Assay of beta-2 protein	\$63	17%		
Assay iga/igd/igg/igm each	\$276	17%		
Lactate (LD) (LDH) enzyme	\$51	17%		
Assay nephelometry not spec	\$180	17%		
Assay of protein serum	\$29	17%		
Protein e-phoresis serum	\$59	17%		
Protein e-phoresis/urine/csf	\$59	17%		
Assay of urine sodium	\$37	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of protein urine, CPT® 84156

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$413
Assay of protein urine	\$29	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$68
Assay of urine creatinine	\$70	100%		
Assay of parathormone	\$252	50%		
Assay of phosphorus	\$37	50%		
Assay of urea nitrogen	\$31	50%		
Routine venipuncture	\$18	50%		
Electrolyte panel	\$23	50%		
Assay of serum albumin	\$42	50%		
Vitamin d 25 hydroxy	\$163	50%		
Assay of calcium	\$30	50%		
Assay of creatinine	\$31	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Protein e-phoresis serum, CPT® 84165

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$605
Protein e-phoresis serum	\$59	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$156
Complete cbc w/auto diff wbc	\$52	100%		
Comprehensive metabolic panel	\$38	67%		
Vitamin B-12	\$129	33%		
Assay iga/igd/igg/igm each	\$276	33%		
Glycosylated hemoglobin test	\$113	33%		
Assay nephelometry not spec	\$180	33%		
Assay of protein serum	\$29	33%		
Assay thyroid stim hormone	\$81	33%		
Rbc sed rate automated	\$25	33%		
Antinuclear antibodies (ANA)	\$52	33%		
C-reactive protein	\$113	33%		
Lyme disease antibody	\$32	33%		
Routine venipuncture	\$18	33%		

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$718
Protein e-phoresis serum	\$59	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Comprehensive metabolic panel	\$38	100%		
Vitamin d 25 hydroxy	\$163	100%		
Assay of blood/uric acid	\$26	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Lyme disease antibody	\$32	100%		
Detect agent nos dna amp	\$348	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Protein e-phoresis serum, CPT® 84165

Payer Anthem Exchange

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$656
Protein e-phoresis serum	\$59	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	100%		
Assay iga/igd/igg/igm each	\$276	100%		
Lactate (LD) (LDH) enzyme	\$51	100%		
Assay nephelometry not spec	\$180	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Protein e-phoresis serum, CPT® 84165

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$725
Protein e-phoresis serum	\$59	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$132
Assay iga/igd/igg/igm each	\$276	100%		
Assay nephelometry not spec	\$180	100%		
Comprehen metabolic panel	\$38	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Routine venipuncture	\$18	50%		
Assay of beta-2 protein	\$63	50%		
Assay of urine creatinine	\$70	50%		
Assay of protein urine	\$29	50%		
Protein e-phoresis/urine/csf	\$59	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Protein e-phoresis serum, CPT® 84165

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$88
Protein e-phoresis serum	\$59	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Assay of protein serum	\$29	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Protein e-phoresis serum, CPT® 84165
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$155
Protein e-phoresis serum	\$59	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Renal function panel	\$49	100%		
Assay of protein serum	\$29	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Protein e-phoresis serum, CPT® 84165

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$692
Protein e-phoresis serum	\$59	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Comprehensive metabolic panel	\$38	100%		
Assay of beta-2 protein	\$63	100%		
Assay iga/igd/igg/igm each	\$276	100%		
Lactate (LD) (LDH) enzyme	\$51	100%		
Assay nephelometry not spec	\$180	100%		
Rbc sed rate automated	\$25	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Protein e-phoresis serum, CPT® 84165

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$674
Protein e-phoresis serum	\$59	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Comprehensive metabolic panel	\$38	100%		
Assay iga/igd/igg/igm each	\$276	100%		
Lactate (LD) (LDH) enzyme	\$51	100%		
Assay nephelometry not spec	\$180	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of free testosterone, CPT® 84402

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$200
Assay of free testosterone	\$48	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Assay of total testosterone	\$33	100%		
Testosterone bioavailable	\$43	100%		
Hematocrit	\$29	100%		
Hemoglobin	\$29	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of total testosterone, CPT® 84403

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$247
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$190
Assay of total testosterone	\$33	100%		
Testosterone bioavailable	\$43	75%		
Assay of psa total	\$104	50%		
Routine venipuncture	\$18	50%		
Comprehensive metabolic panel	\$38	50%		
Lipid panel	\$71	50%		
Renal function panel	\$49	25%		
Vitamin d 25 hydroxy	\$163	25%		
Assay of urine creatinine	\$70	25%		
Vitamin B-12	\$129	25%		
Glycosylated hemoglobin test	\$113	25%		
Assay of protein urine	\$29	25%		
Assay thyroid stim hormone	\$81	25%		
Complete cbc w/auto diff wbc	\$52	25%		
Complete cbc automated	\$49	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of total testosterone, CPT® 84403
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$159
Assay of total testosterone	\$55	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Assay of psa total	\$104	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of total testosterone, CPT® 84403

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$478
Assay of total testosterone	\$55	100%	Average Negotiated Charge (Payment) / Visit	\$179
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Assay of psa total	\$104	40%		
Testosterone bioavailable	\$43	40%		
Chorionic gonadotropin assay	\$97	20%		
Assay of sex hormone globul	\$73	20%		
Assay of somatomedin	\$67	20%		
Comprehen metabolic panel	\$38	20%		
Collagen crosslinks	\$97	20%		
Assay of estradiol	\$295	20%		
Assay of estrone	\$71	20%		
Assay of gonadotropin (fsh)	\$200	20%		
Assay of gonadotropin (lh)	\$211	20%		
Assay of progesterone 17-d	\$83	20%		
Assay of magnesium	\$49	20%		
Assay of parathormone	\$252	20%		
Assay of phosphorus	\$37	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of total testosterone, CPT® 84403

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$55
Assay of total testosterone	\$55	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of total testosterone, CPT® 84403

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$230
Assay of total testosterone	\$55	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$70
Assay of psa total	\$104	100%		
Assay of psa free	\$51	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Comprehen metabolic panel	\$38	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of total testosterone, CPT® 84403

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$253
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$204
Assay of total testosterone	\$55	100%		
Routine venipuncture	\$18	57%		
Assay of free testosterone	\$48	43%		
Testosterone bioavailable	\$43	43%		
Comprehensive metabolic panel	\$38	29%		
Lipid panel	\$71	29%		
Vitamin d 25 hydroxy	\$163	29%		
Assay of psa total	\$104	29%		
Glycosylated hemoglobin test	\$113	14%		
Assay alkaline phosphatase	\$31	14%		
Bilirubin total	\$63	14%		
Assay thyroid stim hormone	\$81	14%		
Alanine amino (ALT) (SGPT)	\$42	14%		
Complete cbc w/auto diff wbc	\$52	14%		
Complete cbc automated	\$49	14%		
Microsomal antibody each	\$160	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of total testosterone, CPT® 84403

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$188
Assay of total testosterone	\$55	100%	Average Negotiated Charge (Payment) / Visit	\$56
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	25%		
Lipid panel	\$71	25%		
Assay of gonadotropin (fsh)	\$200	25%		
Assay of gonadotropin (lh)	\$211	25%		
Glycosylated hemoglobin test	\$113	25%		
Assay of prolactin	\$260	25%		
Assay of sex hormone globul	\$73	25%		
Testosterone bioavailable	\$43	25%		
Assay thyroid stim hormone	\$81	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of total thyroxine, CPT® 84436

Payer Aetna BH

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$150
Assay of total thyroxine	\$51	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Assay thyroid stim hormone	\$81	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of free thyroxine, CPT® 84439
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$415
Assay of free thyroxine	\$86	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$61
Routine venipuncture	\$18	100%		
Assay thyroid stim hormone	\$81	100%		
Free assay (FT-3)	\$146	50%		
Vitamin B-12	\$129	50%		
Assay of folic acid serum	\$134	50%		
Lactate (LD) (LDH) enzyme	\$51	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of free thyroxine, CPT® 84439
Payer United Medicare Managed Care

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$408
Assay of free thyroxine	\$86	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$105
Assay thyroid stim hormone	\$81	100%		
Routine venipuncture	\$18	60%		
Complete cbc w/auto diff wbc	\$52	40%		
Vitamin d 25 hydroxy	\$163	40%		
Glycosylated hemoglobin test	\$113	40%		
Assay of iron	\$88	20%		
Assay of magnesium	\$49	20%		
Assay of natriuretic peptide	\$134	20%		
Assay of calcium	\$30	20%		
Assay of calcium	\$81	20%		
Assay of creatinine	\$31	20%		
Assay of ferritin	\$74	20%		
Assay of folic acid serum	\$134	20%		
Assay of digoxin total	\$97	20%		
Assay of blood/uric acid	\$26	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of free thyroxine, CPT® 84439
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$185
Assay of free thyroxine	\$86	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$32
Assay thyroid stim hormone	\$81	100%		
Routine venipuncture	\$18	33%		
Comprehensive metabolic panel	\$38	33%		
Glycosylated hemoglobin test	\$113	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of free thyroxine, CPT® 84439

Payer Anthem

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$329
Assay of free thyroxine	\$86	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$105
Assay thyroid stim hormone	\$81	88%		
Routine venipuncture	\$18	75%		
Comprehensive metabolic panel	\$38	25%		
Vitamin d 25 hydroxy	\$163	25%		
Complete cbc w/auto diff wbc	\$52	25%		
Detect agent nos dna amp	\$261	25%		
Lyme disease antibody	\$290	13%		
Lyme disease antibody	\$32	13%		
Assay of calcium	\$81	13%		
Assay of ferritin	\$74	13%		
Assay of parathormone	\$252	13%		
Lipid panel	\$71	13%		
Assay of tsi globulin	\$134	13%		
Free assay (FT-3)	\$146	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of free thyroxine, CPT® 84439

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$578
Assay of free thyroxine	\$86	100%	Average Negotiated Charge (Payment) / Visit	\$114
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Lipid panel	\$71	100%		
Assay thyroid stim hormone	\$81	100%		
Routine venipuncture	\$18	75%		
Vitamin d 25 hydroxy	\$163	50%		
Glycosylated hemoglobin test	\$113	50%		
Comprehen metabolic panel	\$38	50%		
Free assay (FT-3)	\$146	25%		
Complete cbc w/auto diff wbc	\$52	25%		
Complete cbc automated	\$49	25%		
Rbc sed rate automated	\$25	25%		
Assay of blood lipoprotein	\$44	25%		
Assay of urine creatinine	\$70	25%		
Metabolic panel total ca	\$29	25%		
Microalbumin quantitative	\$88	25%		

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Prices Posted & Effective 1/1/2021

Charge Display Assay of free thyroxine, CPT® 84439

Payer Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$450
Assay of free thyroxine	\$86	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72
Assay thyroid stim hormone	\$81	100%		
Complete cbc w/auto diff wbc	\$52	50%		
Routine venipuncture	\$18	50%		
Comprehensive metabolic panel	\$38	50%		
Lipid panel	\$71	50%		
Urinalysis auto w/scope	\$26	50%		
Microalbumin quantitative	\$88	50%		
Assay of urine creatinine	\$70	50%		
Vitamin B-12	\$129	50%		
Assay of ferritin	\$74	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of free thyroxine, CPT® 84439

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$363
Assay of free thyroxine	\$86	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$64
Routine venipuncture	\$18	100%		
Assay thyroid stim hormone	\$81	100%		
Complete cbc w/auto diff wbc	\$52	25%		
Prothrombin time	\$25	25%		
Thromboplastin time partial	\$52	25%		
Antinuclear antibodies (ANA)	\$52	25%		
Dna antibody native	\$102	25%		
Nuclear antigen antibody	\$478	25%		
Assay of ferritin	\$74	25%		
Assay of iron	\$88	25%		
Iron binding test	\$64	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of free thyroxine, CPT® 84439

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$509
Assay of free thyroxine	\$86	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$118
Assay thyroid stim hormone	\$81	100%		
Routine venipuncture	\$18	86%		
Glycosylated hemoglobin test	\$113	57%		
Lipid panel	\$71	43%		
Metabolic panel total ca	\$29	29%		
Comprehen metabolic panel	\$38	14%		
Hematocrit	\$29	14%		
Complete cbc w/auto diff wbc	\$52	14%		
Drug test prsmv chem anlyzr	\$180	14%		
Assay of amylase	\$51	14%		
Assay of urine creatinine	\$70	14%		
Assay of gastrin	\$71	14%		
Assay of lipase	\$59	14%		
Assay of free testosterone	\$48	14%		
Assay of total testosterone	\$33	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of free thyroxine, CPT® 84439

Payer Anthem Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$86
Assay of free thyroxine	\$86	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of free thyroxine, CPT® 84439

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$378
Assay of free thyroxine	\$86	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$149
Assay thyroid stim hormone	\$81	100%		
Routine venipuncture	\$18	45%		
Lipid panel	\$71	27%		
Assay of somatomedin	\$67	27%		
Assay triiodothyronine (t3)	\$122	18%		
Complete cbc w/auto diff wbc	\$52	18%		
Metabolic panel total ca	\$29	18%		
Assay of estradiol	\$295	18%		
Assay of gonadotropin (fsh)	\$200	18%		
Assay of gonadotropin (lh)	\$211	18%		
Assay of prolactin	\$260	9%		
Assay of acth	\$67	9%		
Assay of urine creatinine	\$70	9%		
Assay of tsi globulin	\$134	9%		
Alanine amino (ALT) (SGPT)	\$42	9%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay thyroid stim hormone, CPT® 84443

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$371
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72
Assay thyroid stim hormone	\$81	100%		
Routine venipuncture	\$18	64%		
Comprehensive metabolic panel	\$38	55%		
Lipid panel	\$71	49%		
Complete cbc w/auto diff wbc	\$52	44%		
Glycosylated hemoglobin test	\$113	32%		
Vitamin d 25 hydroxy	\$163	28%		
Assay of free thyroxine	\$86	19%		
Vitamin B-12	\$129	15%		
Assay of psa total	\$104	13%		
Urinalysis auto w/o scope	\$7	13%		
Complete cbc automated	\$49	8%		
Rbc sed rate automated	\$25	7%		
Metabolic panel total ca	\$29	5%		
Assay of ferritin	\$74	5%		
Alanine amino (ALT) (SGPT)	\$42	4%		

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Prices Posted & Effective 1/1/2021

Charge Display Assay thyroid stim hormone, CPT® 84443

Payer Cigna BH

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$647
Assay thyroid stim hormone	\$81	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Comprehensive metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Urinalysis auto w/o scope	\$7	100%		
Vitamin d 25 hydroxy	\$163	100%		
Glycosylated hemoglobin test	\$113	100%		
Assay of psa total	\$104	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$561
Assay thyroid stim hormone	\$81	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$105
Comprehensive metabolic panel	\$38	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Routine venipuncture	\$18	67%		
Lipid panel	\$71	67%		
Vitamin d 25 hydroxy	\$163	67%		
Vitamin B-12	\$129	33%		
Assay of folic acid serum	\$134	33%		
Glycosylated hemoglobin test	\$113	33%		
Assay of psa total	\$104	33%		
Prothrombin time	\$25	33%		

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Charge Display Assay thyroid stim hormone, CPT® 84443
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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$364
Assay thyroid stim hormone	\$81	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$62
Routine venipuncture	\$18	72%		
Lipid panel	\$71	48%		
Comprehensive metabolic panel	\$38	43%		
Complete cbc w/auto diff wbc	\$52	40%		
Glycosylated hemoglobin test	\$113	34%		
Vitamin d 25 hydroxy	\$163	26%		
Metabolic panel total ca	\$29	19%		
Vitamin B-12	\$129	16%		
Assay of urine creatinine	\$70	14%		
Assay of free thyroxine	\$86	14%		
Microalbumin quantitative	\$88	14%		
Urinalysis auto w/scope	\$26	7%		
Assay of creatinine	\$31	5%		
Assay of folic acid serum	\$134	5%		
Assay of iron	\$88	5%		

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Charge Display Assay thyroid stim hormone, CPT® 84443
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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$349
Assay thyroid stim hormone	\$81	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$63
Routine venipuncture	\$18	50%		
Lipid panel	\$71	50%		
Glycosylated hemoglobin test	\$113	50%		
Comprehensive metabolic panel	\$38	45%		
Complete cbc w/auto diff wbc	\$52	36%		
Metabolic panel total ca	\$29	23%		
Assay of free thyroxine	\$86	18%		
Assay of psa total	\$104	14%		
Microalbumin quantitative	\$88	14%		
Vitamin d 25 hydroxy	\$163	14%		
Assay of urine creatinine	\$70	14%		
Assay of ferritin	\$74	9%		
Urinalysis auto w/o scope	\$7	9%		
Assay of blood/uric acid	\$26	9%		
Complete cbc automated	\$49	9%		

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Charge Display Assay thyroid stim hormone, CPT® 84443
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$387
Assay thyroid stim hormone	\$81	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$75
Comprehensive metabolic panel	\$38	79%		
Lipid panel	\$71	58%		
Complete cbc w/auto diff wbc	\$52	58%		
Routine venipuncture	\$18	53%		
Glycosylated hemoglobin test	\$113	42%		
Vitamin d 25 hydroxy	\$163	37%		
Urinalysis auto w/o scope	\$7	26%		
Assay of psa total	\$104	11%		
Vitamin B-12	\$129	11%		
Complete cbc automated	\$49	11%		
Assay of folic acid serum	\$134	5%		
Assay of GGT	\$57	5%		
Assay of gonadotropin (fsh)	\$200	5%		
Assay of gonadotropin (lh)	\$211	5%		
Assay of blood/uric acid	\$26	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay thyroid stim hormone, CPT® 84443

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$410
Assay thyroid stim hormone	\$81	100%	Average Negotiated Charge (Payment) / Visit	\$82
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	72%		
Comprehensive metabolic panel	\$38	61%		
Complete cbc w/auto diff wbc	\$52	61%		
Lipid panel	\$71	50%		
Glycosylated hemoglobin test	\$113	33%		
Assay of psa total	\$104	28%		
Assay of free thyroxine	\$86	22%		
Free assay (FT-3)	\$146	11%		
Urinalysis auto w/o scope	\$7	11%		
Microalbumin quantitative	\$88	11%		
Antinuclear antibodies (ANA)	\$52	11%		
Assay of urine creatinine	\$70	11%		
Vitamin B-12	\$129	11%		
Alpha-1-antitrypsin total	\$40	6%		
Assay of amylase	\$51	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay thyroid stim hormone, CPT® 84443
Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$332
Assay thyroid stim hormone	\$81	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$82
Routine venipuncture	\$18	67%		
Lipid panel	\$71	64%		
Comprehensive metabolic panel	\$38	62%		
Complete cbc w/auto diff wbc	\$52	45%		
Glycosylated hemoglobin test	\$113	35%		
Vitamin d 25 hydroxy	\$163	26%		
Urinalysis auto w/o scope	\$7	13%		
Assay of urine creatinine	\$70	11%		
Assay of free thyroxine	\$86	11%		
Metabolic panel total ca	\$29	10%		
Microalbumin quantitative	\$88	9%		
Assay of psa total	\$104	8%		
Complete cbc automated	\$49	8%		
Vitamin B-12	\$129	5%		
Assay of thyroglobulin	\$102	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay thyroid stim hormone, CPT® 84443

Payer Empire Blue Cross

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$99
Assay thyroid stim hormone	\$81	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay thyroid stim hormone, CPT® 84443

Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$185
Assay thyroid stim hormone	\$81	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Assay of free thyroxine	\$86	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay thyroid stim hormone, CPT® 84443

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$353
Assay thyroid stim hormone	\$81	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$110
Routine venipuncture	\$18	56%		
Comprehensive metabolic panel	\$38	56%		
Lipid panel	\$71	54%		
Complete cbc w/auto diff wbc	\$52	49%		
Vitamin d 25 hydroxy	\$163	28%		
Glycosylated hemoglobin test	\$113	23%		
Assay of free thyroxine	\$86	15%		
Assay of psa total	\$104	11%		
Assay of urine creatinine	\$70	11%		
Microalbumin quantitative	\$88	10%		
Vitamin B-12	\$129	8%		
Lyme disease antibody	\$32	8%		
Rbc sed rate automated	\$25	7%		
Metabolic panel total ca	\$29	7%		
Assay of iron	\$88	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay thyroid stim hormone, CPT® 84443
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$261
Assay thyroid stim hormone	\$81	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$55
Lipid panel	\$71	75%		
Routine venipuncture	\$18	50%		
Comprehensive metabolic panel	\$38	50%		
Metabolic panel total ca	\$29	25%		
Glycosylated hemoglobin test	\$113	25%		
Transferase (AST) (SGOT)	\$29	25%		
Complete cbc w/auto diff wbc	\$104	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay thyroid stim hormone, CPT® 84443

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$99
Assay thyroid stim hormone	\$81	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$28
Routine venipuncture	\$18	40%		
Comprehensive metabolic panel	\$38	40%		
Lipid panel	\$71	40%		
Assay of free thyroxine	\$86	20%		
Complete cbc w/auto diff wbc	\$52	20%		
Rubeola antibody	\$141	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay thyroid stim hormone, CPT® 84443
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$302
Assay thyroid stim hormone	\$81	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$58
Routine venipuncture	\$18	69%		
Comprehensive metabolic panel	\$38	44%		
Lipid panel	\$71	44%		
Glycosylated hemoglobin test	\$113	38%		
Complete cbc w/auto diff wbc	\$52	34%		
Vitamin d 25 hydroxy	\$163	22%		
Assay of urine creatinine	\$70	13%		
Microalbumin quantitative	\$88	13%		
Assay of free thyroxine	\$86	13%		
Vitamin B-12	\$129	9%		
Urinalysis auto w/o scope	\$7	9%		
Metabolic panel total ca	\$29	9%		
Assay of parathormone	\$252	6%		
Assay of psa total	\$104	6%		
Assay of thyroglobulin	\$102	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay thyroid stim hormone, CPT® 84443

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$346
Assay thyroid stim hormone	\$81	100%	Average Negotiated Charge (Payment) / Visit	\$109
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	55%		
Lipid panel	\$71	52%		
Comprehensive metabolic panel	\$38	50%		
Complete cbc w/auto diff wbc	\$52	43%		
Glycosylated hemoglobin test	\$113	25%		
Vitamin d 25 hydroxy	\$163	23%		
Assay of free thyroxine	\$86	18%		
Assay of psa total	\$104	10%		
Assay of urine creatinine	\$70	10%		
Vitamin B-12	\$129	10%		
Microalbumin quantitative	\$88	9%		
Urinalysis auto w/o scope	\$7	7%		
Urinalysis auto w scope	\$26	6%		
Assay of ferritin	\$74	5%		
Assay of iron	\$88	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay thyroid stim hormone, CPT® 84443

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$518
Assay thyroid stim hormone	\$81	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Comprehensive metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Vitamin d 25 hydroxy	\$163	100%		
Glycosylated hemoglobin test	\$113	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Transferase (AST) (SGOT), CPT® 84450

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$231
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$58
Transferase (AST) (SGOT)	\$29	100%		
Routine venipuncture	\$18	100%		
Lipid panel	\$71	78%		
Bilirubin total	\$63	33%		
Assay alkaline phosphatase	\$31	33%		
Alanine amino (ALT) (SGPT)	\$42	33%		
Assay of urea nitrogen	\$31	22%		
Assay of serum potassium	\$35	22%		
Assay of serum sodium	\$35	22%		
Assay blood carbon dioxide	\$35	22%		
Assay of blood chloride	\$35	22%		
Assay of creatinine	\$31	22%		
Glycosylated hemoglobin test	\$113	11%		
Renal function panel	\$49	11%		
Metabolic panel total ca	\$29	11%		
Complete cbc w/auto diff wbc	\$52	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Transferase (AST) (SGOT), CPT® 84450

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$331
Transferase (AST) (SGOT)	\$29	100%	Average Negotiated Charge (Payment) / Visit	\$60
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Lipid panel	\$71	78%		
Routine venipuncture	\$18	67%		
Metabolic panel total ca	\$29	56%		
Alanine amino (ALT) (SGPT)	\$42	56%		
Complete cbc w/auto diff wbc	\$52	44%		
Glycosylated hemoglobin test	\$113	44%		
Assay thyroid stim hormone	\$81	33%		
Assay of urea nitrogen	\$31	22%		
Assay of magnesium	\$49	22%		
Assay alkaline phosphatase	\$31	22%		
Assay of serum potassium	\$35	22%		
Assay of serum sodium	\$35	22%		
Assay blood carbon dioxide	\$35	22%		
Assay of blood chloride	\$35	22%		
Assay of creatinine	\$31	22%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Transferase (AST) (SGOT), CPT® 84450
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$302
Transferase (AST) (SGOT)	\$29	100%	Average Negotiated Charge (Payment) / Visit	\$50
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	92%		
Lipid panel	\$71	85%		
Alanine amino (ALT) (SGPT)	\$42	46%		
Metabolic panel total ca	\$29	23%		
Glycosylated hemoglobin test	\$113	23%		
Assay alkaline phosphatase	\$31	15%		
Assay of serum potassium	\$35	15%		
Assay of serum sodium	\$35	15%		
Bilirubin total	\$63	15%		
Assay blood carbon dioxide	\$35	15%		
Assay of blood chloride	\$35	15%		
Assay of creatinine	\$31	15%		
Assay of urea nitrogen	\$31	15%		
Complete cbc w/auto diff wbc	\$52	15%		
Assay of free thyroxine	\$86	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Transferase (AST) (SGOT), CPT® 84450

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$396
Transferase (AST) (SGOT)	\$29	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Lipid panel	\$71	100%		
Assay of ferritin	\$74	100%		
Assay of iron	\$88	100%		
Iron binding test	\$64	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Transferase (AST) (SGOT), CPT® 84450

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$183
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$38
Transferase (AST) (SGOT)	\$29	100%		
Routine venipuncture	\$18	83%		
Lipid panel	\$71	70%		
Alanine amino (ALT) (SGPT)	\$42	39%		
Assay of creatinine	\$31	26%		
Glycosylated hemoglobin test	\$113	26%		
Assay alkaline phosphatase	\$31	22%		
Assay of serum potassium	\$35	22%		
Assay of serum sodium	\$35	22%		
Bilirubin total	\$63	22%		
Assay blood carbon dioxide	\$35	22%		
Assay of blood chloride	\$35	22%		
Assay of urea nitrogen	\$31	22%		
Complete cbc w/auto diff wbc	\$52	9%		
Metabolic panel total ca	\$29	9%		
Assay thyroid stim hormone	\$81	9%		

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Charge Display Transferase (AST) (SGOT), CPT® 84450

Payer Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$223
Transferase (AST) (SGOT)	\$29	100%	Average Negotiated Charge (Payment) / Visit	\$32
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	75%		
Lipid panel	\$71	75%		
Bilirubin total	\$63	25%		
Vitamin d 25 hydroxy	\$163	25%		
Assay of ck (cpk)	\$63	25%		
Glycosylated hemoglobin test	\$113	25%		
Assay alkaline phosphatase	\$31	25%		
Alanine amino (ALT) (SGPT)	\$42	25%		
Complete cbc automated	\$49	25%		

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Charge Display Transferase (AST) (SGOT), CPT® 84450

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$257
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$62
Transferase (AST) (SGOT)	\$29	100%		
Routine venipuncture	\$18	79%		
Lipid panel	\$71	63%		
Alanine amino (ALT) (SGPT)	\$42	63%		
Assay alkaline phosphatase	\$31	26%		
Bilirubin total	\$63	26%		
Glycosylated hemoglobin test	\$113	21%		
Metabolic panel total ca	\$29	16%		
Assay blood carbon dioxide	\$35	11%		
Assay of blood chloride	\$35	11%		
Assay of creatinine	\$31	11%		
Assay of urea nitrogen	\$31	11%		
Assay of serum potassium	\$35	11%		
Assay of psa total	\$104	11%		
Assay of serum sodium	\$35	11%		
Acute hepatitis panel	\$326	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Transferase (AST) (SGOT), CPT® 84450

Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$316
Transferase (AST) (SGOT)	\$29	100%	Average Negotiated Charge (Payment) / Visit	\$66
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Metabolic panel total ca	\$29	100%		
Lipid panel	\$71	100%		
Glycosylated hemoglobin test	\$113	50%		
Assay of thyroglobulin	\$102	50%		
Assay thyroid stim hormone	\$81	50%		
Alanine amino (ALT) (SGPT)	\$42	50%		

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Hospital Name Danbury Hospital

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Charge Display Transferase (AST) (SGOT), CPT® 84450

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$156
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$28
Transferase (AST) (SGOT)	\$29	100%		
Routine venipuncture	\$18	92%		
Lipid panel	\$71	83%		
Alanine amino (ALT) (SGPT)	\$42	25%		
Glycosylated hemoglobin test	\$113	17%		
Assay alkaline phosphatase	\$31	8%		
Assay of serum potassium	\$35	8%		
Assay of psa total	\$104	8%		
Assay of serum sodium	\$35	8%		
Assay of free thyroxine	\$86	8%		
Assay thyroid stim hormone	\$81	8%		
Bilirubin total	\$63	8%		
Assay blood carbon dioxide	\$35	8%		
Assay of blood chloride	\$35	8%		
Assay of creatinine	\$31	8%		
Assay of urea nitrogen	\$31	8%		

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Hospital Name Danbury Hospital
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Charge Display Transferase (AST) (SGOT), CPT® 84450
Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$368
Transferase (AST) (SGOT)	\$29	100%	Average Negotiated Charge (Payment) / Visit	\$50
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Lipid panel	\$71	50%		
Alanine amino (ALT) (SGPT)	\$42	50%		
Complete cbc w/auto diff wbc	\$52	25%		
Rbc sed rate automated	\$25	25%		
Antinuclear antibodies (ANA)	\$52	25%		
C-reactive protein	\$113	25%		
Complement antigen	\$324	25%		
Ccp antibody	\$52	25%		
Hepatitis a antibody	\$128	25%		
Hepatitis c ab test	\$115	25%		
Hepb screen high risk indiv	\$149	25%		
Bilirubin total	\$63	25%		
Assay of creatinine	\$31	25%		
Assay alkaline phosphatase	\$31	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Alanine amino (ALT) (SGPT), CPT® 84460
Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$373
Alanine amino (ALT) (SGPT)	\$42	100%	Average Negotiated Charge (Payment) / Visit	\$96
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Lipid panel	\$71	100%		
Routine venipuncture	\$18	100%		
Transferase (AST) (SGOT)	\$29	100%		
Metabolic panel total ca	\$29	67%		
Assay of blood/uric acid	\$26	33%		
Assay dipropylacetic acd tot	\$108	33%		
Bilirubin total	\$63	33%		
Assay of carnitine	\$81	33%		
Assay of urine creatinine	\$70	33%		
Assay of magnesium	\$49	33%		
Assay of parathormone	\$252	33%		
Assay alkaline phosphatase	\$31	33%		
Assay of phosphorus	\$37	33%		
Assay of free thyroxine	\$86	33%		
Assay thyroid stim hormone	\$81	33%		

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Hospital Name Danbury Hospital
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Charge Display Alanine amino (ALT) (SGPT), CPT® 84460
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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$273
Alanine amino (ALT) (SGPT)	\$42	100%	Average Negotiated Charge (Payment) / Visit	\$44
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	80%		
Metabolic panel total ca	\$29	80%		
Lipid panel	\$71	80%		
Transferase (AST) (SGOT)	\$29	60%		
Bilirubin total	\$63	40%		
Assay alkaline phosphatase	\$31	40%		
Assay thyroid stim hormone	\$81	20%		
Glycosylated hemoglobin test	\$113	20%		
Complete cbc w/auto diff wbc	\$52	20%		
Complete cbc automated	\$49	20%		
Prothrombin time	\$25	20%		
Thromboplastin time partial	\$52	20%		

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Hospital Name Danbury Hospital
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Charge Display Alanine amino (ALT) (SGPT), CPT® 84460
Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$160
Alanine amino (ALT) (SGPT)	\$42	100%	Average Negotiated Charge (Payment) / Visit	\$32
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Lipid panel	\$71	80%		
Routine venipuncture	\$18	40%		
Metabolic panel total ca	\$29	40%		
Assay bld/serum cholesterol	\$29	20%		
Glycosylated hemoglobin test	\$113	20%		
Transferase (AST) (SGOT)	\$29	20%		
Complete cbc automated	\$49	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Alanine amino (ALT) (SGPT), CPT® 84460
Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$209
Alanine amino (ALT) (SGPT)	\$42	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Metabolic panel total ca	\$29	100%		
Lipid panel	\$71	100%		
Complete cbc automated	\$49	100%		

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Charge Display Alanine amino (ALT) (SGPT), CPT® 84460
Payer Connecticare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$246
Alanine amino (ALT) (SGPT)	\$42	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Bilirubin total	\$63	100%		
Assay alkaline phosphatase	\$31	100%		
Assay thyroid stim hormone	\$81	100%		
Transferase (AST) (SGOT)	\$29	100%		

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Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$326
Alanine amino (ALT) (SGPT)	\$42	100%	Average Negotiated Charge (Payment) / Visit	\$55
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	67%		
Metabolic panel total ca	\$29	67%		
Lipid panel	\$71	67%		
Microalbumin quantitative	\$88	33%		
Assay of urine creatinine	\$70	33%		
Vitamin B-12	\$129	33%		
Glycosylated hemoglobin test	\$113	33%		
Assay of iron	\$88	33%		
Transferase (AST) (SGOT)	\$29	33%		
Complete cbc automated	\$49	33%		

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Hospital Name Danbury Hospital
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Charge Display Alanine amino (ALT) (SGPT), CPT® 84460
Payer Empire Blue Cross

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$329
Alanine amino (ALT) (SGPT)	\$42	100%	Average Negotiated Charge (Payment) / Visit	\$181
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Metabolic panel total ca	\$29	100%		
Lipid panel	\$71	100%		
Vitamin d 25 hydroxy	\$163	50%		
Glycosylated hemoglobin test	\$113	50%		
Assay of magnesium	\$49	50%		
Complete cbc automated	\$49	50%		

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Hospital Name Danbury Hospital
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Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$298
Alanine amino (ALT) (SGPT)	\$42	100%	Average Negotiated Charge (Payment) / Visit	\$74
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Metabolic panel total ca	\$29	60%		
Lipid panel	\$71	60%		
Glycosylated hemoglobin test	\$113	60%		
Routine venipuncture	\$18	40%		
Assay glucose blood quant	\$30	40%		
Transferase (AST) (SGOT)	\$29	40%		
Assay alkaline phosphatase	\$31	20%		
Assay of serum potassium	\$35	20%		
Assay of psa total	\$104	20%		
Assay of serum sodium	\$35	20%		
Assay dipropylacetic acid tot	\$108	20%		
Acetone assay	\$45	20%		
Assay blood carbon dioxide	\$35	20%		
Assay of blood chloride	\$35	20%		
Assay of creatinine	\$31	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Free assay (FT-3), CPT® 84481

Payer Aetna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$377
Free assay (FT-3)	\$146	100%	Average Negotiated Charge (Payment) / Visit	\$100
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Assay of free thyroxine	\$86	100%		
Assay thyroid stim hormone	\$81	100%		
Metabolic panel total ca	\$29	50%		
Assay of ck (cpk)	\$63	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Free assay (FT-3), CPT® 84481

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$313
Free assay (FT-3)	\$146	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Assay of free thyroxine	\$86	100%		
Assay thyroid stim hormone	\$81	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Free assay (FT-3), CPT® 84481

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,622
Free assay (FT-3)	\$146	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Dehydroepiandrosterone	\$64	100%		
Assay of estradiol	\$295	100%		
Glycosylated hemoglobin test	\$113	100%		
Assay Of Homocystine	\$128	100%		
Assay of insulin	\$37	100%		
Assay of progesterone	\$215	100%		
Assay of total testosterone	\$55	100%		
Assay of total thyroxine	\$51	100%		
Assay thyroid stim hormone	\$81	100%		
Assay of c-peptide	\$55	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Antinuclear antibodies (ANA)	\$52	100%		
Dna antibody native	\$102	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Free assay (FT-3), CPT® 84481

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$433
Free assay (FT-3)	\$146	100%	Average Negotiated Charge (Payment) / Visit	\$113
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Assay of free thyroxine	\$86	100%		
Assay thyroid stim hormone	\$81	100%		
Routine venipuncture	\$18	60%		
Metabolic panel total ca	\$29	40%		
Lipid panel	\$71	20%		
Microalbumin quantitative	\$88	20%		
Total cortisol	\$119	20%		
Assay of urine creatinine	\$70	20%		
Assay iga/igd/igg/igm each	\$92	20%		
Immunoassay nonantibody	\$162	20%		
Assay of thyroglobulin	\$102	20%		
Alanine amino (ALT) (SGPT)	\$42	20%		
Complete cbc automated	\$49	20%		
Lyme disease antibody	\$32	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of troponin quant, CPT® 84484

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$71
Assay of troponin quant	\$71	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of urea nitrogen, CPT® 84520

Payer Aetna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$320
Assay of urea nitrogen	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$94
Assay of creatinine	\$31	100%		
Routine venipuncture	\$18	89%		
Assay blood carbon dioxide	\$35	63%		
Assay of blood chloride	\$35	63%		
Assay of serum sodium	\$35	63%		
Assay of serum potassium	\$35	63%		
Transferase (AST) (SGOT)	\$29	42%		
Lipid panel	\$71	42%		
Assay glucose blood quant	\$30	21%		
Electrolyte panel	\$23	16%		
Bilirubin total	\$95	11%		
Assay alkaline phosphatase	\$47	11%		
Alanine amino (ALT) (SGPT)	\$63	11%		
Complete cbc w/auto diff wbc	\$78	11%		
Assay of psa total	\$104	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of urea nitrogen, CPT® 84520

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$320
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$72
Assay of urea nitrogen	\$31	100%		
Routine venipuncture	\$18	100%		
Assay of creatinine	\$31	100%		
Assay blood carbon dioxide	\$35	67%		
Assay of blood chloride	\$35	67%		
Lipid panel	\$71	67%		
Assay of serum potassium	\$35	67%		
Assay of serum sodium	\$35	67%		
Assay of glycated protein	\$71	67%		
Glycosylated hemoglobin test	\$113	33%		
Immunoassay nonantibody	\$35	33%		
Assay thyroid stim hormone	\$81	33%		
Islet cell antibody	\$147	33%		
Microalbumin quantitative	\$88	33%		
Electrolyte panel	\$23	33%		
Assay of urine creatinine	\$70	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of urea nitrogen, CPT® 84520

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$103
Assay of urea nitrogen	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Electrolyte panel	\$23	100%		
Assay of creatinine	\$31	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of urea nitrogen, CPT® 84520

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$362
Assay of urea nitrogen	\$31	100%	Average Negotiated Charge (Payment) / Visit	\$57
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Assay of creatinine	\$31	100%		
Lipid panel	\$71	50%		
Assay blood carbon dioxide	\$35	50%		
Assay of blood chloride	\$35	50%		
Assay of serum potassium	\$35	50%		
Assay of serum sodium	\$35	50%		
Assay of protein urine	\$29	25%		
Assay of serum albumin	\$42	25%		
Assay of calcium	\$30	25%		
Electrolyte panel	\$23	25%		
Assay of urine creatinine	\$70	25%		
Glycosylated hemoglobin test	\$113	25%		
Assay of parathormone	\$252	25%		
Assay of phosphorus	\$37	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of urea nitrogen, CPT® 84520

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$235
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$85
Assay of urea nitrogen	\$31	100%		
Routine venipuncture	\$18	100%		
Assay of creatinine	\$31	100%		
Assay of serum potassium	\$35	50%		
Assay of serum sodium	\$35	50%		
Assay blood carbon dioxide	\$35	50%		
Assay of blood chloride	\$35	50%		
Lipid panel	\$71	30%		
Assay of psa total	\$104	20%		
Assay of psa free	\$51	20%		
Assay of lithium	\$37	10%		
Electrolyte panel	\$23	10%		
Assay of free thyroxine	\$86	10%		
Assay thyroid stim hormone	\$81	10%		
Free assay (FT-3)	\$146	10%		
Complete cbc automated	\$49	10%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of urea nitrogen, CPT® 84520
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$320
Assay of urea nitrogen	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$55
Assay of creatinine	\$31	100%		
Routine venipuncture	\$18	91%		
Assay blood carbon dioxide	\$35	73%		
Assay of blood chloride	\$35	73%		
Assay of serum potassium	\$35	73%		
Assay of serum sodium	\$35	73%		
Transferase (AST) (SGOT)	\$29	36%		
Lipid panel	\$71	36%		
Electrolyte panel	\$23	27%		
Vitamin d 25 hydroxy	\$163	23%		
Assay of parathormone	\$252	23%		
Assay of phosphorus	\$37	23%		
Assay of calcium	\$30	18%		
Assay of serum albumin	\$42	18%		
Assay glucose blood quant	\$30	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of urea nitrogen, CPT® 84520
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$357
Assay of urea nitrogen	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$59
Routine venipuncture	\$18	100%		
Assay of creatinine	\$31	100%		
Assay of serum potassium	\$35	50%		
Assay of serum sodium	\$35	50%		
Assay of free thyroxine	\$86	50%		
Assay thyroid stim hormone	\$81	50%		
Transferase (AST) (SGOT)	\$29	50%		
Free assay (FT-3)	\$146	50%		
Lipid panel	\$71	50%		
Assay blood carbon dioxide	\$35	50%		
Assay of blood chloride	\$35	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of urea nitrogen, CPT® 84520

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$177
Assay of urea nitrogen	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$33
Assay of creatinine	\$31	100%		
Routine venipuncture	\$18	100%		
Electrolyte panel	\$23	50%		
Assay of serum albumin	\$42	25%		
Assay of calcium	\$30	25%		
Assay blood carbon dioxide	\$35	25%		
Assay of blood chloride	\$35	25%		
Assay iga/igd/igg/igm each	\$276	25%		
Assay glucose blood quant	\$30	25%		
Assay nephelometry not spec	\$360	25%		
Assay of parathormone	\$252	25%		
Assay of phosphorus	\$37	25%		
Assay of serum potassium	\$35	25%		
Assay of protein urine	\$58	25%		
Antinuclear antibodies (ANA)	\$52	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of urea nitrogen, CPT® 84520

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$284
Assay of urea nitrogen	\$31	100%	Average Negotiated Charge (Payment) / Visit	\$60
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Assay of creatinine	\$31	100%		
Routine venipuncture	\$18	75%		
Assay blood carbon dioxide	\$35	42%		
Assay of blood chloride	\$35	42%		
Assay of serum potassium	\$35	42%		
Assay of serum sodium	\$35	42%		
Electrolyte panel	\$23	33%		
Lipid panel	\$71	25%		
Assay of serum albumin	\$42	17%		
Assay of calcium	\$30	17%		
Assay of urine creatinine	\$70	17%		
Assay glucose blood quant	\$30	17%		
Assay of parathormone	\$252	17%		
Assay of phosphorus	\$37	17%		
Assay of protein urine	\$29	17%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of urea nitrogen, CPT® 84520
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$283
Assay of urea nitrogen	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$50
Assay of creatinine	\$31	100%		
Routine venipuncture	\$18	57%		
Electrolyte panel	\$23	43%		
Assay blood carbon dioxide	\$35	43%		
Assay of blood chloride	\$35	43%		
Assay of serum potassium	\$35	43%		
Assay of serum sodium	\$35	43%		
Transferase (AST) (SGOT)	\$29	29%		
Assay of protein urine	\$29	29%		
Lipid panel	\$71	29%		
Assay of urine creatinine	\$70	29%		
Assay of parathormone	\$252	14%		
Assay of phosphorus	\$37	14%		
Assay of serum albumin	\$42	14%		
Assay of calcium	\$30	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of urea nitrogen, CPT® 84520

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$320
Assay of urea nitrogen	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Lipid panel	\$71	100%		
Assay blood carbon dioxide	\$35	100%		
Assay of blood chloride	\$35	100%		
Assay of creatinine	\$31	100%		
Assay of serum potassium	\$35	100%		
Assay of serum sodium	\$35	100%		
Transferase (AST) (SGOT)	\$29	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of urea nitrogen, CPT® 84520

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$354
Assay of urea nitrogen	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$79
Routine venipuncture	\$18	100%		
Assay of creatinine	\$31	100%		
Assay of serum potassium	\$35	71%		
Assay blood carbon dioxide	\$35	71%		
Assay of blood chloride	\$35	71%		
Assay of serum sodium	\$35	71%		
Lipid panel	\$71	43%		
Assay of natriuretic peptide	\$134	43%		
Electrolyte panel	\$23	29%		
Assay of psa total	\$104	14%		
Assay of total testosterone	\$55	14%		
Transferase (AST) (SGOT)	\$29	14%		
Complete cbc automated	\$49	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of urea nitrogen, CPT® 84520
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$154
Assay of urea nitrogen	\$31	100%	Average Negotiated Charge (Payment) / Visit	\$22
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Assay of creatinine	\$31	100%		
Electrolyte panel	\$23	38%		
Assay blood carbon dioxide	\$35	31%		
Assay of blood chloride	\$35	31%		
Assay of serum potassium	\$35	31%		
Assay of serum sodium	\$35	31%		
Transferase (AST) (SGOT)	\$29	15%		
Alanine amino (ALT) (SGPT)	\$42	8%		
Assay of psa free	\$51	8%		
Assay of calcium	\$30	8%		
Assay glucose blood quant	\$30	8%		
Assay of parathormone	\$252	8%		
Assay alkaline phosphatase	\$31	8%		
Assay of phosphorus	\$37	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of urea nitrogen, CPT® 84520

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$235
Assay of urea nitrogen	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$43
Assay of creatinine	\$31	100%		
Routine venipuncture	\$18	90%		
Assay blood carbon dioxide	\$35	50%		
Assay of blood chloride	\$35	50%		
Assay of serum potassium	\$35	50%		
Assay of serum sodium	\$35	50%		
Lipid panel	\$71	30%		
Electrolyte panel	\$23	20%		
Assay of lithium	\$37	10%		
Assay of calcium	\$81	10%		
Assay glucose blood quant	\$30	10%		
Assay of magnesium	\$49	10%		
Assay of parathormone	\$252	10%		
Assay of phosphorus	\$37	10%		
Assay thyroid stim hormone	\$81	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Assay of urea nitrogen, CPT® 84520

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$220
Assay of urea nitrogen	\$31	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Assay blood carbon dioxide	\$35	100%		
Assay of blood chloride	\$35	100%		
Assay of creatinine	\$31	100%		
Assay of serum potassium	\$35	100%		
Assay of serum sodium	\$35	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of blood/uric acid, CPT® 84550
Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$235
Assay of blood/uric acid	\$26	100%	Average Negotiated Charge (Payment) / Visit	\$71
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	40%		
Complete cbc w/auto diff wbc	\$52	40%		
Assay of psa total	\$104	30%		
Lipid panel	\$71	30%		
Renal function panel	\$49	20%		
Metabolic panel total ca	\$29	20%		
Comprehen metabolic panel	\$38	20%		
Alanine amino (ALT) (SGPT)	\$42	10%		
Assay of calcium	\$81	10%		
Assay of ferritin	\$74	10%		
Assay of GGT	\$57	10%		
Assay of iron	\$88	10%		
Assay of magnesium	\$49	10%		
Assay of parathormone	\$252	10%		
Assay alkaline phosphatase	\$31	10%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of blood/uric acid, CPT® 84550
Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$177
Assay of blood/uric acid	\$26	100%	Average Negotiated Charge (Payment) / Visit	\$46
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	90%		
Comprehen metabolic panel	\$38	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Renal function panel	\$49	40%		
Lipid panel	\$71	30%		
Assay thyroid stim hormone	\$81	30%		
Rbc sed rate nonautomated	\$60	20%		
Assay of psa total	\$104	20%		
Assay of protein urine	\$29	10%		
Assay of urine creatinine	\$70	10%		
Assay of GGT	\$57	10%		
Glycosylated hemoglobin test	\$113	10%		
Assay of iron	\$88	10%		
Assay of magnesium	\$49	10%		
Assay of phosphorus	\$37	10%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of blood/uric acid, CPT® 84550
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$156
Assay of blood/uric acid	\$26	100%	Average Negotiated Charge (Payment) / Visit	\$41
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Renal function panel	\$49	60%		
Assay of urine creatinine	\$70	40%		
Assay of magnesium	\$49	40%		
Assay of protein urine	\$29	40%		
Assay of urine sodium	\$37	40%		
Routine venipuncture	\$18	40%		
Alanine amino (ALT) (SGPT)	\$42	20%		
Assay of oxalate	\$52	20%		
Assay alkaline phosphatase	\$31	20%		
Assay of urine phosphorus	\$52	20%		
Assay of urine albumin	\$30	20%		
Assay of calcium	\$81	20%		
Assay of calcium in urine	\$45	20%		
Assay of citrate	\$70	20%		
Assay of ck (cpk)	\$63	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of blood/uric acid, CPT® 84550
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$88
Assay of blood/uric acid	\$26	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$19
Routine venipuncture	\$18	75%		
Comprehensive metabolic panel	\$38	38%		
Renal function panel	\$49	38%		
Assay of magnesium	\$49	25%		
Assay of ck (cpk)	\$63	13%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of blood/uric acid, CPT® 84550
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$271
Assay of blood/uric acid	\$26	100%	Average Negotiated Charge (Payment) / Visit	\$49
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	90%		
Renal function panel	\$49	50%		
Assay of urine creatinine	\$70	40%		
Assay of protein urine	\$29	30%		
Complete cbc w/auto diff wbc	\$52	30%		
Assay of magnesium	\$49	20%		
Assay of parathormone	\$252	20%		
Assay of urine phosphorus	\$52	20%		
Comprehensive metabolic panel	\$38	20%		
Lipid panel	\$71	20%		
Vitamin d 25 hydroxy	\$163	20%		
Assay of calcium in urine	\$45	20%		
Assay of citrate	\$70	20%		
Assay iga/igd/igg/igm each	\$276	10%		
Assay nephelometry not spec	\$180	10%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of blood/uric acid, CPT® 84550
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$44
Assay of blood/uric acid	\$26	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$9
Routine venipuncture	\$18	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of blood/uric acid, CPT® 84550
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$314
Assay of blood/uric acid	\$26	100%	Average Negotiated Charge (Payment) / Visit	\$48
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	50%		
Comprehensive metabolic panel	\$38	38%		
Lipid panel	\$71	38%		
Renal function panel	\$49	25%		
Assay of magnesium	\$49	25%		
Assay of parathormone	\$252	25%		
Glycosylated hemoglobin test	\$113	25%		
Complete cbc w/auto diff wbc	\$52	25%		
Assay of iron	\$88	13%		
Assay of protein urine	\$29	13%		
Assay thyroid stim hormone	\$81	13%		
Alanine amino (ALT) (SGPT)	\$42	13%		
Assay of calcium	\$81	13%		
Assay of urine creatinine	\$70	13%		
Assay of ferritin	\$74	13%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Assay of blood/uric acid, CPT® 84550
Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$424
Assay of blood/uric acid	\$26	100%	Average Negotiated Charge (Payment) / Visit	\$74
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	60%		
Assay of urine creatinine	\$70	60%		
Complete cbc w/auto diff wbc	\$52	60%		
Glycosylated hemoglobin test	\$113	40%		
Comprehen metabolic panel	\$38	40%		
Lipid panel	\$71	40%		
Renal function panel	\$49	40%		
Microalbumin quantitative	\$88	40%		
Vitamin d 25 hydroxy	\$163	40%		
Assay of ck (cpk)	\$63	20%		
Assay of lactic acid	\$64	20%		
Assay of magnesium	\$49	20%		
Assay alkaline phosphatase	\$31	20%		
Assay of protein urine	\$29	20%		
Alanine amino (ALT) (SGPT)	\$42	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complete cbc w/auto diff wbc, CPT® 85025

Payer Anthem

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$221
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$54
Complete cbc w/auto diff wbc	\$52	100%		
Comprehensive metabolic panel	\$38	55%		
Routine venipuncture	\$18	40%		
Lipid panel	\$71	33%		
Assay thyroid stim hormone	\$81	27%		
Glycosylated hemoglobin test	\$113	19%		
Vitamin d 25 hydroxy	\$163	14%		
Assay of psa total	\$104	8%		
Metabolic panel total ca	\$29	8%		
Urinalysis auto w/o scope	\$7	7%		
Vitamin B-12	\$129	5%		
C-reactive protein	\$113	5%		
Assay of urine creatinine	\$70	5%		
Lyme disease antibody	\$32	4%		
Assay of free thyroxine	\$86	4%		
Assay of ferritin	\$74	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Complete cbc w/auto diff wbc, CPT® 85025
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$90
Complete cbc w/auto diff wbc	\$52	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$27
Comprehensive metabolic panel	\$38	60%		
Lipid panel	\$71	21%		
Assay thyroid stim hormone	\$81	16%		
Routine venipuncture	\$18	16%		
Glycosylated hemoglobin test	\$113	14%		
Vitamin d 25 hydroxy	\$163	12%		
Vitamin B-12	\$129	9%		
Assay of psa total	\$104	7%		
Assay of free thyroxine	\$86	7%		
Assay of iron	\$88	5%		
Iron binding test	\$64	5%		
Assay of ferritin	\$74	5%		
Assay of folic acid serum	\$134	5%		
Free assay (FT-3)	\$146	5%		
C-reactive protein	\$113	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complete cbc w/auto diff wbc, CPT® 85025

Payer Empire Blue Cross

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$98
Complete cbc w/auto diff wbc	\$52	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Assay of lead	\$28	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complete cbc w/auto diff wbc, CPT® 85025

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$260
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$80
Complete cbc w/auto diff wbc	\$52	100%		
Comprehensive metabolic panel	\$38	61%		
Lipid panel	\$71	41%		
Routine venipuncture	\$18	33%		
Assay thyroid stim hormone	\$81	30%		
Glycosylated hemoglobin test	\$113	20%		
Vitamin d 25 hydroxy	\$163	17%		
Urinalysis auto w/o scope	\$7	11%		
Vitamin B-12	\$129	10%		
Assay of PSA total	\$104	10%		
C-reactive protein	\$113	6%		
Metabolic panel total ca	\$29	5%		
Assay of iron	\$88	5%		
Assay of urine creatinine	\$70	4%		
Microalbumin quantitative	\$88	4%		
Urinalysis auto w/scope	\$26	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complete cbc w/auto diff wbc, CPT® 85025

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$242
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$69
Complete cbc w/auto diff wbc	\$52	100%		
Comprehensive metabolic panel	\$38	62%		
Lipid panel	\$71	43%		
Routine venipuncture	\$18	37%		
Assay thyroid stim hormone	\$81	28%		
Vitamin d 25 hydroxy	\$163	18%		
Glycosylated hemoglobin test	\$113	18%		
Urinalysis auto w/o scope	\$7	10%		
Vitamin B-12	\$129	8%		
Assay of ferritin	\$74	7%		
Assay of psa total	\$104	6%		
Assay of iron	\$88	6%		
Iron binding test	\$64	5%		
Lyme disease antibody	\$32	5%		
Assay of blood/uric acid	\$26	4%		
Assay of free thyroxine	\$86	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complete cbc w/auto diff wbc, CPT® 85025

Payer Aetna BH

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$717
Complete cbc w/auto diff wbc	\$52	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Comprehensive metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Vitamin D 25 hydroxy	\$163	100%		
Glycosylated hemoglobin test	\$113	100%		
Assay of free thyroxine	\$86	100%		
Assay thyroid stim hormone	\$81	100%		
C-reactive protein	\$113	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complete cbc w/auto diff wbc, CPT® 85025

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$108
Complete cbc w/auto diff wbc	\$52	100%	Average Negotiated Charge (Payment) / Visit	\$39
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	71%		
Comprehensive metabolic panel	\$38	71%		
Glycosylated hemoglobin test	\$113	29%		
Assay of psa total	\$104	29%		
Assay thyroid stim hormone	\$81	14%		
Prothrombin time	\$25	14%		
Lyme disease antibody	\$32	14%		
Fungus nes antibody	\$106	14%		
Detect agent nos dna amp	\$174	14%		
Lipid panel	\$71	14%		
Urinalysis auto w/scope	\$26	14%		
Vitamin d 25 hydroxy	\$163	14%		
Vitamin B-12	\$129	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Complete cbc w/auto diff wbc, CPT® 85025
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$52
Complete cbc w/auto diff wbc	\$52	100%	Average Negotiated Charge (Payment) / Visit	\$9
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	17%		
Routine venipuncture	\$18	11%		
Metabolic panel total ca	\$29	6%		
Lipid panel	\$71	6%		
Assay of ferritin	\$74	6%		
Assay of iron	\$88	6%		
Iron binding test	\$64	6%		
Assay of free thyroxine	\$86	6%		
Assay thyroid stim hormone	\$81	6%		
Prothrombin time	\$25	6%		
Rbc sed rate automated	\$25	6%		
Lyme disease antibody	\$32	6%		
Detect agent nos dna amp	\$348	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Complete cbc w/auto diff wbc, CPT® 85025
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$70
Complete cbc w/auto diff wbc	\$52	100%	Average Negotiated Charge (Payment) / Visit	\$10
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	33%		
Routine venipuncture	\$18	32%		
Lipid panel	\$71	19%		
Glycosylated hemoglobin test	\$113	13%		
Assay thyroid stim hormone	\$81	11%		
Metabolic panel total ca	\$29	6%		
Assay of urine creatinine	\$70	4%		
Vitamin B-12	\$129	3%		
Assay of ferritin	\$74	3%		
Assay of folic acid serum	\$134	3%		
Microalbumin quantitative	\$88	3%		
Prothrombin time	\$25	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complete cbc w/auto diff wbc, CPT® 85025

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$106
Complete cbc w/auto diff wbc	\$52	100%	Average Negotiated Charge (Payment) / Visit	\$31
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	75%		
Lipid panel	\$71	25%		
Urinalysis auto w/o scope	\$7	25%		
Glycosylated hemoglobin test	\$113	25%		
Prothrombin time	\$25	25%		
Routine venipuncture	\$18	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Complete cbc w/auto diff wbc, CPT® 85025
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$99
Complete cbc w/auto diff wbc	\$52	100%	Average Negotiated Charge (Payment) / Visit	\$20
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	40%		
Routine venipuncture	\$18	32%		
Lipid panel	\$71	18%		
Glycosylated hemoglobin test	\$113	13%		
Assay thyroid stim hormone	\$81	13%		
Vitamin d 25 hydroxy	\$163	7%		
Metabolic panel total ca	\$29	6%		
Urinalysis auto w/scope	\$26	6%		
Assay of ferritin	\$74	6%		
Assay of urine creatinine	\$70	5%		
Assay of iron	\$88	5%		
Iron binding test	\$64	5%		
Assay of psa total	\$104	4%		
Vitamin B-12	\$129	3%		
Assay iga/igd/igg/igm each	\$184	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complete cbc w/auto diff wbc, CPT® 85025

Payer Medicaid-Other

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$52
Complete cbc w/auto diff wbc	\$52	100%	Average Negotiated Charge (Payment) / Visit	\$6
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Assay iga/igd/igg/igm each	\$92	17%		
Immunoassay nonantibody	\$162	17%		
Rbc sed rate automated	\$25	17%		
C-reactive protein	\$113	17%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Complete cbc w/auto diff wbc, CPT® 85025
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$479
Complete cbc w/auto diff wbc	\$52	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$79
Comprehensive metabolic panel	\$38	100%		
Lipid panel	\$71	75%		
Vitamin d 25 hydroxy	\$163	50%		
Glycosylated hemoglobin test	\$113	50%		
Routine venipuncture	\$18	50%		
Lactate (LD) (LDH) enzyme	\$51	25%		
Assay of free thyroxine	\$86	25%		
Assay thyroid stim hormone	\$81	25%		
Hepatitis c ab test	\$115	25%		
Assay of urine creatinine	\$70	25%		
Vitamin B-12	\$129	25%		
Microalbumin quantitative	\$88	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Complete cbc w/auto diff wbc, CPT® 85025
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$81
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$18
Complete cbc w/auto diff wbc	\$52	100%		
Comprehensive metabolic panel	\$38	35%		
Routine venipuncture	\$18	25%		
Lipid panel	\$71	18%		
Metabolic panel total ca	\$29	11%		
Glycosylated hemoglobin test	\$113	11%		
Assay thyroid stim hormone	\$81	11%		
Vitamin d 25 hydroxy	\$163	6%		
Assay of iron	\$88	5%		
Assay of ferritin	\$74	4%		
Assay of urine creatinine	\$70	4%		
Vitamin B-12	\$129	4%		
Iron binding test	\$64	4%		
Assay of psa total	\$104	4%		
Renal function panel	\$49	3%		
Assay of blood/uric acid	\$26	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complete cbc w/auto diff wbc, CPT® 85025

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$99
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$23
Complete cbc w/auto diff wbc	\$52	100%		
Routine venipuncture	\$18	47%		
Comprehensive metabolic panel	\$38	47%		
Lipid panel	\$71	33%		
Assay thyroid stim hormone	\$81	19%		
Vitamin d 25 hydroxy	\$163	14%		
Glycosylated hemoglobin test	\$113	14%		
Metabolic panel total ca	\$29	12%		
Urinalysis auto w/o scope	\$7	7%		
Assay of blood/uric acid	\$26	7%		
Assay of psa total	\$104	7%		
Lyme disease antibody	\$32	7%		
C-reactive protein	\$113	5%		
Assay of iron	\$88	5%		
Assay of phosphorus	\$37	5%		
Assay of ferritin	\$74	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complete cbc w/auto diff wbc, CPT® 85025

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$67
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$41
Complete cbc w/auto diff wbc	\$52	100%		
Comprehensive metabolic panel	\$38	45%		
Assay thyroid stim hormone	\$81	25%		
Lipid panel	\$71	20%		
Routine venipuncture	\$18	20%		
Assay of free thyroxine	\$86	15%		
Vitamin d 25 hydroxy	\$163	10%		
Glycosylated hemoglobin test	\$113	10%		
Assay of psa total	\$104	5%		
Vitamin B-12	\$129	5%		
Metabolic panel total ca	\$29	5%		
Urinalysis auto w/o scope	\$7	5%		
Assay triiodothyronine (t3)	\$122	5%		
Assay of blood/uric acid	\$26	5%		
Prothrombin time	\$25	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complete cbc w/auto diff wbc, CPT® 85025

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$192
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$43
Complete cbc w/auto diff wbc	\$52	100%		
Comprehensive metabolic panel	\$38	53%		
Lipid panel	\$71	40%		
Routine venipuncture	\$18	38%		
Assay thyroid stim hormone	\$81	29%		
Glycosylated hemoglobin test	\$113	18%		
Vitamin d 25 hydroxy	\$163	15%		
Assay of psa total	\$104	8%		
Urinalysis auto w/o scope	\$7	8%		
Metabolic panel total ca	\$29	5%		
Vitamin B-12	\$129	5%		
Lyme disease antibody	\$32	4%		
Assay of urine creatinine	\$70	4%		
Hepatitis c ab test	\$115	4%		
C-reactive protein	\$113	4%		
Assay of free thyroxine	\$86	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Complete cbc w/auto diff wbc, CPT® 85025
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$206
Complete cbc w/auto diff wbc	\$52	100%	Average Negotiated Charge (Payment) / Visit	\$40
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	53%		
Routine venipuncture	\$18	39%		
Lipid panel	\$71	35%		
Glycosylated hemoglobin test	\$113	21%		
Assay thyroid stim hormone	\$81	21%		
Assay of psa total	\$104	9%		
Vitamin d 25 hydroxy	\$163	9%		
Assay of ferritin	\$74	8%		
Rbc sed rate automated	\$25	8%		
C-reactive protein	\$113	6%		
Urinalysis auto w/o scope	\$7	6%		
Vitamin B-12	\$129	5%		
Urinalysis auto w/scope	\$26	5%		
Metabolic panel total ca	\$29	5%		
Assay of free thyroxine	\$86	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complete cbc w/auto diff wbc, CPT® 85025

Payer United BH

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$476
Complete cbc w/auto diff wbc	\$52	100%	Average Negotiated Charge (Payment) / Visit	\$152
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	50%		
Comprehensive metabolic panel	\$38	50%		
Lipid panel	\$71	50%		
Urinalysis auto w/scope	\$26	50%		
Vitamin D 25 hydroxy	\$163	50%		
Vitamin B-12	\$129	50%		
Assay of folic acid serum	\$134	50%		
Glycosylated hemoglobin test	\$113	50%		
Assay thyroid stim hormone	\$81	50%		
Urine culture/culture count	\$74	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Complete cbc automated, CPT® 85027
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$250
Complete cbc automated	\$49	100%	Average Negotiated Charge (Payment) / Visit	\$53
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	67%		
Routine venipuncture	\$18	50%		
Glycosylated hemoglobin test	\$113	50%		
Assay thyroid stim hormone	\$81	33%		
Alanine amino (ALT) (SGPT)	\$42	17%		
Free assay (FT-3)	\$146	17%		
Lyme disease antibody	\$290	17%		
Lyme disease antibody	\$32	17%		
Assay of magnesium	\$49	17%		
Assay alkaline phosphatase	\$31	17%		
Assay of total testosterone	\$33	17%		
Assay of free thyroxine	\$86	17%		
Metabolic panel total ca	\$29	17%		
Lipid panel	\$71	17%		
Bilirubin total	\$63	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complete cbc automated, CPT® 85027

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$197
Complete cbc automated	\$49	100%	Average Negotiated Charge (Payment) / Visit	\$66
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	65%		
Comprehensive metabolic panel	\$38	59%		
Lipid panel	\$71	35%		
Vitamin d 25 hydroxy	\$163	24%		
Assay of calcium	\$30	18%		
Assay of serum albumin	\$42	18%		
Assay of creatinine	\$31	18%		
Assay of iron	\$88	18%		
Assay thyroid stim hormone	\$81	18%		
Assay of urea nitrogen	\$31	18%		
Assay of ferritin	\$74	12%		
Assay of folic acid serum	\$134	12%		
Assay glucose blood quant	\$30	12%		
Assay blood carbon dioxide	\$35	12%		
Assay of blood chloride	\$35	12%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Complete cbc automated, CPT® 85027
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$164
Complete cbc automated	\$49	100%	Average Negotiated Charge (Payment) / Visit	\$33
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	50%		
Routine venipuncture	\$18	50%		
Metabolic panel total ca	\$29	33%		
Lyme disease antibody	\$32	33%		
Assay thyroid stim hormone	\$81	33%		
Free assay (FT-3)	\$146	17%		
Bl smear w/diff wbc count	\$29	17%		
Lyme disease antibody	\$290	17%		
Lipid panel	\$71	17%		
Assay of amylase	\$51	17%		
Glycosylated hemoglobin test	\$113	17%		
Assay of lipase	\$59	17%		
Assay of free thyroxine	\$86	17%		
Fungus nes antibody	\$106	17%		
Protozoa antibody nos	\$116	17%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Complete cbc automated, CPT® 85027
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$246
Complete cbc automated	\$49	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$51
Routine venipuncture	\$18	50%		
Metabolic panel total ca	\$29	44%		
Comprehen metabolic panel	\$38	44%		
Lipid panel	\$71	44%		
Assay thyroid stim hormone	\$81	38%		
Alanine amino (ALT) (SGPT)	\$42	25%		
Glycosylated hemoglobin test	\$113	25%		
Assay of iron	\$88	6%		
Assay of free thyroxine	\$86	6%		
Antinuclear antibodies (ANA)	\$52	6%		
Acetone assay	\$45	6%		
Alpha-fetoprotein serum	\$102	6%		
Assay of ferritin	\$74	6%		
Assay of folic acid serum	\$134	6%		
Assay iga/igd/igg/igm each	\$92	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complete cbc automated, CPT® 85027

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$258
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$46
Complete cbc automated	\$49	100%		
Routine venipuncture	\$18	74%		
Comprehensive metabolic panel	\$38	37%		
Metabolic panel total ca	\$29	26%		
Lipid panel	\$71	21%		
Assay thyroid stim hormone	\$81	21%		
Assay of ferritin	\$74	16%		
Assay of iron	\$88	16%		
Vitamin d 25 hydroxy	\$163	16%		
Assay of amylase	\$51	11%		
Iron binding test	\$64	11%		
Assay iga/igd/igg/igm each	\$92	11%		
Immunoassay nonantibody	\$162	11%		
Assay of calcium	\$81	5%		
Assay blood carbon dioxide	\$35	5%		
Assay of blood chloride	\$35	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Complete cbc automated, CPT® 85027
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$342
Complete cbc automated	\$49	100%	Average Negotiated Charge (Payment) / Visit	\$66
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	72%		
Comprehensive metabolic panel	\$38	39%		
Lipid panel	\$71	28%		
Metabolic panel total ca	\$29	28%		
Glycosylated hemoglobin test	\$113	22%		
Renal function panel	\$49	22%		
Assay of urine creatinine	\$70	22%		
Assay of parathormone	\$252	22%		
Assay of protein urine	\$29	22%		
Assay thyroid stim hormone	\$81	17%		
Vitamin B-12	\$129	17%		
Assay of iron	\$88	17%		
Iron binding test	\$64	11%		
Assay of ferritin	\$74	11%		
Assay of folic acid serum	\$134	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complete cbc automated, CPT® 85027

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$334
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$79
Complete cbc automated	\$49	100%		
Comprehensive metabolic panel	\$38	76%		
Routine venipuncture	\$18	71%		
Lipid panel	\$71	48%		
Assay thyroid stim hormone	\$81	43%		
Assay of psa total	\$104	24%		
Glycosylated hemoglobin test	\$113	19%		
Assay of magnesium	\$49	10%		
Alanine amino (ALT) (SGPT)	\$42	10%		
Lyme disease antibody	\$32	10%		
Vitamin d 25 hydroxy	\$163	10%		
Metabolic panel total ca	\$29	10%		
Vitamin B-12	\$129	10%		
Assay iga/igd/igg/igm each	\$92	5%		
Assay blood carbon dioxide	\$35	5%		
Assay alkaline phosphatase	\$31	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complete cbc automated, CPT® 85027

Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$176
Complete cbc automated	\$49	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Comprehen metabolic panel	\$38	100%		
Lipid panel	\$71	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Complete cbc automated, CPT® 85027
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$125
Complete cbc automated	\$49	100%	Average Negotiated Charge (Payment) / Visit	\$24
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	63%		
Metabolic panel total ca	\$29	50%		
Comprehen metabolic panel	\$38	38%		
Glycosylated hemoglobin test	\$113	25%		
Assay thyroid stim hormone	\$81	13%		
Alanine amino (ALT) (SGPT)	\$42	13%		
Bl smear w/diff wbc count	\$29	13%		
Fibrin degradj d-dimer	\$88	13%		
Prothrombin time	\$25	13%		
Urinalysis auto w/scope	\$26	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complete cbc automated, CPT® 85027

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$285
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$95
Complete cbc automated	\$49	100%		
Routine venipuncture	\$18	85%		
Comprehensive metabolic panel	\$38	60%		
Lipid panel	\$71	60%		
Assay of PSA total	\$104	30%		
Assay thyroid stim hormone	\$81	25%		
Glycosylated hemoglobin test	\$113	25%		
Metabolic panel total ca	\$29	15%		
Vitamin D 25 hydroxy	\$163	15%		
Assay of CK (CPK)	\$63	5%		
Assay of ferritin	\$74	5%		
Assay of GGT	\$57	5%		
Assay of iron	\$88	5%		
Assay alkaline phosphatase	\$31	5%		
Alanine amino (ALT) (SGPT)	\$42	5%		
Assay of free testosterone	\$48	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complete cbc automated, CPT® 85027

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$562
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$103
Complete cbc automated	\$49	100%		
Comprehensive metabolic panel	\$38	100%		
Lipid panel	\$71	83%		
Assay thyroid stim hormone	\$81	83%		
Glycosylated hemoglobin test	\$113	67%		
Routine venipuncture	\$18	50%		
Vitamin d 25 hydroxy	\$163	50%		
Assay of urine creatinine	\$70	33%		
Vitamin B-12	\$129	33%		
Microalbumin quantitative	\$88	33%		
Assay of psa total	\$104	33%		
Assay of free thyroxine	\$86	33%		
Free assay (FT-3)	\$146	17%		
Antinuclear antibodies (ANA)	\$52	17%		
Lyme disease antibody	\$32	17%		
Hepatitis c ab test	\$115	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complete cbc automated, CPT® 85027

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$289
Complete cbc automated	\$49	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Comprehensive metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Glycosylated hemoglobin test	\$113	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Complete cbc automated, CPT® 85027
Payer Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$304
Complete cbc automated	\$49	100%	Average Negotiated Charge (Payment) / Visit	\$48
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Lipid panel	\$71	40%		
Alanine amino (ALT) (SGPT)	\$42	40%		
Lyme disease antibody	\$290	20%		
Lyme disease antibody	\$32	20%		
Detect agent nos dna amp	\$348	20%		
Bilirubin total	\$63	20%		
Glycosylated hemoglobin test	\$113	20%		
Assay alkaline phosphatase	\$31	20%		
Assay of free thyroxine	\$86	20%		
Assay thyroid stim hormone	\$81	20%		
Transferase (AST) (SGOT)	\$29	20%		
Routine venipuncture	\$18	20%		
Metabolic panel total ca	\$29	20%		
Comprehen metabolic panel	\$38	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Prothrombin time, CPT® 85610
Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$25
Prothrombin time	\$25	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Prothrombin time, CPT® 85610
Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$34
Prothrombin time	\$25	100%	Average Negotiated Charge (Payment) / Visit	\$8
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	29%		
Complete cbc w/auto diff wbc	\$52	25%		
Comprehensive metabolic panel	\$38	21%		
Thromboplastin time partial	\$52	21%		
Glycosylated hemoglobin test	\$113	8%		
Lactate (LD) (LDH) enzyme	\$51	4%		
Assay of protein urine	\$29	4%		
Fibrinogen activity	\$71	4%		
Alkaloids nos	\$92	4%		
Assay of urine creatinine	\$70	4%		
Metabolic panel total ca	\$29	4%		
C-reactive protein	\$113	4%		
Beta-2 glycoprotein antibody	\$157	4%		
Complement antigen	\$324	4%		
Hpylori stool ia	\$100	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Prothrombin time, CPT® 85610
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$25
Prothrombin time	\$25	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Prothrombin time, CPT® 85610
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$43
Prothrombin time	\$25	100%	Average Negotiated Charge (Payment) / Visit	\$7
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	57%		
Comprehensive metabolic panel	\$38	43%		
Complete cbc w/auto diff wbc	\$52	29%		
Lipid panel	\$71	14%		
Glycosylated hemoglobin test	\$113	14%		
Lactate (LD) (LDH) enzyme	\$51	14%		
Assay of blood/uric acid	\$26	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Prothrombin time, CPT® 85610
Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$43
Prothrombin time	\$25	100%	Average Negotiated Charge (Payment) / Visit	\$20
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	88%		
Comprehen metabolic panel	\$38	38%		
Complete cbc w/auto diff wbc	\$52	38%		
Thromboplastin time partial	\$52	13%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Prothrombin time, CPT® 85610
Payer Anthem Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$43
Prothrombin time	\$25	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Prothrombin time, CPT® 85610
Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$25
Prothrombin time	\$25	100%	Average Negotiated Charge (Payment) / Visit	\$5
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	33%		
Complete cbc w/auto diff wbc	\$52	13%		
Fibrinogen activity	\$71	7%		
Russell viper venom diluted	\$104	7%		
Thrombin time plasma	\$63	7%		
Thromboplastin time partial	\$104	7%		
Comprehensive metabolic panel	\$38	7%		
Lipid panel	\$71	7%		
Vitamin d 25 hydroxy	\$163	7%		
Assay of creatinine	\$31	7%		
Assay of urine creatinine	\$70	7%		
Creatinine clearance test	\$55	7%		
Assay thyroid stim hormone	\$81	7%		

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Hospital Name Danbury Hospital
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Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$43
Prothrombin time	\$25	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$34
Prothrombin time	\$25	100%	Average Negotiated Charge (Payment) / Visit	\$10
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	25%		
Complete cbc w/auto diff wbc	\$52	17%		
Metabolic panel total ca	\$29	8%		
Comprehensive metabolic panel	\$38	8%		
Lactate (LD) (LDH) enzyme	\$51	8%		
Assay of parathormone	\$252	8%		

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Hospital Name Danbury Hospital
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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$43
Prothrombin time	\$25	100%	Average Negotiated Charge (Payment) / Visit	\$7
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Metabolic panel total ca	\$29	20%		
Assay blood carbon dioxide	\$35	20%		
Assay of blood chloride	\$35	20%		
Assay of creatinine	\$31	20%		
Assay glucose blood quant	\$30	20%		
Assay of serum potassium	\$35	20%		
Assay of serum sodium	\$35	20%		
Assay of urea nitrogen	\$31	20%		
Complete cbc w/auto diff wbc	\$52	20%		
Complete cbc automated	\$49	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Prothrombin time, CPT® 85610
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$43
Prothrombin time	\$25	100%	Average Negotiated Charge (Payment) / Visit	\$7
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	78%		
Complete cbc w/auto diff wbc	\$52	11%		
Comprehensive metabolic panel	\$38	6%		
Lipid panel	\$71	6%		
Alpha-fetoprotein serum	\$102	6%		
Lactate (LD) (LDH) enzyme	\$51	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Prothrombin time, CPT® 85610
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$43
Prothrombin time	\$25	100%	Average Negotiated Charge (Payment) / Visit	\$7
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	58%		
Comprehensive metabolic panel	\$38	17%		
Thromboplastin time partial	\$52	17%		
Immunoassay tumor ca 125	\$86	8%		
Urinalysis auto w/scope	\$26	8%		
Carcinoembryonic antigen	\$68	8%		
Assay iga/igd/igg/igm each	\$276	8%		
Glycosylated hemoglobin test	\$113	8%		
Lactate (LD) (LDH) enzyme	\$51	8%		
Protein e-phoresis serum	\$59	8%		
Complete cbc w/auto diff wbc	\$52	8%		
Complete cbc automated	\$49	8%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Rbc sed rate automated, CPT® 85652
Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$425
Rbc sed rate automated	\$25	100%	Average Negotiated Charge (Payment) / Visit	\$88
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	83%		
Complete cbc w/auto diff wbc	\$52	58%		
C-reactive protein	\$113	58%		
Comprehensive metabolic panel	\$38	42%		
Lyme disease antibody	\$32	33%		
Lipid panel	\$71	25%		
Immunoassay nonantibody	\$121	17%		
Detect agent nos dna amp	\$348	17%		
Rheumatoid factor quant	\$40	17%		
Assay thyroid stim hormone	\$81	17%		
Assay of iron	\$88	8%		
Antinuclear antibodies (ANA)	\$52	8%		
Assay of creatinine	\$31	8%		
Assay of ferritin	\$74	8%		
Assay iga/igd/igg/igm each	\$92	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Rbc sed rate automated, CPT® 85652

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$336
Rbc sed rate automated	\$25	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$77
Complete cbc w/auto diff wbc	\$52	58%		
Comprehen metabolic panel	\$38	42%		
C-reactive protein	\$113	42%		
Lyme disease antibody	\$32	25%		
Detect agent nos dna amp	\$348	17%		
Rheumatoid factor quant	\$40	17%		
Routine venipuncture	\$18	17%		
Assay thyroid stim hormone	\$81	17%		
Antinuclear antibodies (ANA)	\$52	8%		
Assay of ck (cpk)	\$63	8%		
Assay of ferritin	\$74	8%		
Assay of iron	\$88	8%		
Assay of parathormone	\$252	8%		
Assay of free thyroxine	\$86	8%		
Ccp antibody	\$52	8%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Rbc sed rate automated, CPT® 85652
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,537
Rbc sed rate automated	\$25	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Assay of aldolase	\$47	100%		
Assay of ck (cpk)	\$63	100%		
Assay of urine creatinine	\$70	100%		
Immunoassay nonantibody	\$277	100%		
Assay of protein urine	\$29	100%		
Antinuclear antibodies (ANA)	\$52	100%		
C-reactive protein	\$113	100%		
Complement antigen	\$324	100%		
Dna antibody native	\$102	100%		
Nuclear antigen antibody	\$755	100%		
Tb test cell immun measure	\$179	100%		
Hep b surface antibody	\$119	100%		
Hepatitis c ab test	\$115	100%		
Hepatitis b surface ag ia	\$149	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Rbc sed rate automated, CPT® 85652
Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$582
Rbc sed rate automated	\$25	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$86
Routine venipuncture	\$18	100%		
Assay iga/igd/igg/igm each	\$276	50%		
Assay glucose blood quant	\$30	50%		
Glycosylated hemoglobin test	\$113	50%		
Assay nephelometry not spec	\$180	50%		
Assay of protein serum	\$29	50%		
Protein e-phoresis serum	\$59	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Antinuclear antibodies (ANA)	\$52	50%		
C-reactive protein	\$113	50%		
Immunofix e-phoresis serum	\$173	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Rbc sed rate automated, CPT® 85652

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$227
Rbc sed rate automated	\$25	100%	Average Negotiated Charge (Payment) / Visit	\$37
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Complete cbc w/auto diff wbc	\$52	75%		
Comprehensive metabolic panel	\$38	50%		
Vitamin d 25 hydroxy	\$163	25%		
Assay of ck (cpk)	\$63	25%		
Assay of ferritin	\$74	25%		
Assay of iron	\$88	25%		
Iron binding test	\$64	25%		
C-reactive protein	\$113	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Rbc sed rate automated, CPT® 85652
Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$156
Rbc sed rate automated	\$25	100%	Average Negotiated Charge (Payment) / Visit	\$26
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Complete cbc w/auto diff wbc	\$52	67%		
C-reactive protein	\$113	33%		
Routine venipuncture	\$18	33%		
Metabolic panel total ca	\$29	33%		
Comprehen metabolic panel	\$38	33%		
Assay of ck (cpk)	\$63	33%		
Assay of magnesium	\$49	33%		
Assay of psa total	\$104	33%		
Assay of blood/uric acid	\$26	33%		

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Charge Display Rbc sed rate automated, CPT® 85652
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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$156
Rbc sed rate automated	\$25	100%	Average Negotiated Charge (Payment) / Visit	\$68
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	56%		
Complete cbc w/auto diff wbc	\$52	56%		
Comprehensive metabolic panel	\$38	33%		
Lyme disease antibody	\$32	33%		
C-reactive protein	\$113	33%		
Antinuclear antibodies (ANA)	\$52	22%		
Metabolic panel total ca	\$29	22%		
Immunoassay nonantibody	\$79	11%		
Assay of parathormone	\$252	11%		
Protein e-phoresis serum	\$59	11%		
Complement antigen	\$324	11%		
Lyme disease antibody	\$290	11%		
Epstein-barr nuclear antigen	\$189	11%		
Epstein-barr capsid vca	\$194	11%		
Culture screen only	\$84	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Rbc sed rate automated, CPT® 85652

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$422
Rbc sed rate automated	\$25	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$89
Comprehen metabolic panel	\$38	100%		
Assay dipropylacetic acd tot	\$108	50%		
Vitamin d 25 hydroxy	\$163	50%		
Vitamin B-12	\$129	50%		
Assay of folic acid serum	\$134	50%		
Assay thyroid stim hormone	\$81	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Lyme disease antibody	\$32	50%		
Routine venipuncture	\$18	50%		

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Hospital Name Danbury Hospital
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Charge Display Rbc sed rate automated, CPT® 85652
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$96
Rbc sed rate automated	\$25	100%	Average Negotiated Charge (Payment) / Visit	\$11
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Metabolic panel total ca	\$29	50%		
Bilirubin total	\$63	25%		
Assay thyroid stim hormone	\$81	25%		
Complete cbc w/auto diff wbc	\$52	25%		
Antinuclear antibodies (ANA)	\$52	25%		
C-reactive protein	\$113	25%		
Dna antibody native	\$102	25%		
Nuclear antigen antibody	\$478	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Rbc sed rate automated, CPT® 85652

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$270
Rbc sed rate automated	\$25	100%	Average Negotiated Charge (Payment) / Visit	\$48
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	80%		
Complete cbc w/auto diff wbc	\$52	80%		
Assay thyroid stim hormone	\$81	60%		
Routine venipuncture	\$18	60%		
C-reactive protein	\$113	40%		
Glycosylated hemoglobin test	\$113	40%		
Assay of magnesium	\$49	20%		
Vitamin d 25 hydroxy	\$163	20%		
Free assay (FT-3)	\$146	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Thromboplastin time partial, CPT® 85730

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$208
Thromboplastin time partial	\$52	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$65
Comprehensive metabolic panel	\$38	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Prothrombin time	\$25	100%		
Assay thyroid stim hormone	\$81	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Thromboplastin time partial, CPT® 85730

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$264
Thromboplastin time partial	\$52	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	100%		
Assay of digoxin total	\$97	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Prothrombin time	\$25	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Thromboplastin time partial, CPT® 85730

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$77
Thromboplastin time partial	\$52	100%	Average Negotiated Charge (Payment) / Visit	\$18
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Prothrombin time	\$25	67%		
Comprehensive metabolic panel	\$38	33%		
Complete cbc w/auto diff wbc	\$52	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Thromboplastin time partial, CPT® 85730

Payer Anthem

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$95
Thromboplastin time partial	\$52	100%	Average Negotiated Charge (Payment) / Visit	\$19
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	67%		
Prothrombin time	\$25	67%		
Metabolic panel total ca	\$29	33%		
Complete cbc w/auto diff wbc	\$52	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Thromboplastin time partial, CPT® 85730

Payer Connecticare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$184
Thromboplastin time partial	\$52	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Metabolic panel total ca	\$29	100%		
Bl smear w/diff wbc count	\$29	100%		
Complete cbc automated	\$49	100%		
Prothrombin time	\$25	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Thromboplastin time partial, CPT® 85730

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$271
Thromboplastin time partial	\$52	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Metabolic panel total ca	\$29	100%		
Glycosylated hemoglobin test	\$113	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Prothrombin time	\$25	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Thromboplastin time partial, CPT® 85730
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$95
Thromboplastin time partial	\$52	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Prothrombin time	\$25	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Allergen specific IgE, CPT® 86003
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$480
Allergen specific IgE	\$378	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Assay of ige	\$50	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Allergen specific IgE, CPT® 86003

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$638
Allergen specific IgE	\$434	100%	Average Negotiated Charge (Payment) / Visit	\$356
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	50%		
Alpha-1-antitrypsin total	\$40	50%		
Alpha-1-antitrypsin pheno	\$44	50%		
Assay iga/igd/igg/igm each	\$184	50%		
Assay of ige	\$50	50%		
Complete cbc w/auto diff wbc	\$52	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Allergen specific IgE, CPT® 86003

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$151
Allergen specific IgE	\$151	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Allergen specific IgE, CPT® 86003

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$498
Allergen specific IgE	\$378	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Assay of ige	\$50	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Allergen specific IgE, CPT® 86003

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$786
Allergen specific IgE	\$601	100%	Average Negotiated Charge (Payment) / Visit	\$365
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	50%		
Bilirubin total	\$63	50%		
Assay iga/igd/igg/igm each	\$35	50%		
Assay of ige	\$50	50%		
Igg 1 2 3 or 4 each	\$101	50%		
Assay alkaline phosphatase	\$31	50%		
Transferase (AST) (SGOT)	\$29	50%		
Alanine amino (ALT) (SGPT)	\$42	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display C-reactive protein, CPT® 86140
Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$314
C-reactive protein	\$113	100%	Average Negotiated Charge (Payment) / Visit	\$67
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Complete cbc w/auto diff wbc	\$52	85%		
Comprehen metabolic panel	\$38	80%		
Routine venipuncture	\$18	75%		
Rbc sed rate automated	\$25	45%		
Vitamin d 25 hydroxy	\$163	20%		
Lipid panel	\$71	10%		
Vitamin B-12	\$129	10%		
Assay iga/igd/igg/igm each	\$92	10%		
Glycosylated hemoglobin test	\$113	10%		
Immunoassay nonantibody	\$162	10%		
Assay thyroid stim hormone	\$81	10%		
Assay of blood/uric acid	\$26	10%		
Alpha-fetoprotein serum	\$102	5%		
Assay of calcium in urine	\$45	5%		
Assay of citrate	\$70	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display C-reactive protein, CPT® 86140
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$714
C-reactive protein	\$113	100%	Average Negotiated Charge (Payment) / Visit	\$56
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Comprehen metabolic panel	\$38	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Rbc sed rate automated	\$25	67%		
Vitamin B-12	\$129	33%		
Assay of ferritin	\$74	33%		
Assay of folic acid serum	\$134	33%		
Immunoassay nonantibody	\$162	33%		
Assay of iron	\$88	33%		
Iron binding test	\$64	33%		
Assay for calprotectin fecal	\$493	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display C-reactive protein, CPT® 86140
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$347
C-reactive protein	\$113	100%	Average Negotiated Charge (Payment) / Visit	\$40
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	50%		
Comprehensive metabolic panel	\$38	50%		
Assay iga/igd/igg/igm each	\$92	50%		
Immunoassay nonantibody	\$162	50%		
Assay thyroid stim hormone	\$81	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Rbc sed rate automated	\$25	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display C-reactive protein, CPT® 86140
Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$556
C-reactive protein	\$113	100%	Average Negotiated Charge (Payment) / Visit	\$120
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	86%		
Complete cbc w/auto diff wbc	\$52	86%		
Routine venipuncture	\$18	64%		
Assay thyroid stim hormone	\$81	43%		
Rbc sed rate automated	\$25	43%		
Vitamin d 25 hydroxy	\$163	29%		
Assay of ck (cpk)	\$63	21%		
Assay iga/igd/igg/igm each	\$92	21%		
Glycosylated hemoglobin test	\$113	21%		
Immunoassay nonantibody	\$162	21%		
Antinuclear antibodies (ANA)	\$52	21%		
Dna antibody native	\$153	14%		
Nuclear antigen antibody	\$470	14%		
Lyme disease antibody	\$290	14%		
Lipid panel	\$71	14%		

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Charge Display C-reactive protein, CPT® 86140
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$456
C-reactive protein	\$113	100%	Average Negotiated Charge (Payment) / Visit	\$53
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Rbc sed rate automated	\$25	100%		
Routine venipuncture	\$18	78%		
Complete cbc w/auto diff wbc	\$52	56%		
Assay thyroid stim hormone	\$81	33%		
Comprehen metabolic panel	\$38	33%		
Metabolic panel total ca	\$29	22%		
Vitamin d 25 hydroxy	\$163	22%		
Assay of ck (cpk)	\$63	22%		
Microsomal antibody each	\$160	22%		
Lyme disease antibody	\$32	22%		
Antinuclear antibodies (ANA)	\$52	11%		
Assay alkaline phosphatase	\$102	11%		
Assay alkaline phosphatases	\$62	11%		
Assay of aldolase	\$47	11%		
Assay of amylase	\$51	11%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display C-reactive protein, CPT® 86140
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$466
C-reactive protein	\$113	100%	Average Negotiated Charge (Payment) / Visit	\$66
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Comprehensive metabolic panel	\$38	67%		
Glycosylated hemoglobin test	\$113	67%		
Complete cbc w/auto diff wbc	\$52	67%		
Rbc sed rate automated	\$25	67%		
Immunoassay nonantibody	\$162	33%		
Assay thyroid stim hormone	\$81	33%		
Lipid panel	\$71	33%		
Microalbumin quantitative	\$88	33%		
Vitamin d 25 hydroxy	\$163	33%		
Assay of urine creatinine	\$70	33%		
Assay iga/igd/igg/igm each	\$92	33%		

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Charge Display C-reactive protein, CPT® 86140
Payer Anthem Managed Medicare

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The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$395
C-reactive protein	\$113	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	100%		
Assay of free thyroxine	\$86	100%		
Assay thyroid stim hormone	\$81	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Rbc sed rate automated	\$25	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display C-reactive protein, CPT® 86140
Payer United Healthcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$246
C-reactive protein	\$113	100%	Average Negotiated Charge (Payment) / Visit	\$53
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	78%		
Complete cbc w/auto diff wbc	\$52	78%		
Rbc sed rate automated	\$25	78%		
Routine venipuncture	\$18	33%		
Assay thyroid stim hormone	\$81	22%		
Glycosylated hemoglobin test	\$113	22%		
Assay of iron	\$88	11%		
Assay alkaline phosphatase	\$102	11%		
Assay alkaline phosphatases	\$62	11%		
Assay of prealbumin	\$63	11%		
Assay of psa total	\$104	11%		
Assay of psa free	\$51	11%		
Lipid panel	\$71	11%		
Antinuclear antibodies (ANA)	\$52	11%		
Complete cbc automated	\$49	11%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display C-reactive protein, CPT® 86140
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$275
C-reactive protein	\$113	100%	Average Negotiated Charge (Payment) / Visit	\$31
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Rbc sed rate automated	\$25	75%		
Assay of urea nitrogen	\$31	38%		
Assay of creatinine	\$31	38%		
Assay glucose blood quant	\$30	25%		
Assay of serum potassium	\$35	25%		
Assay of serum sodium	\$35	25%		
Routine venipuncture	\$18	25%		
Assay blood carbon dioxide	\$35	25%		
Assay of blood chloride	\$35	25%		
Complete cbc w/auto diff wbc	\$52	25%		
Complete cbc automated	\$49	25%		
Ccp antibody	\$52	13%		
Lipid panel	\$71	13%		
Alanine amino (ALT) (SGPT)	\$42	13%		
Glycosylated hemoglobin test	\$113	13%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display C-reactive protein, CPT® 86140
Payer Cigna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$827
C-reactive protein	\$113	100%	Average Negotiated Charge (Payment) / Visit	\$126
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Comprehensive metabolic panel	\$38	67%		
Rbc sed rate automated	\$25	67%		
Antinuclear antibodies (ANA)	\$52	33%		
Ccp antibody	\$52	33%		
Lyme disease antibody	\$290	33%		
Assay of amylase	\$51	33%		
Assay iga/igd/igg/igm each	\$92	33%		
Immunoassay nonantibody	\$162	33%		
Assay thyroid stim hormone	\$81	33%		
Complete cbc w/auto diff wbc	\$52	33%		
Complete cbc automated	\$49	33%		
Blood clot retraction	\$27	33%		
Fibrinogen activity	\$71	33%		
Blood platelet aggregation	\$100	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display C-reactive protein, CPT® 86140
Payer Connecticare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$727
C-reactive protein	\$113	100%	Average Negotiated Charge (Payment) / Visit	\$90
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Comprehen metabolic panel	\$38	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Vitamin d 25 hydroxy	\$163	50%		
Vitamin B-12	\$129	50%		
Assay of ferritin	\$74	50%		
Assay of iron	\$88	50%		
Iron binding test	\$64	50%		
Assay for calprotectin fecal	\$493	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display C-reactive protein, CPT® 86140
Payer Medicaid-Other

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$338
C-reactive protein	\$113	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	100%		
Assay of aldolase	\$47	100%		
Assay of ck (cpk)	\$63	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Rbc sed rate automated	\$25	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display C-reactive protein hs, CPT® 86141

Payer United Healthcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$524
C-reactive protein hs	\$97	100%	Average Negotiated Charge (Payment) / Visit	\$152
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	100%		
Assay bld/serum cholesterol	\$29	100%		
Assay of lipoprotein	\$71	100%		
Assay thyroid stim hormone	\$81	100%		
Assay of triglycerides	\$44	100%		
Complete cbc w/auto diff wbc	\$52	50%		
Glycosylated hemoglobin test	\$113	50%		
Vitamin d 25 hydroxy	\$163	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display C-reactive protein hs, CPT® 86141

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$546
C-reactive protein hs	\$97	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Comprehensive metabolic panel	\$38	100%		
Urinalysis auto w/scope	\$26	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Rbc sed rate automated	\$25	100%		
Blood culture for bacteria	\$234	100%		
Urine culture/culture count	\$74	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display C-reactive protein hs, CPT® 86141

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$719
C-reactive protein hs	\$97	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Comprehensive metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Vitamin d 25 hydroxy	\$163	100%		
Glycosylated hemoglobin test	\$113	100%		
Assay of psa total	\$104	100%		
Assay thyroid stim hormone	\$81	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display C-reactive protein hs, CPT® 86141

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$280
C-reactive protein hs	\$97	100%	Average Negotiated Charge (Payment) / Visit	\$51
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Lipid panel	\$71	100%		
Routine venipuncture	\$18	67%		
Comprehensive metabolic panel	\$38	33%		
Vitamin d 25 hydroxy	\$163	33%		
Glycosylated hemoglobin test	\$113	33%		
Assay of lipoprotein(a)	\$94	33%		
Assay thyroid stim hormone	\$81	33%		
Complete cbc w/auto diff wbc	\$52	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complement antigen, CPT® 86160

Payer Anthem

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,380
Complement antigen	\$324	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Comprehensive metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Urinalysis auto w/o scope	\$7	100%		
Assay of urine creatinine	\$70	100%		
Glycosylated hemoglobin test	\$113	100%		
Assay of protein urine	\$29	100%		
Assay of blood/uric acid	\$26	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Antinuclear antibodies (ANA)	\$52	100%		
Dna antibody native	\$102	100%		
Nuclear antigen antibody	\$478	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complement antigen, CPT® 86160

Payer Aetna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,485
Complement antigen	\$324	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Comprehensive metabolic panel	\$38	100%		
Assay of free thyroxine	\$86	100%		
Assay thyroid stim hormone	\$81	100%		
Free assay (FT-3)	\$146	100%		
Antinuclear antibodies (ANA)	\$52	100%		
DNA antibody native	\$102	100%		
Nuclear antigen antibody	\$478	100%		
Microsomal antibody each	\$160	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complement antigen, CPT® 86160

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,683
Complement antigen	\$243	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$330
Vitamin d 25 hydroxy	\$163	100%		
Routine venipuncture	\$18	100%		
Antinuclear antibodies (ANA)	\$52	100%		
Comprehensive metabolic panel	\$38	50%		
Assay of calcium in urine	\$45	50%		
Assay of citrate	\$70	50%		
Assay of ck (cpk)	\$63	50%		
Assay of urine creatinine	\$70	50%		
Assay iga/igd/igg/igm each	\$276	50%		
Assay of magnesium	\$49	50%		
Assay nephelometry not spec	\$180	50%		
Assay of protein urine	\$29	50%		
Assay of urine sodium	\$37	50%		
Assay of blood/uric acid	\$26	50%		
Complete cbc w/auto diff wbc	\$52	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complement antigen, CPT® 86160

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$540
Complement antigen	\$324	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Assay iga/igd/igg/igm each	\$35	100%		
Igg 1 2 3 or 4 each	\$101	100%		
Complement total (ch50)	\$80	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complement antigen, CPT® 86160

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,710
Complement antigen	\$354	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Assay of ck (cpk)	\$63	100%		
Vitamin B-12	\$129	100%		
Assay of folic acid serum	\$134	100%		
Assay of glutathione	\$221	100%		
Immunoassay quant nos nonab	\$410	100%		
Organic acid single quant	\$100	100%		
Assay of protein serum	\$29	100%		
Protein e-phoresis serum	\$59	100%		
Assay of vitamin b-6	\$73	100%		
Rbc sed rate automated	\$25	100%		
C-reactive protein	\$113	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Complement antigen, CPT® 86160

Payer United Healthcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,341
Complement antigen	\$324	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Comprehensive metabolic panel	\$38	100%		
Assay of ck (cpk)	\$63	100%		
Immunoassay nonantibody	\$241	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Prothrombin time	\$25	100%		
Rbc sed rate automated	\$25	100%		
Antinuclear antibodies (ANA)	\$52	100%		
C-reactive protein	\$113	100%		
Nuclear antigen antibody	\$109	100%		
Fluorescent antibody screen	\$81	100%		
Microsomal antibody each	\$160	100%		
Rheumatoid factor quant	\$40	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Nuclear antigen antibody, CPT® 86235

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$886
Nuclear antigen antibody	\$579	100%	Average Negotiated Charge (Payment) / Visit	\$426
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Antinuclear antibodies (ANA)	\$52	100%		
Dna antibody native	\$102	100%		
C-reactive protein	\$113	50%		
Comprehen metabolic panel	\$38	50%		
Urinalysis auto w/o scope	\$7	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Rbc sed rate nonautomated	\$60	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Nuclear antigen antibody, CPT® 86235

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,100
Nuclear antigen antibody	\$478	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$416
Antinuclear antibodies (ANA)	\$52	100%		
Dna antibody native	\$102	100%		
Complement antigen	\$324	67%		
Complete cbc w/auto diff wbc	\$52	67%		
Comprehen metabolic panel	\$38	67%		
Urinalysis auto w/scope	\$26	33%		
Assay of urine creatinine	\$70	33%		
Assay iga/igd/igg/igm each	\$92	33%		
Assay of protein urine	\$29	33%		
Routine venipuncture	\$18	33%		
Ccp antibody	\$52	33%		
Fluorescent antibody screen	\$81	33%		
Rheumatoid factor quant	\$40	33%		
Urine culture/colony count	\$74	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Nuclear antigen antibody, CPT® 86235

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,012
Nuclear antigen antibody	\$478	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Metabolic panel total ca	\$29	100%		
Urinalysis auto w/scope	\$26	100%		
Vitamin d 25 hydroxy	\$163	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Antinuclear antibodies (ANA)	\$52	100%		
Ccp antibody	\$52	100%		
Dna antibody native	\$102	100%		
Rheumatoid factor quant	\$40	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Immunofix e-phoresis serum, CPT® 86334

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$795
Immunofix e-phoresis serum	\$173	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Renal function panel	\$49	100%		
Assay of urine creatinine	\$70	100%		
Assay iga/igd/igg/igm each	\$276	100%		
Assay nephelometry not spec	\$180	100%		
Assay of protein urine	\$29	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Immunofix e-phoresis serum, CPT® 86334

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,010
Immunofix e-phoresis serum	\$173	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
Routine venipuncture	\$18	100%		
Comprehensive metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Assay iga/igd/igg/igm each	\$276	100%		
Assay nephelometry not spec	\$180	100%		
Assay of protein urine	\$29	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Immunofix e-phoresis/urine/csf	\$173	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Immunofix e-phoresis serum, CPT® 86334
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$799
Immunofix e-phoresis serum	\$173	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
Routine venipuncture	\$18	100%		
Comprehensive metabolic panel	\$38	100%		
Assay iga/igd/igg/igm each	\$276	100%		
Assay of insulin	\$37	100%		
Assay nephelometry not spec	\$180	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Rbc sed rate automated	\$25	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Hepatitis c ab test, CPT® 86803
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$294
Hepatitis c ab test	\$115	100%	Average Negotiated Charge (Payment) / Visit	\$54
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Comprehen metabolic panel	\$38	40%		
Lipid panel	\$71	40%		
Vitamin d 25 hydroxy	\$163	20%		
Assay thyroid stim hormone	\$81	20%		
Complete cbc w/auto diff wbc	\$52	20%		
Ccp antibody	\$52	20%		
Tb test cell immun measure	\$179	20%		
Hep b core antibody total	\$128	20%		
Hep b surface antibody	\$119	20%		
Hepatitis a antibody	\$128	20%		
Hla typing a b or c	\$168	20%		
Hepatitis b surface ag ia	\$149	20%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Hepatitis c ab test, CPT® 86803
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$518
Hepatitis c ab test	\$115	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$89
Routine venipuncture	\$18	82%		
Comprehensive metabolic panel	\$38	55%		
Glycosylated hemoglobin test	\$113	55%		
Lipid panel	\$71	45%		
Assay of urine creatinine	\$70	36%		
Microalbumin quantitative	\$88	27%		
Complete cbc w/auto diff wbc	\$52	27%		
Hep b core antibody total	\$128	18%		
Vitamin d 25 hydroxy	\$163	18%		
Assay thyroid stim hormone	\$81	18%		
Assay iga/igd/igg/igm each	\$156	18%		
Metabolic panel total ca	\$29	18%		
Alpha-fetoprotein serum	\$102	9%		
Assay nephelometry not spec	\$180	9%		
Antinuclear antibodies (ANA)	\$52	9%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Hepatitis c ab test, CPT® 86803
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$355
Hepatitis c ab test	\$115	100%	Average Negotiated Charge (Payment) / Visit	\$62
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	71%		
Comprehensive metabolic panel	\$38	43%		
Lipid panel	\$71	43%		
Complete cbc w/auto diff wbc	\$52	43%		
Assay of urine creatinine	\$70	29%		
Glycosylated hemoglobin test	\$113	29%		
Assay of iron	\$88	14%		
Assay nephelometry not spec	\$360	14%		
Assay of ferritin	\$74	14%		
Assay iga/igd/igg/igm each	\$276	14%		
Assay of amylase	\$51	14%		
Assay of calcium	\$30	14%		
Assay of ck (cpk)	\$63	14%		
Assay of creatinine	\$31	14%		
Antinuclear antibodies (ANA)	\$52	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Hepatitis c ab test, CPT® 86803
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$865
Hepatitis c ab test	\$115	100%	Average Negotiated Charge (Payment) / Visit	\$146
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	75%		
Comprehen metabolic panel	\$38	75%		
Lipid panel	\$71	75%		
Complete cbc w/auto diff wbc	\$52	50%		
Hep b surface antibody	\$119	50%		
Hepatitis b surface ag ia	\$149	50%		
Chylmd trach dna amp probe	\$157	25%		
Hepatitis a antibody	\$128	25%		
Antinuclear antibodies (ANA)	\$52	25%		
Ccp antibody	\$52	25%		
Hep b core antibody total	\$128	25%		
Assay of urine creatinine	\$70	25%		
Glycosylated hemoglobin test	\$113	25%		
Assay of free thyroxine	\$86	25%		
Assay thyroid stim hormone	\$81	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Hepatitis c ab test, CPT® 86803

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$196
Hepatitis c ab test	\$115	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Assay thyroid stim hormone	\$81	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Hepatitis c ab test, CPT® 86803

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$276
Hepatitis c ab test	\$115	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Complete cbc w/auto diff wbc	\$52	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Hepatitis c ab test, CPT® 86803
Payer Anthem

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$375
Hepatitis c ab test	\$115	100%	Average Negotiated Charge (Payment) / Visit	\$95
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	73%		
Lipid panel	\$71	60%		
Routine venipuncture	\$18	53%		
Complete cbc w/auto diff wbc	\$52	47%		
Assay thyroid stim hormone	\$81	40%		
Glycosylated hemoglobin test	\$113	33%		
Vitamin d 25 hydroxy	\$163	20%		
Assay of urine creatinine	\$70	13%		
Vitamin B-12	\$129	13%		
Microalbumin quantitative	\$88	13%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	13%		
Assay of psa total	\$104	7%		
Assay of total testosterone	\$55	7%		
Assay of ferritin	\$74	7%		
Assay of folic acid serum	\$134	7%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Hepatitis c ab test, CPT® 86803
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$405
Hepatitis c ab test	\$115	100%	Average Negotiated Charge (Payment) / Visit	\$86
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	75%		
Electrolyte panel	\$23	50%		
Hepatitis b surface ag ia	\$149	50%		
Assay of creatinine	\$31	50%		
Assay of urea nitrogen	\$31	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Antinuclear antibodies (ANA)	\$52	25%		
Immunofix e-phoresis serum	\$173	25%		
Immunofix e-phorsis/urine/csf	\$173	25%		
Assay iga/igd/igg/igm each	\$276	25%		
Assay nephelometry not spec	\$360	25%		
Assay of phosphorus	\$37	25%		
Assay of psa total	\$104	25%		
Assay of protein urine	\$29	25%		
Comprehensive metabolic panel	\$38	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Hepatitis c ab test, CPT® 86803
Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$133
Hepatitis c ab test	\$115	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Hepatitis c ab test, CPT® 86803
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$658
Hepatitis c ab test	\$115	100%	Average Negotiated Charge (Payment) / Visit	\$162
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Lipid panel	\$71	73%		
Comprehen metabolic panel	\$38	64%		
Complete cbc w/auto diff wbc	\$52	55%		
Glycosylated hemoglobin test	\$113	36%		
Assay of psa total	\$104	36%		
Routine venipuncture	\$18	36%		
Assay thyroid stim hormone	\$81	27%		
Hepatitis b surface ag ia	\$149	27%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	27%		
Chylimd trach dna amp probe	\$157	18%		
N.gonorrhoeae dna amp prob	\$157	18%		
Hep b surface antibody	\$119	18%		
Treponema pallidum	\$57	18%		
Vitamin d 25 hydroxy	\$163	18%		
Assay glucose blood quant	\$30	9%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Hepatitis c ab test, CPT® 86803
Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$447
Hepatitis c ab test	\$115	100%	Average Negotiated Charge (Payment) / Visit	\$123
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	73%		
Lipid panel	\$71	73%		
Routine venipuncture	\$18	45%		
Complete cbc w/auto diff wbc	\$52	45%		
Assay thyroid stim hormone	\$81	36%		
Glycosylated hemoglobin test	\$113	36%		
Assay of psa total	\$104	27%		
Vitamin d 25 hydroxy	\$163	18%		
Assay of urine creatinine	\$70	18%		
Vitamin B-12	\$129	18%		
Complete cbc automated	\$49	18%		
Alanine amino (ALT) (SGPT)	\$42	9%		
Assay of blood/uric acid	\$26	9%		
Assay of GGT	\$57	9%		
Assay alkaline phosphatase	\$31	9%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Hepatitis c ab test, CPT® 86803
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$405
Hepatitis c ab test	\$115	100%	Average Negotiated Charge (Payment) / Visit	\$78
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
Comprehen metabolic panel	\$38	100%		
Lipid panel	\$71	100%		
Vitamin d 25 hydroxy	\$163	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Hepatitis c ab test, CPT® 86803
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$285
Hepatitis c ab test	\$115	100%	Average Negotiated Charge (Payment) / Visit	\$53
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	57%		
Complete cbc w/auto diff wbc	\$52	57%		
Assay thyroid stim hormone	\$81	29%		
Comprehensive metabolic panel	\$38	29%		
Lipid panel	\$71	29%		
Assay of amylase	\$51	14%		
Assay of urine creatinine	\$70	14%		
Assay of ferritin	\$74	14%		
Assay glucose blood quant	\$30	14%		
Assay of iron	\$88	14%		
Assay of lipase	\$59	14%		
Assay of psa total	\$104	14%		
Assay of protein serum	\$29	14%		
Assay of blood/uric acid	\$26	14%		
C-reactive protein	\$113	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display RBC antibody screen, CPT® 86850

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$412
RBC antibody screen	\$68	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$117
Routine venipuncture	\$18	100%		
Glucose test	\$60	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Treponema pallidum	\$57	100%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Blood typing serologic abo, CPT® 86900

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$298
Blood typing serologic abo	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$51
Blood typing serologic rh(d)	\$31	100%		
RBC antibody screen	\$68	96%		
Culture screen only	\$168	57%		
Routine venipuncture	\$18	31%		
Complete cbc w/auto diff wbc	\$52	20%		
Assay of serum potassium	\$35	19%		
Assay of serum sodium	\$35	17%		
Assay of urea nitrogen	\$31	17%		
Assay blood carbon dioxide	\$35	17%		
Assay of blood chloride	\$35	17%		
Assay of creatinine	\$31	17%		
Assay glucose blood quant	\$30	15%		
Prothrombin time	\$25	15%		
Thromboplastin time partial	\$52	13%		
Complete cbc automated	\$49	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Blood typing serologic abo, CPT® 86900

Payer Empire Blue Cross

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$316
Blood typing serologic abo	\$31	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		
RBC antibody screen	\$68	100%		
Blood typing serologic rh(d)	\$31	100%		
Culture screen only	\$168	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Blood typing serologic abo, CPT® 86900
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$298
Blood typing serologic abo	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$140
RBC antibody screen	\$68	100%		
Blood typing serologic rh(d)	\$31	100%		
Culture screen only	\$168	84%		
Routine venipuncture	\$18	52%		
Comprehen metabolic panel	\$38	6%		
Complete cbc w/auto diff wbc	\$52	6%		
Mr-staph dna amp probe	\$131	6%		
Detect agent nos dna amp	\$348	3%		
Complete cbc automated	\$49	3%		
Antinuclear antibodies (ANA)	\$52	3%		
Complement total (ch50)	\$80	3%		
Dna antibody native	\$102	3%		
Glycosylated hemoglobin test	\$113	3%		
Assay thyroid stim hormone	\$81	3%		
Assay of blood/uric acid	\$26	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Blood typing serologic abo, CPT® 86900

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$380
Blood typing serologic abo	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$74
RBC antibody screen	\$68	100%		
Blood typing serologic rh(d)	\$31	100%		
Culture screen only	\$168	50%		
Routine venipuncture	\$18	50%		
Assay of calcium	\$30	50%		
Assay blood carbon dioxide	\$35	50%		
Assay of blood chloride	\$35	50%		
Assay of creatinine	\$31	50%		
Assay glucose blood quant	\$30	50%		
Assay of serum potassium	\$35	50%		
Assay of serum sodium	\$35	50%		
Assay of urea nitrogen	\$31	50%		
Complete cbc w/auto diff wbc	\$52	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Blood typing serologic abo, CPT® 86900

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$298
Blood typing serologic abo	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
RBC antibody screen	\$68	100%		
Blood typing serologic rh(d)	\$31	100%		
Culture screen only	\$168	100%		

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Charge Display Blood typing serologic abo, CPT® 86900
Payer Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$316
Blood typing serologic abo	\$31	100%	Average Negotiated Charge (Payment) / Visit	\$139
Supporting Service Description	Average Gross Charges	Patient Utilization %		
RBC antibody screen	\$68	100%		
Blood typing serologic rh(d)	\$31	100%		
Routine venipuncture	\$18	60%		
Complete cbc w/auto diff wbc	\$52	60%		
Prothrombin time	\$25	40%		
Thromboplastin time partial	\$52	40%		
Comprehensive metabolic panel	\$38	40%		
Urinalysis auto w/scope	\$26	40%		
Glycosylated hemoglobin test	\$113	40%		
X-ray exam chest 2 views	\$356	20%		
Metabolic panel total ca	\$29	20%		
Culture screen only	\$168	20%		
Mr-staph dna amp probe	\$131	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Blood typing serologic abo, CPT® 86900

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$298
Blood typing serologic abo	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$53
RBC antibody screen	\$68	100%		
Blood typing serologic rh(d)	\$31	100%		
Culture screen only	\$168	65%		
Routine venipuncture	\$18	38%		
Complete cbc w/auto diff wbc	\$52	12%		
Complete cbc automated	\$49	12%		
Comprehensive metabolic panel	\$38	9%		
Assay blood carbon dioxide	\$35	6%		
Assay of blood chloride	\$35	6%		
Assay of creatinine	\$31	6%		
Assay glucose blood quant	\$30	6%		
Assay of serum potassium	\$35	6%		
Assay of protein urine	\$29	6%		
Assay of serum sodium	\$35	6%		
Alanine amino (ALT) (SGPT)	\$42	6%		

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Charge Display Blood typing serologic abo, CPT® 86900
Payer United Medicare Managed Care

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The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$298
Blood typing serologic abo	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$138
RBC antibody screen	\$68	100%		
Blood typing serologic rh(d)	\$31	100%		
Culture screen only	\$168	72%		
Routine venipuncture	\$18	41%		
Comprehensive metabolic panel	\$38	16%		
Complete cbc w/auto diff wbc	\$52	13%		
Prothrombin time	\$25	13%		
Thromboplastin time partial	\$52	9%		
Glycosylated hemoglobin test	\$113	6%		
Mr-staph dna amp probe	\$131	6%		
Complete cbc automated	\$49	6%		
X-ray exam chest 2 views	\$356	6%		
Urinalysis auto w/o scope	\$7	6%		
Assay blood carbon dioxide	\$35	3%		
Assay glucose blood quant	\$30	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Blood typing serologic abo, CPT® 86900
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$298
Blood typing serologic abo	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
RBC antibody screen	\$68	100%		
Blood typing serologic rh(d)	\$31	100%		
Culture screen only	\$168	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Blood typing serologic abo, CPT® 86900

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$298
Blood typing serologic abo	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$46
RBC antibody screen	\$68	100%		
Blood typing serologic rh(d)	\$31	100%		
Culture screen only	\$168	86%		
Routine venipuncture	\$18	14%		
Comprehen metabolic panel	\$38	14%		
Complete cbc w/auto diff wbc	\$52	14%		
Complete cbc automated	\$49	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Blood typing serologic abo, CPT® 86900

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$316
Blood typing serologic abo	\$31	100%		
General procedure services	\$33,042	6%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$37
RBC antibody screen	\$68	100%		
Blood typing serologic rh(d)	\$31	100%		
Culture screen only	\$168	55%		
Routine venipuncture	\$18	45%		
Complete cbc w/auto diff wbc	\$52	24%		
Assay blood carbon dioxide	\$35	15%		
Assay of blood chloride	\$35	15%		
Assay of creatinine	\$31	15%		
Assay glucose blood quant	\$30	15%		
Assay of serum potassium	\$35	15%		
Assay of serum sodium	\$35	15%		
Assay of urea nitrogen	\$31	15%		
General supporting services	\$16,676	6%		
Comprehensive metabolic panel	\$38	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Blood typing serologic abo, CPT® 86900

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$316
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$73
Blood typing serologic abo	\$31	100%		
Blood typing serologic rh(d)	\$31	100%		
RBC antibody screen	\$68	92%		
Culture screen only	\$168	50%		
Routine venipuncture	\$18	46%		
Complete cbc w/auto diff wbc	\$52	42%		
Treponema pallidum	\$57	19%		
Rubella antibody	\$68	17%		
Hepatitis b surface ag ia	\$149	17%		
Assay blood carbon dioxide	\$35	15%		
Assay of blood chloride	\$35	15%		
Assay of creatinine	\$31	15%		
Assay of serum potassium	\$35	15%		
Assay of serum sodium	\$35	15%		
Assay thyroid stim hormone	\$81	15%		
Assay of urea nitrogen	\$31	15%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Blood typing serologic abo, CPT® 86900

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$316
Blood typing serologic abo	\$31	100%	Average Negotiated Charge (Payment) / Visit	\$37
Supporting Service Description	Average Gross Charges	Patient Utilization %		
RBC antibody screen	\$68	100%		
Blood typing serologic rh(d)	\$31	100%		
Culture screen only	\$168	57%		
Routine venipuncture	\$18	43%		
Complete cbc automated	\$49	43%		
Metabolic panel total ca	\$29	29%		
Lipid panel	\$71	14%		
Glucose test	\$60	14%		
Transferase (AST) (SGOT)	\$29	14%		
Prothrombin time	\$25	14%		
Thromboplastin time partial	\$52	14%		
Treponema pallidum	\$57	14%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Blood typing serologic abo, CPT® 86900

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$307
Blood typing serologic abo	\$31	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$139
RBC antibody screen	\$68	100%		
Blood typing serologic rh(d)	\$31	100%		
Culture screen only	\$168	50%		
Routine venipuncture	\$18	40%		
Complete cbc w/auto diff wbc	\$52	30%		
Prothrombin time	\$25	20%		
Comprehensive metabolic panel	\$38	20%		
Glycosylated hemoglobin test	\$113	10%		
Rbc sed rate automated	\$25	10%		
Thromboplastin time partial	\$52	10%		
Ther/proph/diag inj sc/im	\$90	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Blood typing serologic abo, CPT® 86900

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$298
Blood typing serologic abo	\$31	100%	Average Negotiated Charge (Payment) / Visit	\$34
Supporting Service Description	Average Gross Charges	Patient Utilization %		
RBC antibody screen	\$68	100%		
Blood typing serologic rh(d)	\$31	100%		
Culture screen only	\$168	69%		
Routine venipuncture	\$18	46%		
Assay blood carbon dioxide	\$35	8%		
Assay of blood chloride	\$35	8%		
Assay of creatinine	\$31	8%		
Assay glucose blood quant	\$30	8%		
Assay of serum potassium	\$35	8%		
Assay of serum sodium	\$35	8%		
Assay of urea nitrogen	\$31	8%		
Complete cbc w/auto diff wbc	\$52	8%		
Complete cbc automated	\$49	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Blood culture for bacteria, CPT® 87040

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,233
Blood culture for bacteria	\$117	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Rbc sed rate automated	\$25	100%		
Lyme disease antibody	\$290	100%		
Epstein-barr nuclear antigen	\$189	100%		
Epstein-barr capsid vca	\$194	100%		
Detect agent nos dna amp	\$348	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Blood culture for bacteria, CPT® 87040

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$735
Blood culture for bacteria	\$117	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Routine venipuncture	\$18	100%		
Complete cbc w/auto diff wbc	\$52	100%		
C-reactive protein	\$113	100%		
Deoxyribonuclease antibody	\$52	100%		
Epstein-barr nuclear antigen	\$189	100%		
Epstein-barr capsid vca	\$194	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Blood culture for bacteria, CPT® 87040
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$234
Blood culture for bacteria	\$234	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Culture othr specimn aerobic, CPT® 87070

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$80
Culture othr specimn aerobic	\$80	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Culture othr specimn aerobic, CPT® 87070
Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$228
Culture othr specimn aerobic	\$80	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Cultr bacteria except blood	\$97	100%		
Body fluid cell count	\$51	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Culture othr specimn aerobic, CPT® 87070

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$177
Culture othr specimn aerobic	\$80	100%	Average Negotiated Charge (Payment) / Visit	\$34
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Cultr bacteria except blood	\$97	47%		
Smear gram stain	\$70	24%		
Lyme dis dna amp probe	\$97	12%		
Body fluid cell count	\$51	12%		
Culture Aerobic Identify	\$86	12%		
Microbe susceptible mic	\$35	12%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Culture othr specimn aerobic, CPT® 87070

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$177
Culture othr specimn aerobic	\$80	100%	Average Negotiated Charge (Payment) / Visit	\$26
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Cultr bacteria except blood	\$97	40%		
Smear gram stain	\$70	30%		
Lyme dis dna amp probe	\$97	20%		
Culture Aerobic Identify	\$86	20%		
Microbe susceptible mic	\$35	20%		
Body fluid cell count	\$51	20%		
Glucose Other Fluid	\$35	5%		
Fungi identification mold	\$47	5%		
Hsv dna amp probe	\$191	5%		
Detect agent nos dna amp	\$240	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Culture othr specimn aerobic, CPT® 87070
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$466
Culture othr specimn aerobic	\$80	100%	Average Negotiated Charge (Payment) / Visit	\$132
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	50%		
Urinalysis auto w/scope	\$26	50%		
Cultr bacteria except blood	\$97	50%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	50%		
Chylimd trach dna amp probe	\$157	50%		
Hsv dna amp probe	\$173	50%		
Cytopath c/v thin layer	\$144	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Culture othr specimn aerobic, CPT® 87070
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$129
Culture othr specimn aerobic	\$80	100%	Average Negotiated Charge (Payment) / Visit	\$15
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Cultr bacteria except blood	\$97	50%		
Smear gram stain	\$70	25%		
Lyme dis dna amp probe	\$97	25%		
Body fluid cell count	\$51	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Culture othr specimn aerobic, CPT® 87070
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$80
Culture othr specimn aerobic	\$80	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Culture othr specimn aerobic, CPT® 87070

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$129
Culture othr specimn aerobic	\$80	100%	Average Negotiated Charge (Payment) / Visit	\$16
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Cultr bacteria except blood	\$97	42%		
Smear gram stain	\$70	25%		
Body fluid cell count	\$51	17%		
Lyme dis dna amp probe	\$97	8%		
Culture Aerobic Identify	\$258	8%		
Microbe susceptible mic	\$105	8%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Culture othr specimn aerobic, CPT® 87070
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$201
Culture othr specimn aerobic	\$80	100%	Average Negotiated Charge (Payment) / Visit	\$28
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Cultr bacteria except blood	\$97	50%		
Smear gram stain	\$70	50%		
Lyme dis dna amp probe	\$97	33%		
Body fluid cell count	\$51	33%		
Culture Aerobic Identify	\$86	33%		
Microbe susceptible mic	\$35	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Culture othr specimn aerobic, CPT® 87070

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$177
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$32
Culture othr specimn aerobic	\$80	100%		
Cultr bacteria except blood	\$97	32%		
Culture Aerobic Identify	\$86	14%		
Microbe susceptible mic	\$35	14%		
Smear gram stain	\$70	11%		
Urine culture/colony count	\$74	11%		
Lyme dis dna amp probe	\$97	11%		
Body fluid cell count	\$51	11%		
Cytopath c/v thin layer	\$144	7%		
Chylmd trach dna amp probe	\$157	7%		
N.gonorrhoeae dna amp prob	\$157	7%		
Fungus isolation culture	\$141	7%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	4%		
Glycosylated hemoglobin test	\$113	4%		
Complete cbc w/auto diff wbc	\$52	4%		
Hpv high-risk types	\$145	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Culture othr specimn aerobic, CPT® 87070
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$247
Culture othr specimn aerobic	\$80	100%	Average Negotiated Charge (Payment) / Visit	\$28
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Cultr bacteria except blood	\$97	100%		
Smear gram stain	\$70	60%		
Lyme dis dna amp probe	\$97	40%		
Body fluid cell count	\$51	40%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Culture Aerobic Identify, CPT® 87077

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$195
Culture Aerobic Identify	\$86	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Urine culture/colony count	\$74	100%		
Microbe susceptible mic	\$35	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Culture Aerobic Identify, CPT® 87077

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$201
Culture Aerobic Identify	\$86	100%	Average Negotiated Charge (Payment) / Visit	\$47
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Microbe susceptible mic	\$35	92%		
Urine culture/colony count	\$74	85%		
Urinalysis auto w/scope	\$26	46%		
Culture othr specimn aerobic	\$80	15%		
Culture screen only	\$84	8%		
Smear gram stain	\$70	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Culture Aerobic Identify, CPT® 87077

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$201
Culture Aerobic Identify	\$86	100%	Average Negotiated Charge (Payment) / Visit	\$38
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Microbe susceptible mic	\$35	91%		
Urine culture/colony count	\$74	70%		
Culture othr specimn aerobic	\$80	26%		
Urinalysis auto w/scope	\$26	22%		
Cultr bacteria except blood	\$97	9%		
Smear gram stain	\$70	4%		
Chyld trach dna amp probe	\$157	4%		
N.gonorrhoeae dna amp prob	\$157	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Culture Aerobic Identify, CPT® 87077

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$195
Culture Aerobic Identify	\$86	100%	Average Negotiated Charge (Payment) / Visit	\$44
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Microbe susceptible mic	\$35	95%		
Urine culture/colony count	\$74	91%		
Urinalysis auto w/scope	\$26	14%		
Chylmd trach dna amp probe	\$267	9%		
N.gonorrhoeae dna amp prob	\$267	9%		
Hpv high-risk types	\$145	5%		
Cytopath c/v thin layer	\$144	5%		
Iadna-dna/rna probe tq 12-25	\$771	5%		
Smear complex stain	\$46	5%		
Culture othr specimn aerobic	\$80	5%		
Ova and parasites smears	\$23	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Culture Aerobic Identify, CPT® 87077

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$221
Culture Aerobic Identify	\$86	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$35
Microbe susceptible mic	\$35	100%		
Urinalysis auto w/scope	\$26	60%		
Urine culture/colony count	\$74	60%		
Culture othr specimn aerobic	\$80	40%		
Routine venipuncture	\$18	20%		
Comprehen metabolic panel	\$38	20%		
Vitamin d 25 hydroxy	\$163	20%		
Assay thyroid stim hormone	\$81	20%		
Complete cbc w/auto diff wbc	\$52	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Culture Aerobic Identify, CPT® 87077

Payer Medicaid-Other

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$534
Culture Aerobic Identify	\$86	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Comprehensive metabolic panel	\$38	100%		
Urinalysis auto w/scope	\$26	100%		
Assay of aldolase	\$47	100%		
Assay of ck (cpk)	\$63	100%		
Glycosylated hemoglobin test	\$113	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Urine culture/colony count	\$74	100%		
Microbe susceptible mic	\$35	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Culture Aerobic Identify, CPT® 87077
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$195
Culture Aerobic Identify	\$86	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$28
Microbe susceptible mic	\$35	100%		
Urine culture/colony count	\$74	67%		
Culture othr specimn aerobic	\$80	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Culture Aerobic Identify, CPT® 87077
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$201
Culture Aerobic Identify	\$86	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$28
Microbe susceptible mic	\$35	100%		
Urine culture/colony count	\$74	57%		
Culture othr specimn aerobic	\$80	43%		
Urinalysis auto w/scope	\$26	29%		
Smear gram stain	\$70	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Culture Aerobic Identify, CPT® 87077

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$198
Culture Aerobic Identify	\$86	100%	Average Negotiated Charge (Payment) / Visit	\$31
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Microbe susceptible mic	\$35	88%		
Urine culture/colony count	\$74	63%		
Culture othr specimn aerobic	\$80	38%		
Cultr bacteria except blood	\$97	13%		
Smear gram stain	\$70	13%		
Lyme dis dna amp probe	\$97	13%		
Body fluid cell count	\$51	13%		
Routine venipuncture	\$18	13%		
Comprehen metabolic panel	\$38	13%		
Lipid panel	\$71	13%		
Urinalysis auto w/scope	\$26	13%		
Glycosylated hemoglobin test	\$113	13%		
Complete cbc w/auto diff wbc	\$52	13%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Culture Aerobic Identify, CPT® 87077
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$221
Culture Aerobic Identify	\$86	100%	Average Negotiated Charge (Payment) / Visit	\$31
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Microbe susceptible mic	\$35	100%		
Urine culture/colony count	\$74	78%		
Urinalysis auto w/scope	\$26	56%		
Comprehen metabolic panel	\$38	22%		
Assay thyroid stim hormone	\$81	22%		
Complete cbc w/auto diff wbc	\$52	22%		
Culture othr specimn aerobic	\$80	22%		
Smear gram stain	\$70	11%		
Lipid panel	\$71	11%		
Vitamin d 25 hydroxy	\$163	11%		
Vitamin B-12	\$129	11%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urine culture/colony count, CPT® 87086
Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$100
Urine culture/colony count	\$74	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Urinalysis auto w/scope	\$26	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urine culture/colony count, CPT® 87086
Payer Connecticcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$160
Urine culture/colony count	\$74	100%	Average Negotiated Charge (Payment) / Visit	\$20
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Culture Aerobic Identify	\$86	29%		
Microbe susceptible mic	\$35	14%		
Chylmd trach dna amp probe	\$157	14%		
N.gonorrhoeae dna amp prob	\$157	14%		
Comprehen metabolic panel	\$38	14%		
Lipid panel	\$71	14%		
Urinalysis auto w/scope	\$26	14%		
Vitamin d 25 hydroxy	\$163	14%		
Vitamin B-12	\$129	14%		
Assay of ferritin	\$74	14%		
Assay thyroid stim hormone	\$81	14%		
Complete cbc w/auto diff wbc	\$52	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urine culture/colony count, CPT® 87086
Payer Cigna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$74
Urine culture/colony count	\$74	100%	Average Negotiated Charge (Payment) / Visit	\$10
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Culture Aerobic Identify	\$86	25%		
Microbe susceptible mic	\$35	25%		
Urinalysis auto w/scope	\$26	22%		
Comprehen metabolic panel	\$38	6%		
Complete cbc w/auto diff wbc	\$52	6%		
Rbc sed rate automated	\$25	6%		
Lipid panel	\$71	3%		
Assay of ferritin	\$74	3%		
Assay of folic acid serum	\$134	3%		
Hemoglobin electrophoresis	\$187	3%		
Assay of iron	\$88	3%		
Iron binding test	\$64	3%		
Assay of psa total	\$104	3%		
Assay thyroid stim hormone	\$81	3%		
Assay of blood/uric acid	\$26	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urine culture/colony count, CPT® 87086
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$74
Urine culture/colony count	\$74	100%	Average Negotiated Charge (Payment) / Visit	\$10
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Mumps antibody	\$132	17%		
Culture Aerobic Identify	\$86	17%		
Microbe susceptible mic	\$35	17%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urine culture/colony count, CPT® 87086
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$74
Urine culture/colony count	\$74	100%	Average Negotiated Charge (Payment) / Visit	\$9
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Urinalysis auto w/scope	\$26	14%		
Culture Aerobic Identify	\$86	14%		
Microbe susceptible mic	\$35	14%		
Hpv high-risk types	\$145	14%		
Cytopath c/v thin layer	\$144	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urine culture/colony count, CPT® 87086
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$74
Urine culture/colony count	\$74	100%	Average Negotiated Charge (Payment) / Visit	\$12
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Metabolic panel total ca	\$29	14%		
Urinalysis auto w/scope	\$26	14%		
Complete cbc w/auto diff wbc	\$52	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urine culture/colony count, CPT® 87086
Payer United Healthcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$74
Urine culture/colony count	\$74	100%	Average Negotiated Charge (Payment) / Visit	\$15
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Urinalysis auto w/scope	\$26	28%		
Routine venipuncture	\$18	8%		
Comprehensive metabolic panel	\$38	8%		
Culture Aerobic Identify	\$86	6%		
Microbe susceptible mic	\$35	6%		
Complete cbc w/auto diff wbc	\$52	6%		
Lipid panel	\$71	4%		
Glycosylated hemoglobin test	\$113	4%		
Assay thyroid stim hormone	\$81	4%		
Vitamin d 25 hydroxy	\$163	4%		
Assay of urine creatinine	\$70	2%		
Assay iga/igd/igg/igm each	\$92	2%		
Complete cbc automated	\$49	2%		
Candida dna dir probe	\$83	2%		
Chylmd trach dna amp probe	\$157	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urine culture/colony count, CPT® 87086
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$100
Urine culture/colony count	\$74	100%	Average Negotiated Charge (Payment) / Visit	\$12
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Urinalysis auto w/scope	\$26	41%		
Culture Aerobic Identify	\$86	23%		
Microbe susceptible mic	\$35	23%		
Comprehen metabolic panel	\$38	5%		
Complete cbc w/auto diff wbc	\$52	5%		
Hepatitis c ab test	\$115	3%		
Lipid panel	\$71	3%		
Microalbumin quantitative	\$88	3%		
Assay of urine creatinine	\$70	3%		
Glycosylated hemoglobin test	\$113	3%		
Assay of psa total	\$104	3%		
Assay of blood/uric acid	\$26	3%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	3%		
Chyldm trach dna amp probe	\$157	3%		
N.gonorrhoeae dna amp prob	\$157	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urine culture/colony count, CPT® 87086
Payer Aetna BH

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$100
Urine culture/colony count	\$74	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Urinalysis auto w/scope	\$26	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urine culture/colony count, CPT® 87086
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$87
Urine culture/colony count	\$74	100%	Average Negotiated Charge (Payment) / Visit	\$11
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Urinalysis auto w/scope	\$26	40%		
Assay thyroid stim hormone	\$81	20%		
Routine venipuncture	\$18	20%		
Comprehensive metabolic panel	\$38	10%		
Lipid panel	\$71	10%		
Complete cbc w/auto diff wbc	\$52	10%		
Hepatitis c ab test	\$115	10%		
Culture Aerobic Identify	\$86	10%		
Microbe susceptible mic	\$35	10%		
Glycosylated hemoglobin test	\$113	10%		
Assay of psa total	\$104	10%		
Assay of free thyroxine	\$86	10%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urine culture/colony count, CPT® 87086
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$100
Urine culture/colony count	\$74	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$13
Urinalysis auto w/scope	\$26	50%		
Culture Aerobic Identify	\$86	21%		
Microbe susceptible mic	\$35	21%		
Lipid panel	\$71	11%		
Assay thyroid stim hormone	\$81	7%		
Complete cbc w/auto diff wbc	\$52	7%		
Rbc sed rate automated	\$25	7%		
Vitamin d 25 hydroxy	\$163	7%		
Routine venipuncture	\$18	7%		
Comprehen metabolic panel	\$38	7%		
Assay of ck (cpk)	\$63	7%		
Assay of urine creatinine	\$70	7%		
Vitamin B-12	\$129	7%		
Assay of free thyroxine	\$86	4%		
Assay of calcium	\$30	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urine culture/colony count, CPT® 87086
Payer Anthem

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$74
Urine culture/colony count	\$74	100%	Average Negotiated Charge (Payment) / Visit	\$13
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Urinalysis auto w/scope	\$26	30%		
Culture Aerobic Identify	\$86	14%		
Microbe susceptible mic	\$35	12%		
Complete cbc w/auto diff wbc	\$52	9%		
Comprehen metabolic panel	\$38	9%		
Lipid panel	\$71	5%		
Routine venipuncture	\$18	4%		
Vitamin B-12	\$129	4%		
Glycosylated hemoglobin test	\$113	4%		
Assay thyroid stim hormone	\$81	4%		
Urinalysis auto w/o scope	\$7	2%		
Assay of urine creatinine	\$70	2%		
Metabolic panel total ca	\$29	2%		
Chyld trach dna amp probe	\$157	2%		
N.gonorrhoeae dna amp prob	\$157	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urine culture/colony count, CPT® 87086
Payer Multiplan

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$74
Urine culture/colony count	\$74	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Urine culture/colony count, CPT® 87086
Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$91
Urine culture/colony count	\$74	100%	Average Negotiated Charge (Payment) / Visit	\$19
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Urinalysis auto w/scope	\$26	29%		
Comprehen metabolic panel	\$38	12%		
Complete cbc w/auto diff wbc	\$52	12%		
Assay thyroid stim hormone	\$81	10%		
Culture Aerobic Identify	\$86	10%		
Microbe susceptible mic	\$35	10%		
Chylmd trach dna amp probe	\$157	6%		
N.gonorrhoeae dna amp prob	\$157	6%		
Lipid panel	\$71	6%		
Urinalysis auto w/o scope	\$7	5%		
Cytopath c/v thin layer	\$144	4%		
Lyme disease antibody	\$32	3%		
Culture othr specimn aerobic	\$80	3%		
Glycosylated hemoglobin test	\$113	3%		
Hpv high-risk types	\$145	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Microbe susceptible mic, CPT® 87186

Payer Connecticcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$221
Microbe susceptible mic	\$35	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$35
Culture Aerobic Identify	\$86	100%		
Urine culture/colony count	\$74	75%		
Urinalysis auto w/scope	\$26	75%		
Culture othr specimn aerobic	\$80	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Microbe susceptible mic, CPT® 87186
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$195
Microbe susceptible mic	\$35	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$28
Culture Aerobic Identify	\$86	100%		
Urine culture/colony count	\$74	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Microbe susceptible mic, CPT® 87186
Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$201
Microbe susceptible mic	\$35	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Culture othr specimn aerobic	\$80	100%		
Culture Aerobic Identify	\$86	100%		

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Microbe susceptible mic, CPT® 87186
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$221
Microbe susceptible mic	\$35	100%	Average Negotiated Charge (Payment) / Visit	\$31
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Culture Aerobic Identify	\$86	100%		
Urine culture/colony count	\$74	86%		
Urinalysis auto w/scope	\$26	43%		
Complete cbc w/auto diff wbc	\$52	14%		
Culture othr specimn aerobic	\$80	14%		
Smear gram stain	\$70	14%		
Comprehen metabolic panel	\$38	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Microbe susceptible mic, CPT® 87186
Payer United Healthcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$195
Microbe susceptible mic	\$35	100%	Average Negotiated Charge (Payment) / Visit	\$46
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Culture Aerobic Identify	\$86	100%		
Urine culture/colony count	\$74	100%		
Detect agent nos dna amp	\$348	10%		
Comprehen metabolic panel	\$38	10%		
Urinalysis auto w/scope	\$26	10%		
Bl smear w/diff wbc count	\$29	10%		
Complete cbc automated	\$49	10%		
Lyme disease antibody	\$32	10%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Microbe susceptible mic, CPT® 87186
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$201
Microbe susceptible mic	\$35	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$28
Culture Aerobic Identify	\$86	100%		
Urine culture/colony count	\$74	57%		
Culture othr specimn aerobic	\$80	43%		
Urinalysis auto w/scope	\$26	29%		
Cultr bacteria except blood	\$97	14%		
Exam synovial fluid crystals	\$47	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Microbe susceptible mic, CPT® 87186
Payer Cigna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$195
Microbe susceptible mic	\$35	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$31
Culture Aerobic Identify	\$86	100%		
Urine culture/colony count	\$74	63%		
Culture othr specimn aerobic	\$80	38%		
Cultr bacteria except blood	\$97	13%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Microbe susceptible mic, CPT® 87186
Payer Aetna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$201
Microbe susceptible mic	\$35	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$45
Culture Aerobic Identify	\$86	100%		
Urine culture/colony count	\$74	80%		
Culture othr specimn aerobic	\$80	27%		
Urinalysis auto w/scope	\$26	20%		
Assay iga/igd/igg/igm each	\$276	7%		
Assay nephelometry not spec	\$180	7%		
Assay thyroid stim hormone	\$81	7%		
Complete cbc w/auto diff wbc	\$52	7%		
Fluorescent antibody screen	\$81	7%		
Immunofix e-phoresis serum	\$173	7%		
Comprehen metabolic panel	\$38	7%		
Lipid panel	\$71	7%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Microbe susceptible mic, CPT® 87186
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$195
Microbe susceptible mic	\$35	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$31
Culture Aerobic Identify	\$86	100%		
Urine culture/colony count	\$74	67%		
Culture othr specimn aerobic	\$80	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Microbe susceptible mic, CPT® 87186
Payer Anthem

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$195
Microbe susceptible mic	\$35	100%	Average Negotiated Charge (Payment) / Visit	\$38
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Culture Aerobic Identify	\$86	100%		
Urine culture/colony count	\$74	92%		
Urinalysis auto w/scope	\$26	33%		
Complete cbc w/auto diff wbc	\$52	8%		
Culture othr specimn aerobic	\$80	8%		
Smear gram stain	\$70	8%		
Comprehen metabolic panel	\$38	8%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Microbe susceptible mic, CPT® 87186
Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$195
Microbe susceptible mic	\$35	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Culture Aerobic Identify	\$86	100%		
Urine culture/colony count	\$74	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Microbe susceptible mic, CPT® 87186
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$307
Microbe susceptible mic	\$35	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$41
Culture Aerobic Identify	\$86	100%		
Urine culture/colony count	\$74	88%		
Urinalysis auto w/scope	\$26	38%		
Comprehen metabolic panel	\$38	25%		
Glycosylated hemoglobin test	\$113	25%		
Assay thyroid stim hormone	\$81	25%		
Complete cbc w/auto diff wbc	\$52	25%		
Culture othr specimn aerobic	\$80	13%		
Smear gram stain	\$70	13%		
Routine venipuncture	\$18	13%		
Assay of blood/uric acid	\$26	13%		
Assay of free thyroxine	\$86	13%		
Lipid panel	\$71	13%		
Microalbumin quantitative	\$88	13%		
Assay of urine creatinine	\$70	13%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Microbe susceptible mic, CPT® 87186
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$195
Microbe susceptible mic	\$35	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$36
Culture Aerobic Identify	\$86	100%		
Urine culture/colony count	\$74	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Chylmd trach dna amp probe, CPT® 87491

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$314
Chylmd trach dna amp probe	\$157	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$87
N.gonorrhoeae dna amp prob	\$157	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Chylmd trach dna amp probe, CPT® 87491

Payer Connecticcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$236
Chylmd trach dna amp probe	\$157	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$65
N.gonorrhoeae dna amp prob	\$157	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Chylmd trach dna amp probe, CPT® 87491

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$314
Chylmd trach dna amp probe	\$157	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$123
N.gonorrhoeae dna amp prob	\$157	91%		
Cytopath c/v thin layer	\$144	36%		
Hpv high-risk types	\$145	14%		
Urine culture/colony count	\$74	9%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	5%		
Hepatitis c revrs trnscrpj	\$422	5%		
Hpv types 16 & 18 only	\$94	5%		
Urinalysis auto w/o scope	\$7	5%		
Hep b core antibody total	\$128	5%		
Hep b core antibody igm	\$60	5%		
Treponema pallidum	\$57	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Chylmd trach dna amp probe, CPT® 87491

Payer United Healthcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$314
Chylmd trach dna amp probe	\$157	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130
N.gonorrhoeae dna amp prob	\$157	78%		
Urinalysis auto w/o scope	\$7	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Chylmd trach dna amp probe, CPT® 87491

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$314
Chylmd trach dna amp probe	\$157	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$103
N.gonorrhoeae dna amp prob	\$157	100%		
Urine culture/colony count	\$74	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Chylmd trach dna amp probe, CPT® 87491

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$314
Chylmd trach dna amp probe	\$157	100%	Average Negotiated Charge (Payment) / Visit	\$87
Supporting Service Description	Average Gross Charges	Patient Utilization %		
N.gonorrhoeae dna amp prob	\$157	100%		
Comprehen metabolic panel	\$38	20%		
Lipid panel	\$71	20%		
Complete cbc w/auto diff wbc	\$52	20%		
Treponema pallidum	\$57	10%		
Urine culture/colony count	\$74	10%		
Hiv-1 ag w/hiv-1 & hiv-2 ab	\$157	10%		
Acute hepatitis panel	\$326	10%		
Assay thyroid stim hormone	\$81	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Chylmd trach dna amp probe, CPT® 87491

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$314
Chylmd trach dna amp probe	\$157	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$109
N.gonorrhoeae dna amp prob	\$157	92%		
Urine culture/colony count	\$74	17%		
Hepatitis b surface ag ia	\$149	8%		
Hsv dna amp probe	\$173	8%		
Hpv high-risk types	\$145	8%		
Cytopath c/v thin layer	\$144	8%		
Herpes simplex type 1 test	\$113	8%		
Herpes simplex type 2 test	\$126	8%		
Hep b surface antibody	\$119	8%		
Treponema pallidum	\$57	8%		
Hepatitis c ab test	\$115	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Hepatitis c revrs trnscrpj, CPT® 87522

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$440
Hepatitis c revrs trnscrpj	\$422	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Resp virus 12-25 targets, CPT® 87633
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,194
Resp virus 12-25 targets	\$771	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Chylmd pneum dna amp probe	\$66	100%		
M.pneumon dna amp probe	\$66	100%		
Detect agent nos dna amp	\$291	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Resp virus 12-25 targets, CPT® 87633
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,194
Resp virus 12-25 targets	\$771	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Chylmd pneum dna amp probe	\$66	100%		
M.pneumon dna amp probe	\$66	100%		
Detect agent nos dna amp	\$291	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tissue exam by pathologist, CPT® 88305

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$360
Tissue exam by pathologist	\$360	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tissue exam by pathologist, CPT® 88305

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$360
Tissue exam by pathologist	\$360	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$42
Decalcify tissue	\$113	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tissue exam by pathologist, CPT® 88305

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,320
Tissue exam by pathologist	\$4,320	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tissue exam by pathologist, CPT® 88305

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$360
Tissue exam by pathologist	\$360	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$67

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tissue exam by pathologist, CPT® 88305

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$360
Tissue exam by pathologist	\$360	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$59

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tissue exam by pathologist, CPT® 88305

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$671
Tissue exam by pathologist	\$370	100%	Average Negotiated Charge (Payment) / Visit	\$59
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Cytopath cell enhance tech	\$137	33%		
Special stains group 2	\$152	33%		
Office/outpatient visit est	\$164	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tissue exam by pathologist, CPT® 88305

Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$360
Tissue exam by pathologist	\$360	100%	Average Negotiated Charge (Payment) / Visit	\$59
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Culture othr specimn aerobic	\$80	20%		
Cultr bacteria except blood	\$97	20%		
Culture Aerobic Identify	\$86	20%		
Microbe susceptible mic	\$35	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tissue exam by pathologist, CPT® 88305

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$360
Tissue exam by pathologist	\$360	100%		
General procedure services	\$160	3%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$63
Cytopath c/v thin layer	\$144	3%		
Special stains group 2	\$304	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tissue exam by pathologist, CPT® 88305

Payer Anthem Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$360
Tissue exam by pathologist	\$360	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tissue exam by pathologist, CPT® 88305

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$360
Tissue exam by pathologist	\$360	100%	Average Negotiated Charge (Payment) / Visit	\$30
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Dx mammo incl cad uni	\$438	6%		
Culture othr specimn aerobic	\$160	6%		
Culture Aerobic Identify	\$86	6%		
Microbe susceptible mic	\$35	6%		
Smear gram stain	\$140	6%		
Decalcify tissue	\$113	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tissue exam by pathologist, CPT® 88307

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$33,215
Tissue exam by pathologist	\$1,391	100%		
General procedure services	\$26,000	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$2,341	100%		
Routine venipuncture	\$18	100%		
Electrolyte panel	\$23	100%		
Assay of creatinine	\$31	100%		
Assay of urea nitrogen	\$31	100%		
Complete cbc w/auto diff wbc	\$52	100%		
RBC antibody screen	\$68	100%		
Blood typing serologic abo	\$31	100%		
Blood typing serologic rh(d)	\$31	100%		
Ther/proph/diag iv inf init	\$625	100%		
Ther/proph/diag inj sc/im	\$180	100%		
Tx/pro/dx inj new drug addon	\$1,053	100%		
Tx/pro/dx inj same drug adon	\$351	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tissue exam by pathologist, CPT® 88307

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$50,724
Tissue exam by pathologist	\$1,391	100%		
General procedure services	\$37,360	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$21,192
General supporting services	\$5,768	100%		
Ther/proph/diag inj iv push	\$351	100%		
Tx/pro/dx inj same drug adon	\$702	100%		
Assay of calcium	\$30	50%		
Assay blood carbon dioxide	\$35	50%		
Assay of blood chloride	\$35	50%		
Assay of creatinine	\$31	50%		
Assay glucose blood quant	\$30	50%		
Assay of magnesium	\$49	50%		
Assay of phosphorus	\$37	50%		
Assay of serum potassium	\$35	50%		
Assay of serum sodium	\$35	50%		
Assay of urea nitrogen	\$31	50%		
Blood typing serologic abo	\$31	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tissue exam by pathologist, CPT® 88307

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7,078
Tissue exam by pathologist	\$2,782	100%		
General procedure services	\$3,006	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
General supporting services	\$697	100%		
Tissue exam by pathologist	\$360	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tissue exam by pathologist, CPT® 88307

Payer Anthem Managed Medicare

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,088
Tissue exam by pathologist	\$1,391	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Decalcify tissue	\$113	100%		
Immunohisto antb addl slide	\$292	100%		
Immunohisto antb 1st stain	\$292	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tissue exam by pathologist, CPT® 88307

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$48,719
Tissue exam by pathologist	\$1,391	100%		
General procedure services	\$27,426	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$10,170	100%		
Routine venipuncture	\$36	100%		
Assay blood carbon dioxide	\$70	100%		
Assay of blood chloride	\$70	100%		
Assay of creatinine	\$62	100%		
Assay glucose blood quant	\$60	100%		
Glucose blood test	\$108	100%		
Glycosylated hemoglobin test	\$113	100%		
Assay of magnesium	\$49	100%		
Assay of phosphorus	\$37	100%		
Assay of serum potassium	\$70	100%		
Assay of serum sodium	\$70	100%		
Assay of urea nitrogen	\$62	100%		
Complete cbc w/auto diff wbc	\$104	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tissue exam by pathologist, CPT® 88307

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,391
Tissue exam by pathologist	\$1,391	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psych diagnostic evaluation, CPT® 90791

Payer Cigna BH

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,297
Psych diagnostic evaluation	\$627	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$854
Group psychotherapy	\$670	75%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psych diagnostic evaluation, CPT® 90791

Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$627
Psych diagnostic evaluation	\$627	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$148
Group psychotherapy	\$1,344	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psych diagnostic evaluation, CPT® 90791

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$627
Psych diagnostic evaluation	\$627	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$423
Group psychotherapy	\$1,340	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psych diagnostic evaluation, CPT® 90791

Payer Medicaid-Other

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$627
Psych diagnostic evaluation	\$627	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$64
Group psychotherapy	\$1,005	29%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psych diagnostic evaluation, CPT® 90791

Payer United BH

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$627
Psych diagnostic evaluation	\$627	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$187
Group psychotherapy	\$670	30%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psych diagnostic evaluation, CPT® 90791

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$962
Psych diagnostic evaluation	\$627	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$639
Group psychotherapy	\$670	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psych diagnostic evaluation, CPT® 90791

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$627
Psych diagnostic evaluation	\$627	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$454
Group psychotherapy	\$670	14%		
Intensive outpatient psychia	\$670	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psych diagnostic evaluation, CPT® 90791

Payer Aetna BH

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$627
Psych diagnostic evaluation	\$627	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$351

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 30 minutes, CPT® 90832

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$194
Psytx w pt 30 minutes	\$194	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$445
Office/outpatient visit est	\$234	22%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 30 minutes, CPT® 90832

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$194
Psytx w pt 30 minutes	\$194	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$113
Office/outpatient visit est	\$234	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 30 minutes, CPT® 90832

Payer Medicaid-Other

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$194
Psytx w pt 30 minutes	\$194	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$20
Office/outpatient visit est	\$234	7%		
Group psychotherapy	\$224	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 30 minutes, CPT® 90832

Payer Aetna BH

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$194
Psytx w pt 30 minutes	\$194	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$108
Office/outpatient visit est	\$234	11%		

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 30 minutes, CPT® 90832

Payer Cigna BH

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$194
Psytx w pt 30 minutes	\$194	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$127
Office/outpatient visit est	\$234	17%		
Office/outpatient visit est	\$277	2%		

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 30 minutes, CPT® 90832

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$194
Psytx w pt 30 minutes	\$194	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$147
Group psychotherapy	\$224	7%		
Office/outpatient visit est	\$234	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 30 minutes, CPT® 90832

Payer United BH

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$194
Psytx w pt 30 minutes	\$194	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$58
Office/outpatient visit est	\$234	9%		

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 30 minutes, CPT® 90832

Payer Value Options BH

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$194
Psytx w pt 30 minutes	\$194	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$92

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 30 minutes, CPT® 90832

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$194
Psytx w pt 30 minutes	\$194	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$148
Group psychotherapy	\$224	6%		
Office/outpatient visit est	\$234	6%		

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 30 minutes, CPT® 90832

Payer Anthem

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$194
Psytx w pt 30 minutes	\$194	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$146
Office/outpatient visit est	\$234	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 30 minutes, CPT® 90832

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$194
Psytx w pt 30 minutes	\$194	100%	Average Negotiated Charge (Payment) / Visit	\$139
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Office/outpatient visit est	\$234	6%		
Office/outpatient visit est	\$277	3%		
Office/outpatient visit est	\$330	3%		

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 30 minutes, CPT® 90832

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$194
Psytx w pt 30 minutes	\$194	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$136

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 30 minutes, CPT® 90832

Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$194
Psytx w pt 30 minutes	\$194	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$150

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 30 minutes, CPT® 90832

Payer United Healthcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$194
Psytx w pt 30 minutes	\$194	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.	
Group psychotherapy	\$224	11%		
Office/outpatient visit est	\$234	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 30 minutes, CPT® 90832

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$194
Psytx w pt 30 minutes	\$194	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$147

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 45 minutes, CPT® 90834

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$409
Psytx w pt 45 minutes	\$409	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$147

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 45 minutes, CPT® 90834

Payer Medicaid-Other

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$409
Psytx w pt 45 minutes	\$409	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$42
Group psychotherapy	\$224	4%		
Office/outpatient visit est	\$234	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 45 minutes, CPT® 90834

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$409
Psytx w pt 45 minutes	\$409	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 45 minutes, CPT® 90834

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$633
Psytx w pt 45 minutes	\$409	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$148
Group psychotherapy	\$224	41%		
Office/outpatient visit est	\$234	19%		
Office/outpatient visit est	\$277	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 45 minutes, CPT® 90834

Payer Anthem

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$409
Psytx w pt 45 minutes	\$409	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$238
Ultrasound breast complete	\$565	3%		
Office/outpatient visit est	\$234	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 45 minutes, CPT® 90834

Payer Cigna BH

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$409
Psytx w pt 45 minutes	\$409	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$269
Office/outpatient visit est	\$234	7%		

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 45 minutes, CPT® 90834

Payer Aetna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$409
Psytx w pt 45 minutes	\$409	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$445
Office/outpatient visit est	\$234	7%		
Office/outpatient visit est	\$277	3%		
Psytx w pt 30 minutes	\$194	3%		

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 45 minutes, CPT® 90834

Payer United BH

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$409
Psytx w pt 45 minutes	\$409	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$122
Office/outpatient visit est	\$277	10%		
Office/outpatient visit est	\$234	8%		
Psytx w pt 30 minutes	\$194	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 45 minutes, CPT® 90834

Payer Value Options BH

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$409
Psytx w pt 45 minutes	\$409	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$194
Office/outpatient visit est	\$234	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 45 minutes, CPT® 90834

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$409
Psytx w pt 45 minutes	\$409	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$226

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 45 minutes, CPT® 90834

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$409
Psytx w pt 45 minutes	\$409	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.	
Group psychotherapy	\$224	10%		
Office/outpatient visit est	\$234	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 45 minutes, CPT® 90834

Payer Aetna BH

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$409
Psytx w pt 45 minutes	\$409	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$229
Office/outpatient visit est	\$234	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 45 minutes, CPT® 90834

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$409
Psytx w pt 45 minutes	\$409	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$239

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Psytx w pt 60 minutes, CPT® 90837

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$768
Psytx w pt 60 minutes	\$768	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$445

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Family psytx w/pt 50 min, CPT® 90847

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$619
Family psytx w/pt 50 min	\$395	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Group psychotherapy	\$224	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Family psytx w/pt 50 min, CPT® 90847

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$395
Family psytx w/pt 50 min	\$395	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$267

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Family psytx w/pt 50 min, CPT® 90847

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$395
Family psytx w/pt 50 min	\$395	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$201

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Group psychotherapy, CPT® 90853

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,010
Group psychotherapy	\$2,010	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,357

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Group psychotherapy, CPT® 90853

Payer Anthem Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,680
Group psychotherapy	\$2,680	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,024

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Group psychotherapy, CPT® 90853

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,340
Group psychotherapy	\$1,340	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.	

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Group psychotherapy, CPT® 90853

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,016
Group psychotherapy	\$2,016	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$765

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Group psychotherapy, CPT® 90853

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,010
Group psychotherapy	\$2,010	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,240

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Group psychotherapy, CPT® 90853

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,344
Group psychotherapy	\$1,344	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$510
Office/outpatient visit est	\$234	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Group psychotherapy, CPT® 90853

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$670
Group psychotherapy	\$670	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$496

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Group psychotherapy, CPT® 90853

Payer Value Options BH

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,010
Group psychotherapy	\$2,010	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$954

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Group psychotherapy, CPT® 90853

Payer Medicaid-Other

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,340
Group psychotherapy	\$1,340	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$136
Office/outpatient visit est	\$234	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Group psychotherapy, CPT® 90853

Payer Aetna BH

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,542
Group psychotherapy	\$1,452	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$866
Drug test prsmv chem anlyzr	\$180	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Group psychotherapy, CPT® 90853
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$341
Group psychotherapy	\$224	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$89
Office/outpatient visit est	\$234	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Group psychotherapy, CPT® 90853

Payer Cigna BH

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,340
Group psychotherapy	\$1,340	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$882

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Group psychotherapy, CPT® 90853

Payer United BH

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,010
Group psychotherapy	\$2,010	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$599

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Speech/hearing therapy, CPT® 92507

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$766
Speech/hearing therapy	\$718	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$666
Behavral qualit analys voice	\$507	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Speech/hearing therapy, CPT® 92507

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$820
Speech/hearing therapy	\$615	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$820
Therapeutic activities	\$1,074	18%		
Therapeutic exercises	\$352	8%		
Sensory Integration	\$143	4%		
Self care mgmnt training	\$179	4%		
Neuromuscular reeducation	\$1,060	3%		
Gait training therapy	\$251	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Speech/hearing therapy, CPT® 92507

Payer Multiplan

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,328
Speech/hearing therapy	\$820	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,769
Therapeutic activities	\$1,253	100%		
Ot eval low complex 30 min	\$509	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Speech/hearing therapy, CPT® 92507

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,556
Speech/hearing therapy	\$923	100%	Average Negotiated Charge (Payment) / Visit	\$1,538
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Neuromuscular reeducation	\$734	20%		
Therapeutic activities	\$716	15%		
Gait training therapy	\$1,169	10%		
Therapeutic exercises	\$2,816	10%		
Speech sound lang comprehen	\$557	5%		
Aquatic therapy/exercises	\$1,530	5%		
Manual therapy 1/> regions	\$358	5%		
Self care mngmt training	\$537	5%		

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Hospital Name Danbury Hospital
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Charge Display Speech/hearing therapy, CPT® 92507
Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,640
Speech/hearing therapy	\$1,640	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$687

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Speech/hearing therapy, CPT® 92507

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,118
Speech/hearing therapy	\$820	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$755
Therapeutic exercises	\$1,320	31%		
Therapeutic activities	\$448	31%		
Neuromuscular reeducation	\$734	23%		
Gait training therapy	\$668	12%		
Manual therapy 1/> regions	\$358	12%		
Hot or cold packs therapy	\$90	8%		
Speech/hearing therapy	\$123	8%		
Speech sound lang comprehen	\$557	4%		
Assessment of aphasia	\$596	4%		
Pt eval low complex 20 min	\$509	4%		

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Hospital Name Danbury Hospital
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Charge Display Speech/hearing therapy, CPT® 92507
Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$828
Speech/hearing therapy	\$615	100%	Average Negotiated Charge (Payment) / Visit	\$341
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Oral function therapy	\$2,043	29%		
Endoscopy swallow (fees) vid	\$798	14%		
Therapeutic exercises	\$1,232	14%		
Neuromuscular reeducation	\$163	14%		
Pt eval low complex 20 min	\$509	14%		
Evaluate speech production	\$418	14%		
Behavral qualit analys voice	\$507	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Speech sound lang comprehen, CPT® 92523

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,277
Speech sound lang comprehen	\$557	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Oral function therapy	\$454	100%		
Evaluate swallowing function	\$342	100%		
Therapeutic exercises	\$352	100%		
Pt eval mod complex 30 min	\$572	100%		

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Hospital Name Danbury Hospital

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Charge Display Speech sound lang comprehen, CPT® 92523

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$557
Speech sound lang comprehen	\$557	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Oral function therapy, CPT® 92526

Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,003
Oral function therapy	\$1,362	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,500
Manual therapy 1/> regions	\$1,790	100%		
Ot eval low complex 30 min	\$509	33%		
Evaluate swallowing function	\$342	33%		

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Hospital Name Danbury Hospital

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Charge Display Oral function therapy, CPT® 92526

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,362
Oral function therapy	\$1,362	100%	Average Negotiated Charge (Payment) / Visit	\$1,089
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Therapeutic exercises	\$704	44%		
Aquatic therapy/exercises	\$612	6%		
Wheelchair mgmnt training	\$332	6%		
Speech/hearing therapy	\$615	6%		

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Hospital Name Danbury Hospital

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Charge Display Oral function therapy, CPT® 92526

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$908
Oral function therapy	\$908	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$191
Evaluate swallowing function	\$342	20%		
Motion fluoroscopy/swallow	\$596	20%		

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,724
Oral function therapy	\$2,724	100%	Average Negotiated Charge (Payment) / Visit	\$1,839
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Evaluate swallowing function	\$342	33%		

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Charge Display Oral function therapy, CPT® 92526

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,452
Oral function therapy	\$1,362	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,350
Therapeutic exercises	\$1,672	100%		
Gait training therapy	\$334	75%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Oral function therapy, CPT® 92526

Payer Cigna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$454
Oral function therapy	\$454	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Oral function therapy, CPT® 92526
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$908
Oral function therapy	\$908	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$188

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Evaluate swallowing function, CPT® 92610

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$342
Evaluate swallowing function	\$342	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$342

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Evaluate swallowing function, CPT® 92610

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$342
Evaluate swallowing function	\$342	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Evaluate swallowing function, CPT® 92610

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$961
Evaluate swallowing function	\$342	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$221
Speech/hearing therapy	\$820	25%		
Evaluate speech production	\$418	25%		
Oral function therapy	\$908	25%		
Motion fluoroscopy/swallow	\$596	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Evaluate swallowing function, CPT® 92610

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$342
Evaluate swallowing function	\$342	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Evaluate swallowing function, CPT® 92610

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$342
Evaluate swallowing function	\$342	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

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Charge Display Evaluate swallowing function, CPT® 92610

Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$342
Evaluate swallowing function	\$342	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$79

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Motion fluoroscopy/swallow, CPT® 92611

Payer Anthem Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$596
Motion fluoroscopy/swallow	\$596	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Motion fluoroscopy/swallow, CPT® 92611

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$596
Motion fluoroscopy/swallow	\$596	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$98

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Motion fluoroscopy/swallow, CPT® 92611
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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$596
Motion fluoroscopy/swallow	\$596	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Motion fluoroscopy/swallow, CPT® 92611

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$596
Motion fluoroscopy/swallow	\$596	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$98

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Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$596
Motion fluoroscopy/swallow	\$596	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$99

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Motion fluoroscopy/swallow, CPT® 92611

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$596
Motion fluoroscopy/swallow	\$596	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$596
Evaluate swallowing function	\$342	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Motion fluoroscopy/swallow, CPT® 92611

Payer Connecticare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$596
Motion fluoroscopy/swallow	\$596	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Motion fluoroscopy/swallow, CPT® 92611

Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,355
Motion fluoroscopy/swallow	\$596	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Manual therapy 1/> regions	\$3,759	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Motion fluoroscopy/swallow, CPT® 92611

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$596
Motion fluoroscopy/swallow	\$596	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$348

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Motion fluoroscopy/swallow, CPT® 92611

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$596
Motion fluoroscopy/swallow	\$596	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Motion fluoroscopy/swallow, CPT® 92611

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$596
Motion fluoroscopy/swallow	\$596	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$402

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Electrocardiogram tracing, CPT® 93005
Payer Aetna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$255
Electrocardiogram tracing	\$255	100%	Average Negotiated Charge (Payment) / Visit	\$172
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$27	5%		
Complete cbc w/auto diff wbc	\$52	5%		
Culture screen only	\$168	3%		
General supporting services	\$768	3%		
Comprehen metabolic panel	\$38	3%		
Assay blood carbon dioxide	\$35	3%		
Assay of blood chloride	\$35	3%		
Assay of ck (cpk)	\$63	3%		
Assay of creatinine	\$31	3%		
Assay glucose blood quant	\$30	3%		
Assay of serum potassium	\$35	3%		
Assay of serum sodium	\$35	3%		
Assay thyroid stim hormone	\$81	3%		
Assay of troponin quant	\$142	3%		
Assay of urea nitrogen	\$31	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Electrocardiogram tracing, CPT® 93005

Payer Connecticcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$255
Electrocardiogram tracing	\$255	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Electrocardiogram tracing, CPT® 93005

Payer Medicaid-Other

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$255
Electrocardiogram tracing	\$255	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$26

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Electrocardiogram tracing, CPT® 93005

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$255
Electrocardiogram tracing	\$255	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$64

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Electrocardiogram tracing, CPT® 93005

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$255
Electrocardiogram tracing	\$255	100%	Average Negotiated Charge (Payment) / Visit	\$161
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Glucose blood test	\$18	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Electrocardiogram tracing, CPT® 93005

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$255
Electrocardiogram tracing	\$255	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$65

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Electrocardiogram tracing, CPT® 93005

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$255
Electrocardiogram tracing	\$255	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$151

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Electrocardiogram tracing, CPT® 93005

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$255
Electrocardiogram tracing	\$255	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Electrocardiogram tracing, CPT® 93005
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$255
Electrocardiogram tracing	\$255	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$65

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Electrocardiogram tracing, CPT® 93005

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$255
Electrocardiogram tracing	\$255	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$136

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Electrocardiogram tracing, CPT® 93005
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$255
Electrocardiogram tracing	\$255	100%	Average Negotiated Charge (Payment) / Visit	\$149
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	6%		
Complete cbc w/auto diff wbc	\$52	6%		
Electrolyte panel	\$23	3%		
Comprehensive metabolic panel	\$38	3%		
Lipid panel	\$71	3%		
Vitamin d 25 hydroxy	\$163	3%		
Assay of creatinine	\$31	3%		
Assay thyroid stim hormone	\$81	3%		
Assay of urea nitrogen	\$31	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Electrocardiogram tracing, CPT® 93005

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$255
Electrocardiogram tracing	\$255	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$129

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Electrocardiogram tracing, CPT® 93005

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$255
Electrocardiogram tracing	\$255	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Electrocardiogram tracing, CPT® 93005

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$255
Electrocardiogram tracing	\$255	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$185

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Electrocardiogram tracing, CPT® 93005

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$255
Electrocardiogram tracing	\$255	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$65
Glucose blood test	\$18	9%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Electrocardiogram tracing, CPT® 93005
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$255
Electrocardiogram tracing	\$255	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cardiovascular stress test, CPT® 93017
Payer Connecticare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,392
Cardiovascular stress test	\$1,392	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$878
X-ray exam chest 2 views	\$356	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cardiovascular stress test, CPT® 93017
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,392
Cardiovascular stress test	\$1,392	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$486
Remote 30 day ecg rev/report	\$538	7%		
Extracranial bilat study	\$2,204	7%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cardiovascular stress test, CPT® 93017
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,392
Cardiovascular stress test	\$1,392	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$812
Ct hrt w/o dye w/ca test	\$128	4%		
Remote 30 day ecg rev/report	\$538	2%		
Extracranial bilat study	\$2,204	2%		
Med nutrition indiv subseq	\$124	2%		
X-ray exam chest 2 views	\$356	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cardiovascular stress test, CPT® 93017
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,392
Cardiovascular stress test	\$1,392	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$291

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cardiovascular stress test, CPT® 93017
Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,392
Cardiovascular stress test	\$1,392	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$940
Ecg monit/reprt up to 48 hrs	\$654	5%		
Ecg monit/reprt up to 48 hrs	\$1,185	5%		
Remote 30 day ecg rev/report	\$538	3%		
Extracranial bilat study	\$2,204	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cardiovascular stress test, CPT® 93017
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,392
Cardiovascular stress test	\$1,392	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$293
X-ray exam chest 2 views	\$356	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cardiovascular stress test, CPT® 93017
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,392
Cardiovascular stress test	\$1,392	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$291

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cardiovascular stress test, CPT® 93017
Payer Connecticare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,392
Cardiovascular stress test	\$1,392	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$878
Assay of urine albumin	\$30	4%		
Assay of urine creatinine	\$70	4%		
Ecg monit/reprt up to 48 hrs	\$654	4%		
Ecg monit/reprt up to 48 hrs	\$1,185	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cardiovascular stress test, CPT® 93017
Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,392
Cardiovascular stress test	\$1,392	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$824

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cardiovascular stress test, CPT® 93017
Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,392
Cardiovascular stress test	\$1,392	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$511
Ecg monit/reprt up to 48 hrs	\$654	9%		
Ecg monit/reprt up to 48 hrs	\$1,185	9%		
Remote 30 day ecg rev/report	\$538	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cardiovascular stress test, CPT® 93017
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,392
Cardiovascular stress test	\$1,392	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,009
Ecg monit/reprt up to 48 hrs	\$654	2%		
Ecg monit/reprt up to 48 hrs	\$1,185	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cardiovascular stress test, CPT® 93017

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,392
Cardiovascular stress test	\$1,392	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$476

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cardiovascular stress test, CPT® 93017
Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,392
Cardiovascular stress test	\$1,392	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$863

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cardiovascular stress test, CPT® 93017
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,392
Cardiovascular stress test	\$1,392	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$291
Ecg monit/reprt up to 48 hrs	\$654	11%		
Ecg monit/reprt up to 48 hrs	\$1,185	11%		
Ambulatory BP recording	\$376	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93225

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$123
Ecg monit/reprt up to 48 hrs	\$1,185	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93225

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$123
Ecg monit/reprt up to 48 hrs	\$1,185	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93225

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,160
Ecg monit/reprt up to 48 hrs	\$1,185	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93225

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,242
Ecg monit/reprt up to 48 hrs	\$1,185	100%		
Complete cbc w/auto diff wbc	\$52	7%		
Lyme disease antibody	\$32	7%		
Detect agent nos dna amp	\$348	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93225

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Ecg monit/reprt up to 48 hrs	\$1,185	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93225

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$992
Ecg monit/reprt up to 48 hrs	\$1,185	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93225
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$124
Ecg monit/reprt up to 48 hrs	\$1,185	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93225

Payer Anthem

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,044
Ecg monit/reprt up to 48 hrs	\$1,185	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93225

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Ecg monit/reprt up to 48 hrs	\$1,185	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93225
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$123
Ecg monit/reprt up to 48 hrs	\$1,185	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93225

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,333
Ecg monit/reprt up to 48 hrs	\$1,185	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93225

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Ecg monit/reprt up to 48 hrs	\$1,185	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93225

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,073
Ecg monit/reprt up to 48 hrs	\$1,185	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93226
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$1,185	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$124
Ecg monit/reprt up to 48 hrs	\$654	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93226

Payer Cigna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$1,185	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,073
Ecg monit/reprt up to 48 hrs	\$654	100%		
Electrocardiogram tracing	\$255	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93226
Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$1,185	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Ecg monit/reprt up to 48 hrs	\$654	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93226

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$1,185	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$992
Ecg monit/reprt up to 48 hrs	\$654	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93226

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$1,185	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$123
Ecg monit/reprt up to 48 hrs	\$654	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93226

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$1,185	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,333
Ecg monit/reprt up to 48 hrs	\$654	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93226

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$1,185	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$123
Ecg monit/reprt up to 48 hrs	\$654	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93226

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$1,185	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,160
Ecg monit/reprt up to 48 hrs	\$654	100%		
Electrocardiogram tracing	\$255	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93226

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$1,185	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,160
Ecg monit/reprt up to 48 hrs	\$654	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93226

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$1,185	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,242
Ecg monit/reprt up to 48 hrs	\$654	100%		
Routine venipuncture	\$18	3%		
Comprehensive metabolic panel	\$38	3%		
Lipid panel	\$71	3%		
Assay thyroid stim hormone	\$81	3%		
Complete cbc automated	\$49	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93226
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$1,185	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$123
Ecg monit/reprt up to 48 hrs	\$654	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93226
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$1,185	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Ecg monit/reprt up to 48 hrs	\$654	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93226

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$1,185	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,044
Ecg monit/reprt up to 48 hrs	\$654	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ecg monit/reprt up to 48 hrs, CPT® 93226
Payer Multiplan

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,839
Ecg monit/reprt up to 48 hrs	\$1,185	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Ecg monit/reprt up to 48 hrs	\$654	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Pm/icd remote tech serv, CPT® 93296
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$329
Pm/icd remote tech serv	\$329	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$206

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Pm/icd remote tech serv, CPT® 93296
Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$329
Pm/icd remote tech serv	\$329	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$216

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Pm/icd remote tech serv, CPT® 93296
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$329
Pm/icd remote tech serv	\$329	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$43

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Pm/icd remote tech serv, CPT® 93296
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$329
Pm/icd remote tech serv	\$329	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$238

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pm/icd remote tech serv, CPT® 93296

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$329
Pm/icd remote tech serv	\$329	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$200

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Pm/icd remote tech serv, CPT® 93296
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$329
Pm/icd remote tech serv	\$329	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$208

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Pm/icd remote tech serv, CPT® 93296
Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$329
Pm/icd remote tech serv	\$329	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$222

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pm/icd remote tech serv, CPT® 93296

Payer Connecticare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$329
Pm/icd remote tech serv	\$329	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$208

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Pm/icd remote tech serv, CPT® 93296
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$329
Pm/icd remote tech serv	\$329	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$43

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Pm/icd remote tech serv, CPT® 93296
Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$329
Pm/icd remote tech serv	\$329	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$43
Capillary blood draw	\$60	2%		
Prothrombin time	\$75	2%		
Office/outpatient visit est	\$492	2%		

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Hospital Name Danbury Hospital
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Charge Display Pm/icd remote tech serv, CPT® 93296
Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$329
Pm/icd remote tech serv	\$329	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$192

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Hospital Name Danbury Hospital
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Charge Display Pm/icd remote tech serv, CPT® 93296
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$329
Pm/icd remote tech serv	\$329	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$43

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Hospital Name Danbury Hospital
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Payer Wellcare Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$329
Pm/icd remote tech serv	\$329	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$44

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tte w/doppler complete, CPT® 93306

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,951
Tte w/doppler complete	\$2,951	100%	Average Negotiated Charge (Payment) / Visit	\$1,862
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Cardiovascular stress test	\$1,392	10%		
3d render w/intrp postproces	\$524	7%		
Ecg monit/reprt up to 48 hrs	\$654	5%		
Ecg monit/reprt up to 48 hrs	\$1,185	5%		
Stress tte only	\$1,312	2%		
Chemo iv infusion 1 hr	\$1,284	2%		
Comprehen metabolic panel	\$38	2%		
Electrocardiogram tracing	\$255	2%		
General supporting services	\$101	2%		

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Prices Posted & Effective 1/1/2021

Charge Display Tte w/doppler complete, CPT® 93306

Payer Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,951
Tte w/doppler complete	\$2,951	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$574
3d render w/intrp postproces	\$524	8%		
Ecg monit/reprt up to 48 hrs	\$654	5%		
Ecg monit/reprt up to 48 hrs	\$1,185	5%		
Remote 30 day ecg rev/report	\$538	3%		
X-ray exam chest 2 views	\$356	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tte w/doppler complete, CPT® 93306

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,951
Tte w/doppler complete	\$2,951	100%	Average Negotiated Charge (Payment) / Visit	\$1,830
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Ecg monit/reprt up to 48 hrs	\$654	22%		
Ecg monit/reprt up to 48 hrs	\$1,185	22%		
Cardiovascular stress test	\$1,392	11%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Tte w/doppler complete, CPT® 93306
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,951
Tte w/doppler complete	\$2,951	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$585
3d render w/intrp postproces	\$524	25%		
Prothrombin time	\$50	13%		
Office/outpatient visit est	\$328	13%		
Capillary blood draw	\$40	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tte w/doppler complete, CPT® 93306

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,951
Tte w/doppler complete	\$2,951	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,862
Cardiovascular stress test	\$1,392	16%		
Ecg monit/reprt up to 48 hrs	\$654	5%		
Ecg monit/reprt up to 48 hrs	\$1,185	5%		
Stress tte only	\$1,312	5%		
3d render w/intrp postproces	\$524	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tte w/doppler complete, CPT® 93306

Payer Cigna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,951
Tte w/doppler complete	\$2,951	100%	Average Negotiated Charge (Payment) / Visit	\$1,721
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Cardiovascular stress test	\$1,392	16%		
3d render w/intrp postproces	\$524	10%		
Stress tte only	\$1,312	6%		
Ecg monit/reprt up to 48 hrs	\$654	6%		
Ecg monit/reprt up to 48 hrs	\$1,185	6%		
Remote 30 day ecg rev/report	\$538	4%		
Electrocardiogram tracing	\$255	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tte w/doppler complete, CPT® 93306

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,951
Tte w/doppler complete	\$2,951	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,748
Cardiovascular stress test	\$1,392	30%		
Stress tte only	\$1,312	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tte w/doppler complete, CPT® 93306

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,951
Tte w/doppler complete	\$2,951	100%	Average Negotiated Charge (Payment) / Visit	\$1,035
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Electrocardiogram tracing	\$255	5%		
Cardiovascular stress test	\$1,392	5%		
X-ray exam chest 2 views	\$356	5%		
3d render w/intrp postproces	\$524	5%		
Us exam abdom complete	\$863	3%		
X-ray exam hip uni 2-3 views	\$288	3%		
Ecg monit/reprt up to 48 hrs	\$654	3%		
Ecg monit/reprt up to 48 hrs	\$1,185	3%		
Remote 30 day ecg rev/report	\$538	3%		
Stress tte only	\$1,312	3%		
Evaluation of wheezing	\$692	3%		
Co/membane diffuse capacity	\$487	3%		
Pulmonary compliance study	\$434	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Tte w/doppler complete, CPT® 93306
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,951
Tte w/doppler complete	\$2,951	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$574
Cardiovascular stress test	\$1,392	7%		
3d render w/intrp postproces	\$524	6%		
Stress tte only	\$1,312	5%		
Complete cbc w/auto diff wbc	\$52	3%		
Ecg monit/reprt up to 48 hrs	\$654	3%		
Ecg monit/reprt up to 48 hrs	\$1,185	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tte w/doppler complete, CPT® 93306

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,951
Tte w/doppler complete	\$2,951	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,013
3d render w/intrp postproces	\$524	20%		
Ecg monit/reprt up to 48 hrs	\$654	10%		
Ecg monit/reprt up to 48 hrs	\$1,185	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tte w/doppler complete, CPT® 93306

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,951
Tte w/doppler complete	\$2,951	100%	Average Negotiated Charge (Payment) / Visit	\$1,172
Supporting Service Description	Average Gross Charges	Patient Utilization %		
3d render w/intrp postproces	\$524	13%		
Cardiovascular stress test	\$1,392	12%		
Ecg monit/reprt up to 48 hrs	\$654	7%		
Ecg monit/reprt up to 48 hrs	\$1,185	7%		
Stress tte only	\$1,312	3%		
Remote 30 day ecg rev/report	\$538	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tte w/doppler complete, CPT® 93306

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,951
Tte w/doppler complete	\$2,951	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$574
3d render w/intrp postproces	\$524	5%		
Cardiovascular stress test	\$1,392	5%		
Ecg monit/reprt up to 48 hrs	\$654	4%		
Ecg monit/reprt up to 48 hrs	\$1,185	4%		
Stress tte only	\$1,312	2%		
Extracranial bilat study	\$2,204	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tte w/doppler complete, CPT® 93306

Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,567
Tte w/doppler complete	\$2,951	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,471
Cardiovascular stress test	\$1,392	50%		
Ecg monit/reprt up to 48 hrs	\$654	50%		
Ecg monit/reprt up to 48 hrs	\$1,185	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tte w/doppler complete, CPT® 93306

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,951
Tte w/doppler complete	\$2,951	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,993
Cardiovascular stress test	\$1,392	11%		
3d render w/intrp postproces	\$524	10%		
Ecg monit/reprt up to 48 hrs	\$654	9%		
Ecg monit/reprt up to 48 hrs	\$1,185	9%		
Stress tte only	\$1,312	3%		
Remote 30 day ecg rev/report	\$538	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tte w/doppler complete, CPT® 93306

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,951
Tte w/doppler complete	\$2,951	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$577
3d render w/intrp postproces	\$524	9%		
Ecg monit/reprt up to 48 hrs	\$654	5%		
Ecg monit/reprt up to 48 hrs	\$1,185	5%		
Cardiovascular stress test	\$1,392	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tte w/doppler complete, CPT® 93306

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,951
Tte w/doppler complete	\$2,951	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,089
Cardiovascular stress test	\$1,392	12%		
Ecg monit/reprt up to 48 hrs	\$654	8%		
Ecg monit/reprt up to 48 hrs	\$1,185	8%		
3d render w/intrp postproces	\$524	7%		
Stress tte only	\$1,312	4%		
Remote 30 day ecg rev/report	\$538	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tte w/doppler complete, CPT® 93306

Payer Empire Blue Cross

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,655
Tte w/doppler complete	\$2,951	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Cardiovascular stress test	\$1,392	100%		
Stress tte only	\$1,312	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Echo transesophageal, CPT® 93312

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,318
Echo transesophageal	\$1,920	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
General supporting services	\$1	100%		
Doppler echo exam heart	\$582	100%		
Doppler color flow add-on	\$607	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Echo transesophageal, CPT® 93312
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,584
Echo transesophageal	\$1,920	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$577
Doppler echo exam heart	\$582	100%		
Doppler color flow add-on	\$607	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
General supporting services	\$2	100%		
3d render w/intrp postproces	\$524	33%		
Mod sed other phys/qhp ea	\$243	33%		
Home sleep test/type 3 porta	\$687	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Echo transesophageal, CPT® 93312

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,513
Echo transesophageal	\$1,920	100%	Average Negotiated Charge (Payment) / Visit	\$2,630
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Doppler echo exam heart	\$582	100%		
Doppler color flow add-on	\$607	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
General supporting services	\$2	100%		
Mod sed other phys/qhp ea	\$243	50%		
3d render w/intrp postproces	\$524	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Echo transesophageal, CPT® 93312

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,085
Echo transesophageal	\$1,920	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$3	100%		
3d render w/intrp postproces	\$524	100%		
Doppler echo exam heart	\$582	100%		
Doppler color flow add-on	\$607	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$243	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Echo transesophageal, CPT® 93312

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,584
Echo transesophageal	\$1,920	100%	Average Negotiated Charge (Payment) / Visit	\$3,355
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Doppler echo exam heart	\$582	100%		
Doppler color flow add-on	\$607	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
General supporting services	\$2	100%		
3d render w/intrp postproces	\$524	50%		
Mod sed other phys/qhp ea	\$243	30%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Echo transesophageal, CPT® 93312

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,322
Echo transesophageal	\$1,920	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,172
Doppler echo exam heart	\$582	100%		
Doppler color flow add-on	\$607	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
General supporting services	\$1	100%		
3d render w/intrp postproces	\$524	43%		
Mod sed other phys/qhp ea	\$243	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Echo transesophageal, CPT® 93312

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,090
Echo transesophageal	\$1,920	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$1	100%		
3d render w/intrp postproces	\$524	100%		
Doppler echo exam heart	\$582	100%		
Doppler color flow add-on	\$607	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$243	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Echo transesophageal, CPT® 93312

Payer Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,321
Echo transesophageal	\$1,920	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$1	100%		
Doppler echo exam heart	\$582	100%		
Doppler color flow add-on	\$607	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Echo transesophageal, CPT® 93312

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,317
Echo transesophageal	\$1,920	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$574
General supporting services	\$2	100%		
Doppler echo exam heart	\$582	100%		
Doppler color flow add-on	\$607	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
3d render w/intrp postproces	\$524	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Echo transesophageal, CPT® 93312

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,745
Echo transesophageal	\$1,920	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$574
Doppler echo exam heart	\$582	100%		
Doppler color flow add-on	\$607	100%		
General supporting services	\$1	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	89%		
3d render w/intrp postproces	\$524	56%		
Mod sed other phys/qhp ea	\$243	22%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Right heart cath, CPT® 93451
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$10,262
Right heart cath	\$5,719	100%		
General procedure services	\$1,728	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,245
General supporting services	\$658	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$486	100%		
Electrocardiogram tracing	\$255	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Right heart cath, CPT® 93451
Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$10,736
Right heart cath	\$5,719	100%		
General procedure services	\$2,259	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$6,605
General supporting services	\$642	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	75%		
Mod sed other phys/qhp ea	\$243	75%		
Complete cbc w/auto diff wbc	\$52	50%		
Prothrombin time	\$25	25%		
Electrocardiogram tracing	\$255	25%		
Assay blood carbon dioxide	\$35	25%		
Assay of blood chloride	\$35	25%		
Assay of creatinine	\$31	25%		
Assay glucose blood quant	\$30	25%		
Assay of serum potassium	\$35	25%		
Assay of serum sodium	\$35	25%		
Assay of urea nitrogen	\$31	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Right heart cath, CPT® 93451
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$14,114
Right heart cath	\$5,719	100%		
General procedure services	\$1,305	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$8,577
General supporting services	\$1,448	100%		
Drug admin & hemodynamic meas	\$310	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$608	100%		
Biopsy of heart lining	\$4,763	50%		
Tissue exam by pathologist	\$1,391	50%		
Electrocardiogram tracing	\$255	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Coronary artery angio s&i, CPT® 93454

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$20,066
Coronary artery angio s&i	\$13,930	100%		
General procedure services	\$2,538	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,242
General supporting services	\$1,320	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$243	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Coronary artery angio s&i, CPT® 93454

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$21,067
Coronary artery angio s&i	\$13,930	100%		
General procedure services	\$2,340	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$1,109	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$486	100%		

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Charge Display Coronary artery angio s&i, CPT® 93454
Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$22,580
Coronary artery angio s&i	\$13,930	100%		
General procedure services	\$3,780	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,245
General supporting services	\$1,749	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$486	100%		
Glucose blood test	\$18	33%		
Heart flow reserve measure	\$1,747	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Coronary artery angio s&i, CPT® 93454
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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$21,922
Coronary artery angio s&i	\$13,930	100%		
General procedure services	\$3,330	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,243
General supporting services	\$1,385	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$365	100%		
Assay blood carbon dioxide	\$35	50%		
Assay of blood chloride	\$35	50%		
Assay of creatinine	\$31	50%		
Assay glucose blood quant	\$30	50%		
Assay of serum potassium	\$35	50%		
Assay of serum sodium	\$35	50%		
Assay of urea nitrogen	\$31	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Inject suprvlv aortography	\$160	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Coronary artery angio s&i, CPT® 93454

Payer Anthem

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$20,049
Coronary artery angio s&i	\$13,930	100%		
General procedure services	\$1,800	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$7,185
General supporting services	\$1,320	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$486	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Coronary artery angio s&i, CPT® 93454
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$21,268
Coronary artery angio s&i	\$13,930	100%		
General procedure services	\$2,790	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,261
General supporting services	\$1,264	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	75%		
Mod sed other phys/qhp ea	\$243	75%		
Complete cbc w/auto diff wbc	\$52	50%		
Coagulation time activated	\$31	25%		
Endoluminal ivus oct c 1st	\$2,913	25%		
Assay blood carbon dioxide	\$70	25%		
Assay of blood chloride	\$70	25%		
Assay of creatinine	\$62	25%		
Assay glucose blood quant	\$30	25%		
Assay of serum potassium	\$70	25%		
Assay of serum sodium	\$70	25%		
Assay of urea nitrogen	\$62	25%		
Chorionic gonadotropin assay	\$97	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Coronary artery angio s&i, CPT® 93454

Payer Cigna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$19,722
Coronary artery angio s&i	\$13,930	100%		
General procedure services	\$1,755	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$11,264
General supporting services	\$1,393	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$243	75%		
Electrocardiogram tracing	\$255	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display L hrt artery/ventricle angio, CPT® 93458

Payer Cigna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$21,337
L hrt artery/ventricle angio	\$14,824	100%		
General procedure services	\$2,196	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$12,276
General supporting services	\$1,499	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$486	100%		
Electrocardiogram tracing	\$255	56%		
Assay of urea nitrogen	\$31	33%		
Complete cbc w/auto diff wbc	\$52	33%		
Assay blood carbon dioxide	\$35	33%		
Assay of blood chloride	\$35	33%		
Assay of creatinine	\$31	33%		
Assay glucose blood quant	\$30	33%		
Assay of serum potassium	\$35	33%		
Assay of serum sodium	\$35	33%		
Alanine amino (ALT) (SGPT)	\$42	11%		
2d tte w or w/o fol w/con,fu	\$1,739	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display L hrt artery/ventricle angio, CPT® 93458

Payer Connecticcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$22,730
L hrt artery/ventricle angio	\$14,824	100%		
General procedure services	\$2,025	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$13,958
General supporting services	\$1,949	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$486	100%		
Electrocardiogram tracing	\$255	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display L hrt artery/ventricle angio, CPT® 93458

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$21,897
L hrt artery/ventricle angio	\$14,824	100%		
General procedure services	\$1,980	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$1,256	100%		
Glucose blood test	\$18	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$486	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display L hrt artery/ventricle angio, CPT® 93458
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$23,289
L hrt artery/ventricle angio	\$14,824	100%		
General procedure services	\$3,960	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$14,695
General supporting services	\$1,456	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$486	100%		
Electrocardiogram tracing	\$255	67%		
Heart flow reserve measure	\$1,747	33%		
Electrolyte panel	\$23	33%		
Assay of creatinine	\$31	33%		
Assay glucose blood quant	\$30	33%		
Assay of urea nitrogen	\$31	33%		
Complete cbc w/auto diff wbc	\$52	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display L hrt artery/ventricle angio, CPT® 93458
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$21,459
L hrt artery/ventricle angio	\$14,824	100%		
General procedure services	\$1,980	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,259
General supporting services	\$1,452	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$486	100%		
Assay blood carbon dioxide	\$35	33%		
Assay of blood chloride	\$35	33%		
Assay of creatinine	\$31	33%		
Assay glucose blood quant	\$30	33%		
Assay of serum potassium	\$35	33%		
Assay of serum sodium	\$35	33%		
Assay of urea nitrogen	\$31	33%		
Complete cbc w/auto diff wbc	\$52	33%		
Electrocardiogram tracing	\$255	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display L hrt artery/ventricle angio, CPT® 93458
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$21,857
L hrt artery/ventricle angio	\$14,824	100%		
General procedure services	\$1,701	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,247
General supporting services	\$1,707	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$608	100%		
Assay blood carbon dioxide	\$35	50%		
Assay of blood chloride	\$35	50%		
Assay of creatinine	\$31	50%		
Assay glucose blood quant	\$30	50%		
Assay of serum potassium	\$35	50%		
Assay of serum sodium	\$35	50%		
Assay of urea nitrogen	\$31	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Electrocardiogram tracing	\$255	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display L hrt artery/ventricle angio, CPT® 93458
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$21,213
L hrt artery/ventricle angio	\$14,824	100%		
General procedure services	\$2,115	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,245
General supporting services	\$1,486	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$243	88%		
X-ray bile/panc endoscopy	\$1,332	13%		
Glucose blood test	\$18	13%		
Electrocardiogram tracing	\$255	13%		
Heart flow reserve measure	\$1,747	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display L hrt artery/ventricle angio, CPT® 93458

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$28,846
L hrt artery/ventricle angio	\$14,824	100%		
General procedure services	\$3,420	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$13,020
General supporting services	\$1,593	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$486	100%		
Electrocardiogram tracing	\$510	71%		
Assay of urea nitrogen	\$31	57%		
Complete cbc w/auto diff wbc	\$52	57%		
Assay blood carbon dioxide	\$35	57%		
Assay of blood chloride	\$35	57%		
Assay of creatinine	\$31	57%		
Assay glucose blood quant	\$30	57%		
Assay of serum potassium	\$35	57%		
Assay of serum sodium	\$35	57%		
Assay of troponin quant	\$142	43%		
Emergency dept visit	\$2,578	43%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display L hrt artery/ventricle angio, CPT® 93458
Payer United Healthcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$22,668
L hrt artery/ventricle angio	\$14,824	100%		
General procedure services	\$3,384	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$8,577
General supporting services	\$1,397	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$486	100%		
Electrocardiogram tracing	\$255	33%		
Heart flow reserve measure	\$1,747	22%		
Inject suprvlv aortography	\$160	11%		
Assay blood carbon dioxide	\$35	11%		
Assay of blood chloride	\$35	11%		
Assay of creatinine	\$31	11%		
Assay glucose blood quant	\$30	11%		
Assay of serum potassium	\$35	11%		
Assay of serum sodium	\$35	11%		
Assay of urea nitrogen	\$31	11%		
Complete cbc w/auto diff wbc	\$52	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display L hrt artery/ventricle angio, CPT® 93458

Payer Aetna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$21,885
L hrt artery/ventricle angio	\$14,824	100%		
General procedure services	\$2,556	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$14,778
General supporting services	\$1,438	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$243	100%		
Electrocardiogram tracing	\$255	38%		
Assay blood carbon dioxide	\$35	25%		
Assay of blood chloride	\$35	25%		
Assay of creatinine	\$31	25%		
Assay glucose blood quant	\$30	25%		
Assay of serum potassium	\$35	25%		
Assay of serum sodium	\$35	25%		
Assay of urea nitrogen	\$31	25%		
Complete cbc w/auto diff wbc	\$52	25%		
Coagulation time activated	\$31	13%		
Heart flow reserve measure	\$1,747	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display R&I hrt art/ventricle angio, CPT® 93460

Payer Anthem

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$29,555
R&I hrt art/ventricle angio	\$17,801	100%		
General procedure services	\$2,475	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$15,762
General supporting services	\$1,764	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$851	100%		
Assay of calcium	\$30	50%		
Assay blood carbon dioxide	\$70	50%		
Assay of blood chloride	\$70	50%		
Assay of ck (cpk)	\$63	50%		
Assay of creatinine	\$62	50%		
Assay glucose blood quant	\$60	50%		
Assay of magnesium	\$49	50%		
Assay of natriuretic peptide	\$134	50%		
Assay of phosphorus	\$37	50%		
Assay of serum potassium	\$70	50%		
Assay of blood/uric acid	\$26	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display R&I hrt art/ventricle angio, CPT® 93460

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$24,682
R&I hrt art/ventricle angio	\$17,801	100%		
General procedure services	\$1,458	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$1,829	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$729	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display R&I hrt art/ventricle angio, CPT® 93460

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$28,666
R&I hrt art/ventricle angio	\$17,801	100%		
General procedure services	\$3,195	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$15,935
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$608	100%		
General supporting services	\$1,304	100%		
Electrocardiogram tracing	\$255	50%		
Unsched dialysis ESRD pt hos	\$1,814	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display R&I hrt art/ventricle angio, CPT® 93460
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$26,253
R&I hrt art/ventricle angio	\$17,801	100%		
General procedure services	\$3,276	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$1,423	100%		
Electrolyte panel	\$23	100%		
Assay of creatinine	\$31	100%		
Assay glucose blood quant	\$30	100%		
Assay of urea nitrogen	\$31	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$729	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display R&I hrt art/ventricle angio, CPT® 93460

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$25,114
R&I hrt art/ventricle angio	\$17,801	100%		
General procedure services	\$2,412	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$16,958
General supporting services	\$1,551	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$729	100%		
Inject suprvlv aortography	\$160	67%		
Assay blood carbon dioxide	\$35	33%		
Assay of blood chloride	\$35	33%		
Assay of creatinine	\$31	33%		
Assay glucose blood quant	\$30	33%		
Assay of serum potassium	\$35	33%		
Assay of serum sodium	\$35	33%		
Assay of urea nitrogen	\$31	33%		
Complete cbc w/auto diff wbc	\$52	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display R&I hrt art/ventricle angio, CPT® 93460

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$26,240
R&I hrt art/ventricle angio	\$17,801	100%		
General procedure services	\$2,304	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$8,577
General supporting services	\$1,626	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$729	100%		
Electrocardiogram tracing	\$255	33%		
Inject suprvlv aortography	\$160	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display R&I hrt art/ventricle angio, CPT® 93460
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$28,056
R&I hrt art/ventricle angio	\$17,801	100%		
General procedure services	\$3,042	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,247
General supporting services	\$1,017	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$729	100%		
Assay blood carbon dioxide	\$35	50%		
Assay of blood chloride	\$35	50%		
Assay of creatinine	\$31	50%		
Assay glucose blood quant	\$30	50%		
Assay of serum potassium	\$35	50%		
Assay of serum sodium	\$35	50%		
Assay of urea nitrogen	\$31	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Electrocardiogram tracing	\$255	50%		
Inject suprvlv aortography	\$160	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display R&I hrt art/ventricle angio, CPT® 93460
Payer United Medicare Managed Care

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$26,350
R&I hrt art/ventricle angio	\$17,801	100%		
General procedure services	\$2,628	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,245
General supporting services	\$1,499	100%		
Mod sed oth phys/qhp 5/>yrs	\$1,107	100%		
Mod sed other phys/qhp ea	\$729	100%		
Electrocardiogram tracing	\$255	44%		
Assay blood carbon dioxide	\$35	22%		
Assay of blood chloride	\$35	22%		
Assay of creatinine	\$31	22%		
Assay glucose blood quant	\$30	22%		
Assay of serum potassium	\$35	22%		
Assay of serum sodium	\$35	22%		
Assay of urea nitrogen	\$31	22%		
Complete cbc w/auto diff wbc	\$52	22%		
Complete cbc automated	\$49	11%		
Glucose blood test	\$18	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tx atrial fib pulm vein isol, CPT® 93656

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$94,996
Tx atrial fib pulm vein isol	\$38,608	100%		
General procedure services	\$4,148	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$37,248
General supporting services	\$6,104	100%		
Coagulation time activated	\$109	100%		
Electrocardiogram tracing	\$255	100%		
Electrophys map 3d add-on	\$3,939	100%		
Intracardiac Ecg (Ice)	\$2,710	100%		
Ablate arrhythmia add on	\$6,198	50%		
Assay blood carbon dioxide	\$35	50%		
Assay of blood chloride	\$35	50%		
Assay of creatinine	\$31	50%		
Assay glucose blood quant	\$30	50%		
Assay of serum potassium	\$35	50%		
Assay of serum sodium	\$35	50%		
Assay of urea nitrogen	\$31	50%		
Complete cbc w/auto diff wbc	\$78	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Tx atrial fib pulm vein isol, CPT® 93656
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$97,052
Tx atrial fib pulm vein isol	\$38,608	100%		
General procedure services	\$7,190	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$6,030	100%		
Coagulation time activated	\$124	100%		
Map tachycardia add-on	\$3,372	100%		
Tx l/r atrial fib addl	\$3,755	100%		
Intracardiac Ecg (Ice)	\$2,710	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Tx atrial fib pulm vein isol, CPT® 93656
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$98,244
Tx atrial fib pulm vein isol	\$38,608	100%		
General procedure services	\$3,890	100%		*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$5,662	100%		
Coagulation time activated	\$93	100%		
Electrophys map 3d add-on	\$3,939	100%		
Ablate arrhythmia add on	\$6,198	100%		
Intracardiac Ecg (Ice)	\$2,710	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tx atrial fib pulm vein isol, CPT® 93656

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$94,923
Tx atrial fib pulm vein isol	\$38,608	100%		
General procedure services	\$5,374	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$54,898
General supporting services	\$5,748	100%		
Coagulation time activated	\$171	100%		
Electrocardiogram tracing	\$383	100%		
Electrophys map 3d add-on	\$3,939	100%		
Intracardiac Ecg (Ice)	\$2,710	100%		
Ablate arrhythmia add on	\$6,198	50%		
Assay blood carbon dioxide	\$35	50%		
Assay of blood chloride	\$35	50%		
Assay of creatinine	\$31	50%		
Assay glucose blood quant	\$30	50%		
Assay of serum potassium	\$35	50%		
Assay of serum sodium	\$35	50%		
Assay of urea nitrogen	\$31	50%		
Chorionic gonadotropin assay	\$97	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tx atrial fib pulm vein isol, CPT® 93656

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$87,412
Tx atrial fib pulm vein isol	\$38,608	100%		
General procedure services	\$3,503	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$4,187	100%		
Chorionic gonadotropin assay	\$97	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Coagulation time activated	\$124	100%		
Electrocardiogram tracing	\$255	100%		
Electrophys map 3d add-on	\$3,939	100%		
Intracardiac Ecg (Ice)	\$2,710	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tx atrial fib pulm vein isol, CPT® 93656

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$91,770
Tx atrial fib pulm vein isol	\$38,608	100%		
General procedure services	\$4,540	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$16,777
General supporting services	\$5,571	100%		
Intracardiac Ecg (Ice)	\$2,710	88%		
Coagulation time activated	\$124	88%		
Electrophys map 3d add-on	\$3,939	75%		
Electrocardiogram tracing	\$255	63%		
Complete cbc w/auto diff wbc	\$52	63%		
Assay blood carbon dioxide	\$35	50%		
Assay of blood chloride	\$35	50%		
Assay of creatinine	\$31	50%		
Assay glucose blood quant	\$30	50%		
Assay of serum potassium	\$35	50%		
Assay of serum sodium	\$35	50%		
Assay of urea nitrogen	\$31	50%		
Tx l/r atrial fib addl	\$3,755	38%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tx atrial fib pulm vein isol, CPT® 93656

Payer Anthem

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$98,611
Tx atrial fib pulm vein isol	\$38,608	100%		
General procedure services	\$5,645	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$43,252
General supporting services	\$5,537	100%		
Coagulation time activated	\$93	100%		
Electrophys map 3d add-on	\$3,939	100%		
Intracardiac Ecg (Ice)	\$2,710	100%		
Routine venipuncture	\$18	83%		
Assay blood carbon dioxide	\$35	83%		
Assay of blood chloride	\$35	83%		
Assay of creatinine	\$31	83%		
Assay glucose blood quant	\$30	83%		
Assay of serum potassium	\$35	83%		
Assay of serum sodium	\$35	83%		
Assay of urea nitrogen	\$31	83%		
Electrocardiogram tracing	\$255	67%		
Complete cbc w/auto diff wbc	\$104	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tx atrial fib pulm vein isol, CPT® 93656

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$88,556
Tx atrial fib pulm vein isol	\$38,608	100%		
General procedure services	\$7,271	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$22,302
General supporting services	\$5,268	100%		
Coagulation time activated	\$124	100%		
Intracardiac Ecg (Ice)	\$2,710	100%		
Electrocardiogram tracing	\$383	67%		
Electrophys map 3d add-on	\$3,939	67%		
Routine venipuncture	\$18	67%		
Assay blood carbon dioxide	\$70	67%		
Assay of blood chloride	\$70	67%		
Assay of creatinine	\$62	67%		
Assay glucose blood quant	\$60	67%		
Assay of serum potassium	\$70	67%		
Assay of serum sodium	\$70	67%		
Assay of urea nitrogen	\$62	67%		
Complete cbc w/auto diff wbc	\$78	67%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Tx atrial fib pulm vein isol, CPT® 93656
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$91,690
Tx atrial fib pulm vein isol	\$38,608	100%		
General procedure services	\$5,651	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Assay blood carbon dioxide	\$35	100%		
Assay of blood chloride	\$35	100%		
Assay of creatinine	\$31	100%		
Assay glucose blood quant	\$30	100%		
Assay of serum potassium	\$35	100%		
Assay of serum sodium	\$35	100%		
Assay of urea nitrogen	\$31	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Coagulation time activated	\$62	100%		
Electrocardiogram tracing	\$510	100%		
Echo transesophageal	\$1,920	100%		
Doppler echo exam heart	\$582	100%		
Doppler color flow add-on	\$607	100%		
Electrophys map 3d add-on	\$3,939	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Tx atrial fib pulm vein isol, CPT® 93656

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$104,639
Tx atrial fib pulm vein isol	\$38,608	100%		
General procedure services	\$4,601	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$33,777
General supporting services	\$6,449	100%		
Routine venipuncture	\$18	100%		
Electrolyte panel	\$35	100%		
Assay of creatinine	\$47	100%		
Assay glucose blood quant	\$45	100%		
Assay of urea nitrogen	\$47	100%		
Complete cbc w/auto diff wbc	\$78	100%		
Coagulation time activated	\$155	100%		
Echo transesophageal	\$1,920	100%		
Doppler echo exam heart	\$582	100%		
Doppler color flow add-on	\$607	100%		
Electrophys map 3d add-on	\$3,939	100%		
Intracardiac Ecg (Ice)	\$2,710	100%		
Ablate arrhythmia add on	\$6,198	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cardiac rehab, CPT® 93797
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$67
Cardiac rehab	\$67	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$137

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cardiac rehab, CPT® 93797
Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$67
Cardiac rehab	\$67	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$45

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cardiac rehab, CPT® 93797
Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$231
Cardiac rehab	\$231	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$152

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cardiac rehab, CPT® 93797
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$395
Cardiac rehab	\$395	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cardiac rehab, CPT® 93797
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$67
Cardiac rehab	\$67	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$39

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cardiac rehab, CPT® 93797
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$67
Cardiac rehab	\$67	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$49
Icm/ilr remote tech serv	\$321	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cardiac rehab, CPT® 93797
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$67
Cardiac rehab	\$67	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$136

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cardiac rehab/monitor, CPT® 93798

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,776
Cardiac rehab/monitor	\$1,776	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,166

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cardiac rehab/monitor, CPT® 93798

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,184
Cardiac rehab/monitor	\$1,184	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$799
Office/outpatient visit est	\$359	5%		
Capillary blood draw	\$40	4%		
Prothrombin time	\$50	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cardiac rehab/monitor, CPT® 93798

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,184
Cardiac rehab/monitor	\$1,184	100%	Average Negotiated Charge (Payment) / Visit	\$747
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	5%		
Metabolic panel total ca	\$29	5%		
Assay of glycated protein	\$71	5%		
Glycosylated hemoglobin test	\$113	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cardiac rehab/monitor, CPT® 93798

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,628
Cardiac rehab/monitor	\$1,628	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$750

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cardiac rehab/monitor, CPT® 93798
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,220
Cardiac rehab/monitor	\$2,220	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,043

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cardiac rehab/monitor, CPT® 93798

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$296
Cardiac rehab/monitor	\$296	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$175

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cardiac rehab/monitor, CPT® 93798

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,480
Cardiac rehab/monitor	\$1,480	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$681
Capillary blood draw	\$20	14%		
Prothrombin time	\$25	14%		
Office/outpatient visit est	\$164	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cardiac rehab/monitor, CPT® 93798

Payer Anthem Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,776
Cardiac rehab/monitor	\$1,776	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,114

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cardiac rehab/monitor, CPT® 93798

Payer Anthem Tiered

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$740
Cardiac rehab/monitor	\$740	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$450

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cardiac rehab/monitor, CPT® 93798

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,184
Cardiac rehab/monitor	\$1,184	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$858

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cardiac rehab/monitor, CPT® 93798
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,776
Cardiac rehab/monitor	\$1,776	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$817
X-ray exam chest 2 views	\$356	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cardiac rehab/monitor, CPT® 93798

Payer Connecticare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,072
Cardiac rehab/monitor	\$2,072	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,307
Pm/icd remote tech serv	\$329	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Cardiac rehab/monitor, CPT® 93798
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,628
Cardiac rehab/monitor	\$1,628	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$753

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Cardiac rehab/monitor, CPT® 93798

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,776
Cardiac rehab/monitor	\$1,776	100%	Average Negotiated Charge (Payment) / Visit	\$1,036
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	2%		
Assay of psa total	\$104	2%		
Complete cbc w/auto diff wbc	\$52	2%		
Medical nutrition indiv in	\$288	2%		
Med nutrition indiv subseq	\$124	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Extracranial bilat study, CPT® 93880

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,204
Extracranial bilat study	\$2,204	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,447
Vascular study	\$1,150	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Extracranial bilat study, CPT® 93880

Payer Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,204
Extracranial bilat study	\$2,204	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266
Lwr xtr vasc stdy bilat	\$1,542	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Extracranial bilat study, CPT® 93880

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,204
Extracranial bilat study	\$2,204	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,597
Assay of creatinine	\$31	4%		
Assay of urea nitrogen	\$31	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Extracranial bilat study, CPT® 93880

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,204
Extracranial bilat study	\$2,204	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,488
Upr/l xtremity art 2 levels	\$906	2%		
Extremity study	\$2,272	2%		
Doppler flow testing	\$772	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extracranial bilat study, CPT® 93880
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,061
Extracranial bilat study	\$2,204	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$498
Upr/lxtr art stdy 3+ lvls	\$1,344	100%		
Lower extremity study	\$1,026	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Extracranial bilat study, CPT® 93880

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,204
Extracranial bilat study	\$2,204	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$514
X-ray exam chest 2 views	\$356	6%		
Comprehen metabolic panel	\$38	3%		
Urinalysis auto w/scope	\$26	3%		
Glycosylated hemoglobin test	\$113	3%		
Complete cbc w/auto diff wbc	\$52	3%		
Prothrombin time	\$25	3%		
Thromboplastin time partial	\$52	3%		
RBC antibody screen	\$68	3%		
Blood typing serologic abo	\$31	3%		
Blood typing serologic rh(d)	\$31	3%		
Mr-staph dna amp probe	\$131	3%		
Upr/l xtremity art 2 levels	\$906	3%		
Ct head/brain w/o dye	\$1,454	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Extracranial bilat study, CPT® 93880

Payer Anthem Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,204
Extracranial bilat study	\$2,204	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,382

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Extracranial bilat study, CPT® 93880

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,204
Extracranial bilat study	\$2,204	100%	Average Negotiated Charge (Payment) / Visit	\$266
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	2%		
Metabolic panel total ca	\$29	2%		
Complete cbc w/auto diff wbc	\$52	2%		
Pm/icd remote tech serv	\$329	2%		
Lwr xtr vasc stdy bilat	\$1,542	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Extracranial bilat study, CPT® 93880

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,204
Extracranial bilat study	\$2,204	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,339

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Extracranial bilat study, CPT® 93880

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,204
Extracranial bilat study	\$2,204	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266
Vascular study	\$1,150	3%		
Upr/lxtr art stdy 3+ lvls	\$1,344	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Extracranial bilat study, CPT® 93880

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,204
Extracranial bilat study	\$2,204	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$268
Us exam of head and neck	\$723	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Extracranial bilat study, CPT® 93880

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,204
Extracranial bilat study	\$2,204	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,391
Lower extremity study	\$1,026	25%		
Upr/lxtr art stdy 3+ lvls	\$1,344	13%		
Lwr xtr vasc stdy bilat	\$1,542	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Extracranial bilat study, CPT® 93880

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,204
Extracranial bilat study	\$2,204	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Extracranial bilat study, CPT® 93880

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,204
Extracranial bilat study	\$2,204	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,391
Upr/l xtremity art 2 levels	\$906	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Upr/I xtremity art 2 levels, CPT® 93922

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$906
Upr/I xtremity art 2 levels	\$906	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$123

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Upr/I xtremity art 2 levels, CPT® 93922

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$906
Upr/I xtremity art 2 levels	\$906	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$657

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Upr/I xtremity art 2 levels, CPT® 93922

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$906
Upr/I xtremity art 2 levels	\$906	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$123

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Upr/I xtremity art 2 levels, CPT® 93922

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$906
Upr/I xtremity art 2 levels	\$906	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$595

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Upr/I xtremity art 2 levels, CPT® 93922

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$906
Upr/I xtremity art 2 levels	\$906	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$572

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Upr/l xtremity art 2 levels, CPT® 93922

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$906
Upr/l xtremity art 2 levels	\$906	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$612

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Upr/I xtremity art 2 levels, CPT® 93922

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$906
Upr/I xtremity art 2 levels	\$906	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$237

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Upr/I xtremity art 2 levels, CPT® 93922

Payer Medicaid-Other

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$906
Upr/I xtremity art 2 levels	\$906	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Upr/l xtremity art 2 levels, CPT® 93922

Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$906
Upr/l xtremity art 2 levels	\$906	100%		
General procedure services	\$6,300	13%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$124
General supporting services	\$1,031	13%		
Establish access to artery	\$12,638	13%		
Glucose blood test	\$36	13%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Upr/Ixtr art stdy 3+ lvls, CPT® 93923
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,344
Upr/Ixtr art stdy 3+ lvls	\$1,344	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$158
Lower extremity study	\$1,026	25%		
Extremity study	\$1,285	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Upr/Ixtr art stdy 3+ lvls, CPT® 93923

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,344
Upr/Ixtr art stdy 3+ lvls	\$1,344	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Upr/Ixtr art stdy 3+ lvls, CPT® 93923

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,310
Upr/Ixtr art stdy 3+ lvls	\$1,344	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$680
Upr/I xtremity art 2 levels	\$906	50%		
Lower extremity study	\$1,026	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Upr/Ixtr art stdy 3+ lvls, CPT® 93923

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,370
Upr/Ixtr art stdy 3+ lvls	\$1,344	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,495
Lower extremity study	\$1,026	67%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Upr/Ixtr art stdy 3+ lvels, CPT® 93923

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,250
Upr/Ixtr art stdy 3+ lvels	\$1,344	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,477
Lower extremity study	\$1,026	40%		
Upr/I xtremity art 2 levels	\$906	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Upr/Ixtr art stdy 3+ lvls, CPT® 93923

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,250
Upr/Ixtr art stdy 3+ lvls	\$1,344	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$157
Lower extremity study	\$1,026	43%		
Upr/I xtremity art 2 levels	\$906	29%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Upr/Ixtr art stdy 3+ lvls, CPT® 93923

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,344
Upr/Ixtr art stdy 3+ lvls	\$1,344	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Upr/Ixtr art stdy 3+ lvls, CPT® 93923

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,857
Upr/Ixtr art stdy 3+ lvls	\$1,344	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$222
Lower extremity study	\$1,026	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Upr/Ixtr art stdy 3+ lvls, CPT® 93923

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,370
Upr/Ixtr art stdy 3+ lvls	\$1,344	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,717
Lower extremity study	\$1,026	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Upr/Ixtr art stdy 3+ lvls, CPT® 93923

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,344
Upr/Ixtr art stdy 3+ lvls	\$1,344	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$157
Lower extremity study	\$1,026	32%		
Up/ l xtremity art 2 levels	\$906	14%		
Extremity study	\$1,285	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Upr/Ixtr art stdy 3+ lvls, CPT® 93923

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,370
Upr/Ixtr art stdy 3+ lvls	\$1,344	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,600
Lower extremity study	\$1,026	67%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Lower extremity study, CPT® 93925

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,433
Lower extremity study	\$1,662	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$345
Lwr xtr vasc stdy bilat	\$1,542	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Lower extremity study, CPT® 93925

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,558
Lower extremity study	\$1,662	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,403
Upr/lxtr art stdy 3+ lvls	\$1,344	75%		
Lwr xtr vasc stdy bilat	\$1,542	25%		
Vascular study	\$1,150	25%		
Upr/l xtremity art 2 levels	\$906	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Lower extremity study, CPT® 93925
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,006
Lower extremity study	\$1,662	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$424
Upr/lxtr art stdy 3+ lvls	\$1,344	57%		
Upr/l xtremity art 2 levels	\$906	14%		
Pm device progr eval dual	\$408	7%		
Lwr xtr vasc stdy bilat	\$1,542	7%		
Vascular study	\$1,150	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Lower extremity study, CPT® 93925

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,204
Lower extremity study	\$1,662	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,022
Lwr xtr vasc stdy bilat	\$1,542	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Lower extremity study, CPT® 93925

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,115
Lower extremity study	\$1,662	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,389
Upr/l xtremity art 2 levels	\$906	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Lower extremity study, CPT® 93925

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,006
Lower extremity study	\$1,662	100%	Average Negotiated Charge (Payment) / Visit	\$2,178
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Upr/l xtremity art 2 levels	\$906	40%		
Upr/lxtr art stdy 3+ lvls	\$1,344	40%		
Lwr xtr vasc stdy bilat	\$1,542	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Lower extremity study, CPT® 93925

Payer Cigna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,568
Lower extremity study	\$1,662	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$933
Upr/l xtremity art 2 levels	\$906	50%		
Lwr xtr vasc stdy bilat	\$1,542	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Lower extremity study, CPT® 93925

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,006
Lower extremity study	\$1,662	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$423
Upr/lxtr art stdy 3+ lvls	\$1,344	45%		
Upr/l xtremity art 2 levels	\$906	27%		
Lwr xtr vasc stdy bilat	\$1,542	9%		
Extremity study	\$1,285	9%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Lower extremity study, CPT® 93925

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,006
Lower extremity study	\$1,662	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$423
Upr/lxtr art stdy 3+ lvls	\$1,344	33%		
Lwr xtr vasc stdy bilat	\$1,542	33%		
Upr/l xtremity art 2 levels	\$906	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Lower extremity study, CPT® 93925

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,006
Lower extremity study	\$1,662	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,897
Upr/lxtr art stdy 3+ lvls	\$1,344	67%		
Vascular study	\$1,150	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93970
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,272
Extremity study	\$2,272	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,425

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93970
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,272
Extremity study	\$2,272	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$268
Upr/l xtremity art 2 levels	\$906	3%		
Breathing capacity test	\$345	3%		
Co/membane diffuse capacity	\$487	3%		
Pulmonary compliance study	\$434	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93970
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,272
Extremity study	\$2,272	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$272

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93970
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,272
Extremity study	\$2,272	100%	Average Negotiated Charge (Payment) / Visit	\$510
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	2%		
X-ray exam chest 2 views	\$356	2%		
Assay thyroid stim hormone	\$81	2%		
Up/r/l xtremity art 2 levels	\$906	2%		
Lwr xtr vasc stdy bilat	\$1,542	2%		
Upper extremity study	\$1,662	2%		
Vascular study	\$1,150	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93970
Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,272
Extremity study	\$2,272	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,534
Routine venipuncture	\$19	3%		
Vascular study	\$1,150	3%		
Emergency dept visit	\$1,395	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93970
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,272
Extremity study	\$2,272	100%	Average Negotiated Charge (Payment) / Visit	\$1,434
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Lwr xtr vasc stdy bilat	\$1,542	8%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93970
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,272
Extremity study	\$2,272	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266
Upr/lxtr art stdy 3+ lvls	\$1,344	15%		
Lwr xtr vasc stdy bilat	\$1,542	5%		
Lower extremity study	\$1,662	5%		
X-ray exam chest 2 views	\$356	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93970
Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,272
Extremity study	\$2,272	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93970
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,272
Extremity study	\$2,272	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266
Complete cbc w/auto diff wbc	\$52	5%		
Prothrombin time	\$25	5%		
Ther/proph/diag iv inf init	\$625	3%		
Ther/proph/diag inj sc/im	\$90	3%		
Office/outpatient visit est	\$328	3%		
Emergency dept visit	\$2,093	3%		
General supporting services	\$131	3%		
Assay blood carbon dioxide	\$35	3%		
Assay of blood chloride	\$35	3%		
Assay of creatinine	\$31	3%		
Assay glucose blood quant	\$30	3%		
Assay of serum potassium	\$35	3%		
Assay of serum sodium	\$35	3%		
Assay of urea nitrogen	\$31	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93970
Payer Value Options BH

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,272
Extremity study	\$2,272	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93970
Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,272
Extremity study	\$2,272	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,492

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93970
Payer Multiplan

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,422
Extremity study	\$2,272	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Vascular study	\$1,150	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93970
Payer Connecticare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,272
Extremity study	\$2,272	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,434
Electrolyte panel	\$23	13%		
Bilirubin total	\$63	13%		
Assay of creatinine	\$31	13%		
Assay glucose blood quant	\$30	13%		
Assay of magnesium	\$49	13%		
Assay alkaline phosphatase	\$31	13%		
Transferase (AST) (SGOT)	\$29	13%		
Alanine amino (ALT) (SGPT)	\$42	13%		
Assay of urea nitrogen	\$31	13%		
Complete cbc w/auto diff wbc	\$52	13%		
Fibrin degradj d-dimer	\$88	13%		
Prothrombin time	\$25	13%		
Thromboplastin time partial	\$52	13%		
Electrocardiogram tracing	\$510	13%		
Emergency dept visit	\$1,395	13%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93970
Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,272
Extremity study	\$2,272	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,409

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93970
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,272
Extremity study	\$2,272	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266
Vascular study	\$1,150	29%		
Upr/lxtr art stdy 3+ lvls	\$1,344	14%		
Lower extremity study	\$1,026	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93970
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,272
Extremity study	\$2,272	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,646

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93971
Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,285
Extremity study	\$1,285	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$868

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93971
Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,285
Extremity study	\$1,285	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$308
Glycosylated hemoglobin test	\$113	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93971
Payer Medicaid-Other

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,285
Extremity study	\$1,285	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93971
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,285
Extremity study	\$1,285	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$806

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93971
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,285
Extremity study	\$1,285	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$131
X-ray exam hip uni 2-3 views	\$288	2%		
X-ray exam of lower leg	\$446	2%		
Upr/l xtremity art 2 levels	\$906	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93971
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,285
Extremity study	\$1,285	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93971
Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,285
Extremity study	\$1,285	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$781
X-ray exam chest 2 views	\$356	13%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93971
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,285
Extremity study	\$1,285	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93971
Payer United Healthcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,285
Extremity study	\$1,285	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$931

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93971
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,285
Extremity study	\$1,285	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$132

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93971
Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,285
Extremity study	\$1,285	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$844

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93971
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,285
Extremity study	\$1,285	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$811

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93971
Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,285
Extremity study	\$1,285	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$761

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93971
Payer Connecticare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,285
Extremity study	\$1,285	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$811

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93971
Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,285
Extremity study	\$1,285	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$797
Ct thorax w/o dye	\$1,953	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Extremity study, CPT® 93971
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,285
Extremity study	\$1,285	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$130

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vascular study, CPT® 93975
Payer Anthem

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,078
Vascular study	\$2,265	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,635
Us exam scrotum	\$813	44%		
Transvaginal us non-ob	\$1,026	16%		
Us exam abdom complete	\$863	14%		
Us exam abdo back wall comp	\$971	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vascular study, CPT® 93975
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,078
Vascular study	\$2,265	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,560
Us exam scrotum	\$813	40%		
Us exam abdom complete	\$863	30%		
Transvaginal us non-ob	\$1,026	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vascular study, CPT® 93975
Payer United Healthcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,078
Vascular study	\$2,265	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,887
Us exam scrotum	\$813	40%		
Transvaginal us non-ob	\$1,026	25%		
Us exam abdom complete	\$863	13%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vascular study, CPT® 93975
Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,128
Vascular study	\$2,265	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,756
Transvaginal us non-ob	\$1,026	42%		
Us exam abdom complete	\$863	19%		
Us exam scrotum	\$813	16%		
Us exam of head and neck	\$723	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vascular study, CPT® 93975
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,265
Vascular study	\$2,265	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266
Us exam abdom complete	\$863	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vascular study, CPT® 93975
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,128
Vascular study	\$2,265	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$331
Us exam abdom complete	\$863	60%		
Us exam scrotum	\$813	20%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vascular study, CPT® 93975
Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,291
Vascular study	\$2,265	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Transvaginal us non-ob	\$1,026	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vascular study, CPT® 93975
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,128
Vascular study	\$2,265	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266
Us exam abdom complete	\$863	47%		
Transvaginal us non-ob	\$1,026	13%		
Us exam scrotum	\$813	11%		
Ct thorax w/o dye	\$1,953	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vascular study, CPT® 93975
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,128
Vascular study	\$2,265	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$268
Us exam abdom complete	\$863	62%		
Us exam scrotum	\$813	15%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vascular study, CPT® 93975
Payer Multiplan

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,672
Vascular study	\$2,265	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,030
Us exam scrotum	\$813	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vascular study, CPT® 93975
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,128
Vascular study	\$2,265	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Us exam abdom complete	\$863	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vascular study, CPT® 93975
Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,672
Vascular study	\$2,265	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,430
Us exam scrotum	\$813	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vascular study, CPT® 93975
Payer Connecticare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,103
Vascular study	\$2,265	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,574
Transvaginal us non-ob	\$1,026	40%		
Us exam scrotum	\$813	10%		
Us exam abdom complete	\$863	10%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vascular study, CPT® 93975
Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,014
Vascular study	\$2,265	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Us exam of head and neck	\$723	100%		
Transvaginal us non-ob	\$1,026	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vascular study, CPT® 93975
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,078
Vascular study	\$2,265	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$821
Us exam scrotum	\$813	45%		
Transvaginal us non-ob	\$1,026	25%		
Us exam abdom complete	\$863	7%		
Ambulatory BP recording	\$376	2%		
Extracranial bilat study	\$2,204	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Vascular study, CPT® 93975
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,078
Vascular study	\$2,265	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,517
Us exam scrotum	\$813	27%		
Transvaginal us non-ob	\$1,026	23%		
Us exam abdom complete	\$863	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breathing capacity test, CPT® 94010

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,266
Breathing capacity test	\$345	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$855
Co/membane diffuse capacity	\$487	100%		
Pulmonary compliance study	\$434	67%		
Pulm function test by gas	\$609	33%		
Withdrawal of arterial blood	\$117	11%		
Blood gases any combination	\$128	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breathing capacity test, CPT® 94010

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,266
Breathing capacity test	\$345	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$750
Co/membane diffuse capacity	\$487	100%		
Pulmonary compliance study	\$434	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breathing capacity test, CPT® 94010

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,266
Breathing capacity test	\$345	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$831
Co/membane diffuse capacity	\$487	80%		
Pulmonary compliance study	\$434	80%		
Withdrawal of arterial blood	\$117	10%		
Blood gases w/o2 saturation	\$102	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breathing capacity test, CPT® 94010

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,266
Breathing capacity test	\$345	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Co/membane diffuse capacity	\$487	100%		
Pulmonary compliance study	\$434	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breathing capacity test, CPT® 94010

Payer United Healthcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,266
Breathing capacity test	\$345	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$917
Co/membane diffuse capacity	\$487	100%		
Pulmonary compliance study	\$434	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Breathing capacity test, CPT® 94010
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,266
Breathing capacity test	\$345	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Co/membane diffuse capacity	\$487	100%		
Pulmonary compliance study	\$434	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breathing capacity test, CPT® 94010

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,266
Breathing capacity test	\$345	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$157
Co/membane diffuse capacity	\$487	100%		
Pulmonary compliance study	\$434	80%		
Pulm function test by gas	\$609	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breathing capacity test, CPT® 94010

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,266
Breathing capacity test	\$345	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$157
Co/membane diffuse capacity	\$487	94%		
Pulmonary compliance study	\$434	69%		
Pulm function test by gas	\$609	25%		
Ct thorax w/o dye	\$1,953	13%		
X-ray exam chest 2 views	\$356	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breathing capacity test, CPT® 94010

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,266
Breathing capacity test	\$345	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$738
Co/membane diffuse capacity	\$487	90%		
Pulmonary compliance study	\$434	90%		
Withdrawal of arterial blood	\$117	10%		
Blood gases w/o2 saturation	\$102	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breathing capacity test, CPT® 94010

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,266
Breathing capacity test	\$345	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$799
Co/membane diffuse capacity	\$487	100%		
Pulmonary compliance study	\$434	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breathing capacity test, CPT® 94010

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,266
Breathing capacity test	\$345	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$158
Co/membane diffuse capacity	\$487	90%		
Pulmonary compliance study	\$434	90%		
Ct thorax w/o dye	\$1,953	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breathing capacity test, CPT® 94010

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,266
Breathing capacity test	\$345	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$799
Co/membane diffuse capacity	\$487	100%		
Pulmonary compliance study	\$434	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Breathing capacity test, CPT® 94010

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,266
Breathing capacity test	\$345	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Co/membane diffuse capacity	\$487	100%		
Pulmonary compliance study	\$434	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Evaluation of wheezing, CPT® 94060

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,613
Evaluation of wheezing	\$692	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$941
Co/membane diffuse capacity	\$487	94%		
Pulmonary compliance study	\$434	86%		
Withdrawal of arterial blood	\$117	6%		
Pulm function test by gas	\$609	6%		
Blood gases w/o ₂ saturation	\$102	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Evaluation of wheezing, CPT® 94060

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,613
Evaluation of wheezing	\$692	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,059
Co/membane diffuse capacity	\$487	93%		
Pulmonary compliance study	\$434	80%		
Pulm function test by gas	\$609	11%		
Withdrawal of arterial blood	\$117	6%		
Blood gases any combination	\$128	3%		
Blood gases w/o2 saturation	\$102	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Evaluation of wheezing, CPT® 94060

Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,613
Evaluation of wheezing	\$692	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,226
Co/membane diffuse capacity	\$487	100%		
Pulmonary compliance study	\$434	100%		
Assay of ige	\$50	33%		
Complete cbc w/auto diff wbc	\$52	33%		
Aspergillus antibody	\$78	33%		
Aspergillus ag ia	\$175	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Evaluation of wheezing, CPT® 94060

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,613
Evaluation of wheezing	\$692	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,169
Co/membane diffuse capacity	\$487	93%		
Pulmonary compliance study	\$434	87%		
Pulm function test by gas	\$609	7%		
Withdrawal of arterial blood	\$117	3%		
Blood gases w/o2 saturation	\$102	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Evaluation of wheezing, CPT® 94060

Payer Aetna Whole Health

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,613
Evaluation of wheezing	\$692	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$955
Co/membane diffuse capacity	\$487	100%		
Pulmonary compliance study	\$434	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Evaluation of wheezing, CPT® 94060

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,613
Evaluation of wheezing	\$692	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,011
Co/membane diffuse capacity	\$487	86%		
Pulmonary compliance study	\$434	76%		
Pulm function test by gas	\$609	10%		
Routine venipuncture	\$18	5%		
Comprehen metabolic panel	\$38	5%		
Assay of aldolase	\$47	5%		
Assay of ck (cpk)	\$63	5%		
Complete cbc w/auto diff wbc	\$52	5%		
Rbc sed rate automated	\$25	5%		
C-reactive protein	\$113	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Evaluation of wheezing, CPT® 94060

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,613
Evaluation of wheezing	\$692	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$291
Co/membane diffuse capacity	\$487	88%		
Pulmonary compliance study	\$434	71%		
Pulm function test by gas	\$609	15%		
Ct thorax w/o dye	\$1,953	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Evaluation of wheezing, CPT® 94060

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,613
Evaluation of wheezing	\$692	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$980
Co/membane diffuse capacity	\$487	100%		
Pulmonary compliance study	\$434	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Evaluation of wheezing, CPT® 94060

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,613
Evaluation of wheezing	\$692	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$293
Co/membane diffuse capacity	\$487	93%		
Pulmonary compliance study	\$434	82%		
Pulm function test by gas	\$609	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Evaluation of wheezing, CPT® 94060

Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,613
Evaluation of wheezing	\$692	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$297
Co/membane diffuse capacity	\$487	100%		
Pulmonary compliance study	\$434	100%		
X-ray exam chest 2 views	\$356	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Evaluation of wheezing, CPT® 94060

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,613
Evaluation of wheezing	\$692	100%	Average Negotiated Charge (Payment) / Visit	\$1,018
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Co/membane diffuse capacity	\$487	97%		
Pulmonary compliance study	\$434	87%		
Pulm function test by gas	\$609	16%		
Office/outpatient visit est	\$656	3%		
Capillary blood draw	\$80	3%		
Withdrawal of arterial blood	\$117	3%		
X-ray exam chest 2 views	\$356	3%		
Prothrombin time	\$125	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Evaluation of wheezing, CPT® 94060

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,613
Evaluation of wheezing	\$692	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,000
Co/membane diffuse capacity	\$487	100%		
Pulmonary compliance study	\$434	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Evaluation of wheezing, CPT® 94060

Payer Medicare Managed Care

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Evaluation of wheezing	\$692	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$291
Co/membane diffuse capacity	\$487	100%		
Pulmonary compliance study	\$434	95%		
X-ray exam chest 2 views	\$356	5%		
Ct thorax w/o dye	\$1,953	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Evaluation of wheezing, CPT® 94060

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,613
Evaluation of wheezing	\$692	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$291
Co/membane diffuse capacity	\$487	96%		
Pulmonary compliance study	\$434	85%		
Pulm function test by gas	\$609	10%		
X-ray exam chest 2 views	\$356	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Evaluation of wheezing, CPT® 94060

Payer Aetna

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Evaluation of wheezing	\$692	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,089
Co/membane diffuse capacity	\$487	88%		
Pulmonary compliance study	\$434	80%		
Pulm function test by gas	\$609	8%		
Withdrawal of arterial blood	\$117	5%		
Blood gases w/o2 saturation	\$102	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Evaluation of wheezing, CPT® 94060

Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,613
Evaluation of wheezing	\$692	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,018
Co/membane diffuse capacity	\$487	96%		
Pulmonary compliance study	\$434	86%		
Pulm function test by gas	\$609	11%		
Ct thorax w/o dye	\$1,953	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pulmonary stress testing, CPT® 94618

Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,296
Pulmonary stress testing	\$364	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$264
Group therapeutic procedures	\$430	100%		
Office/outpatient visit est	\$164	67%		
Office/outpatient visit est	\$330	33%		
Therapeutic exercises	\$2,992	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pulmonary stress testing, CPT® 94618

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,665
Pulmonary stress testing	\$364	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$327
Therapeutic exercises	\$1,936	50%		
Group therapeutic procedures	\$172	50%		
Office/outpatient visit est	\$164	50%		
Office/outpatient visit est	\$330	50%		

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Prices Posted & Effective 1/1/2021

Charge Display Pulmonary stress testing, CPT® 94618

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$740
Pulmonary stress testing	\$364	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$153
Group therapeutic procedures	\$172	75%		
Office/outpatient visit est	\$164	50%		
Office/outpatient visit est	\$330	50%		
Therapeutic exercises	\$352	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pulmonary stress testing, CPT® 94618

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$614
Pulmonary stress testing	\$364	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$415
Group therapeutic procedures	\$86	80%		
Therapeutic exercises	\$1,232	40%		
Office/outpatient visit est	\$330	40%		
Office/outpatient visit est	\$164	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pulmonary stress testing, CPT® 94618

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$830
Pulmonary stress testing	\$364	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$641
Group therapeutic procedures	\$602	50%		
Office/outpatient visit est	\$330	50%		

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Hospital Name Danbury Hospital

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Charge Display Pulmonary stress testing, CPT® 94618

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,403
Pulmonary stress testing	\$364	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,017
Therapeutic exercises	\$792	100%		
Office/outpatient visit est	\$164	50%		
Office/outpatient visit est	\$330	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Polysom 6/> yrs 4/> param, CPT® 95810

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,135
Polysom 6/> yrs 4/> param	\$6,135	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,054

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Hospital Name Danbury Hospital

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Charge Display Polysom 6/> yrs 4/> param, CPT® 95810

Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,135
Polysom 6/> yrs 4/> param	\$6,135	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,135
Polysom 6/> yrs 4/> param	\$6,135	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,871

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Hospital Name Danbury Hospital

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,135
Polysom 6/> yrs 4/> param	\$6,135	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

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Charge Display Polysom 6/> yrs 4/> param, CPT® 95810

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,135
Polysom 6/> yrs 4/> param	\$6,135	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,663

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Hospital Name Danbury Hospital

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Charge Display Polysom 6/> yrs 4/> param, CPT® 95810

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,135
Polysom 6/> yrs 4/> param	\$6,135	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,054

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Prices Posted & Effective 1/1/2021

Charge Display Polysom 6/> yrs 4/> param, CPT® 95810

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,135
Polysom 6/> yrs 4/> param	\$6,135	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,579

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Polysom 6/> yrs 4/> param, CPT® 95810

Payer Aetna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,135
Polysom 6/> yrs 4/> param	\$6,135	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,225

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Polysom 6/> yrs 4/> param, CPT® 95810

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Polysom 6/> yrs 4/> param	\$6,135	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,059

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Polysom 6/> yrs 4/> param, CPT® 95810

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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Polysom 6/> yrs 4/> param	\$6,135	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Polysom 6/> yrs 4/> param, CPT® 95810
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Polysom 6/> yrs 4/> param	\$6,135	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Polysom 6/> yrs 4/> param, CPT® 95810
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,135
Polysom 6/> yrs 4/> param	\$6,135	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Polysom 6/> yrs 4/> param, CPT® 95810

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,135
Polysom 6/> yrs 4/> param	\$6,135	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,029

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Polysom 6/>yrs cpap 4/> parm, CPT® 95811

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,715
Polysom 6/>yrs cpap 4/> parm	\$6,715	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,225

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Polysom 6/>yrs cpap 4/> parm, CPT® 95811

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,715
Polysom 6/>yrs cpap 4/> parm	\$6,715	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,237

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Polysom 6/>yrs cpap 4/> parm, CPT® 95811

Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,715
Polysom 6/>yrs cpap 4/> parm	\$6,715	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,059

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Polysom 6/>yrs cpap 4/> parm, CPT® 95811

Payer Cigna

UNDERSTANDING YOUR VISIT

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Polysom 6/>yrs cpap 4/> parm	\$6,715	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,917

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Polysom 6/>yrs cpap 4/> parm, CPT® 95811

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,715
Polysom 6/>yrs cpap 4/> parm	\$6,715	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Polysom 6/>yrs cpap 4/> parm, CPT® 95811

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,715
Polysom 6/>yrs cpap 4/> parm	\$6,715	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,054

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Polysom 6/>yrs cpap 4/> parm, CPT® 95811

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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Polysom 6/>yrs cpap 4/> parm	\$6,715	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Polysom 6/>yrs cpap 4/> parm, CPT® 95811

Payer Harvard Pilgrim

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Polysom 6/>yrs cpap 4/> parm	\$6,715	100%	Average Negotiated Charge (Payment) / Visit	*
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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Polysom 6/>yrs cpap 4/> parm, CPT® 95811
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,715
Polysom 6/>yrs cpap 4/> parm	\$6,715	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,054

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Polysom 6/>yrs cpap 4/> parm, CPT® 95811

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,715
Polysom 6/>yrs cpap 4/> parm	\$6,715	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,054
Routine venipuncture	\$18	10%		
Assay of blood/uric acid	\$26	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Polysom 6/>yrs cpap 4/> parm, CPT® 95811

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,715
Polysom 6/>yrs cpap 4/> parm	\$6,715	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,663

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Polysom 6/>yrs cpap 4/> parm, CPT® 95811

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,715
Polysom 6/>yrs cpap 4/> parm	\$6,715	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,409

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Polysom 6/>yrs cpap 4/> parm, CPT® 95811

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,715
Polysom 6/>yrs cpap 4/> parm	\$6,715	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,237

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Eeg awake and drowsy, CPT® 95816

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$917
Eeg awake and drowsy	\$917	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Eeg awake and drowsy, CPT® 95816

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$917
Eeg awake and drowsy	\$917	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Eeg awake and drowsy, CPT® 95816

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$917
Eeg awake and drowsy	\$917	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Eeg awake and asleep, CPT® 95819

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,025
Eeg awake and asleep	\$1,025	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$673

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Eeg awake and asleep, CPT® 95819

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,025
Eeg awake and asleep	\$1,025	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Eeg awake and asleep, CPT® 95819

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,025
Eeg awake and asleep	\$1,025	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$647

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Eeg awake and asleep, CPT® 95819

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,025
Eeg awake and asleep	\$1,025	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Eeg awake and asleep, CPT® 95819

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,025
Eeg awake and asleep	\$1,025	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$598

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Eeg awake and asleep, CPT® 95819

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,025
Eeg awake and asleep	\$1,025	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$647

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Hydration iv infusion init, CPT® 96360
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,150
Hydration iv infusion init	\$625	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$726
General supporting services	\$118	100%		
Metabolic panel total ca	\$29	33%		
Assay of ferritin	\$74	33%		
Assay of iron	\$88	33%		
Iron binding test	\$64	33%		
Complete cbc w/auto diff wbc	\$52	33%		
Hydrate iv infusion add-on	\$294	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Hydration iv infusion init, CPT® 96360
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$838
Hydration iv infusion init	\$625	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$106	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Hydration iv infusion init, CPT® 96360
Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,208
Hydration iv infusion init	\$625	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$667
General supporting services	\$106	100%		
Hydrate iv infusion add-on	\$294	50%		
Comprehensive metabolic panel	\$38	40%		
Assay of magnesium	\$49	20%		
Complete cbc w/auto diff wbc	\$52	20%		
Ther/proph/diag inj sc/im	\$90	10%		
Office/outpatient visit new	\$172	10%		
Carcinoembryonic antigen	\$68	10%		
Collect blood from picc	\$111	10%		
X-ray exam abdomen 1 view	\$443	10%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Hydration iv infusion init, CPT® 96360
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,488
Hydration iv infusion init	\$625	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$261
General supporting services	\$106	100%		
Hydrate iv infusion add-on	\$294	83%		
Collect blood from picc	\$111	33%		
Complete cbc w/auto diff wbc	\$52	33%		
Culture Aerobic Identify	\$172	17%		
Urine culture/colony count	\$74	17%		
Microbe susceptible mic	\$70	17%		
Comprehen metabolic panel	\$38	17%		
Urinalysis auto w/scope	\$26	17%		
Ther/proph/diag inj sc/im	\$90	17%		
Office/outpatient visit new	\$172	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Hydration iv infusion init, CPT® 96360

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,249
Hydration iv infusion init	\$625	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$817
General supporting services	\$118	100%		
Hydrate iv infusion add-on	\$294	50%		
Chemo anti-neopl sq/im	\$557	14%		
Ther/proph/diag inj sc/im	\$90	7%		
Tx/pro/dx inj new drug addon	\$351	7%		

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Hospital Name Danbury Hospital
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Charge Display Hydration iv infusion init, CPT® 96360
Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$856
Hydration iv infusion init	\$625	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$500
General supporting services	\$118	98%		
Hydrate iv infusion add-on	\$294	31%		
Office/outpatient visit est	\$164	8%		
Chemo anti-neopl sq/im	\$557	6%		
Office/outpatient visit new	\$172	4%		
Ther/proph/diag inj sc/im	\$90	2%		
Collect blood from picc	\$111	2%		
Comprehen metabolic panel	\$38	2%		
Extremity study	\$1,285	2%		

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Hospital Name Danbury Hospital
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Charge Display Hydration iv infusion init, CPT® 96360
Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,441
Hydration iv infusion init	\$625	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$809
General supporting services	\$124	100%		
Hydrate iv infusion add-on	\$294	47%		
Chemo anti-neopl sq/im	\$557	16%		
Comprehen metabolic panel	\$38	13%		
Office/outpatient visit est	\$164	9%		
Ther/proph/diag iv inf init	\$625	6%		
Assay nephelometry not spec	\$180	6%		
Antithrombin iii activity	\$80	3%		
Clot inhibit prot c antigen	\$80	3%		
Clot inhibit prot c activity	\$115	3%		
Clot inhibit prot s free	\$210	3%		
Cardiolipin antibody ea ig	\$97	3%		
Assay of ferritin	\$74	3%		
Assay iga/igd/igg/igm each	\$276	3%		
Assay of iron	\$88	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Hydration iv infusion init, CPT® 96360

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$965
Hydration iv infusion init	\$625	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$594
General supporting services	\$113	100%		
Capillary blood draw	\$20	50%		
Comprehensive metabolic panel	\$38	50%		
Prothrombin time	\$25	50%		
Office/outpatient visit est	\$164	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Hydration iv infusion init, CPT® 96360
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$945
Hydration iv infusion init	\$625	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$487
Comprehensive metabolic panel	\$38	50%		
General supporting services	\$115	33%		
Collect blood from picc	\$111	17%		
Complete cbc w/auto diff wbc	\$52	17%		
Lyme disease antibody	\$32	17%		
Detect agent nos dna amp	\$348	17%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Hydration iv infusion init, CPT® 96360
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,395
Hydration iv infusion init	\$625	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$260
General supporting services	\$118	100%		
Hydrate iv infusion add-on	\$294	64%		
Chemo anti-neopl sq/im	\$557	18%		
Office/outpatient visit new	\$172	18%		
Office/outpatient visit est	\$164	18%		
Office/outpatient visit est	\$189	9%		
Phlebotomy	\$166	9%		
Ther/proph/diag inj iv push	\$702	9%		
Tx/pro/dx inj new drug addon	\$351	9%		
Collect blood from picc	\$111	9%		
Metabolic panel total ca	\$29	9%		
Comprehen metabolic panel	\$38	9%		
Assay of magnesium	\$49	9%		
Complete cbc w/auto diff wbc	\$52	9%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Hydration iv infusion init, CPT® 96360
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$838
Hydration iv infusion init	\$625	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$216
General supporting services	\$106	100%		
Hydrate iv infusion add-on	\$294	22%		
Assay of serum albumin	\$42	11%		
Assay of calcium	\$30	11%		
Assay blood carbon dioxide	\$70	11%		
Assay of blood chloride	\$70	11%		
Assay of creatinine	\$62	11%		
Assay glucose blood quant	\$60	11%		
Assay of magnesium	\$49	11%		
Assay of phosphorus	\$37	11%		
Assay of serum potassium	\$70	11%		
Assay of serum sodium	\$70	11%		
Assay of urea nitrogen	\$62	11%		
Blood typing serologic abo	\$31	11%		
Blood typing serologic rh(d)	\$31	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag iv inf init, CPT® 96365

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7,999
Ther/proph/diag iv inf init	\$625	100%	Average Negotiated Charge (Payment) / Visit	\$2,632
Supporting Service Description	Average Gross Charges	Patient Utilization %		
General supporting services	\$124	100%		
Ther/proph/diag iv inf addon	\$294	80%		
Tx/proph/dg addl seq iv inf	\$510	80%		
Rbc sed rate automated	\$25	70%		
Comprehen metabolic panel	\$38	70%		
Assay of beta-2 protein	\$63	70%		
Assay nephelometry not spec	\$180	70%		
Protein e-phoresis serum	\$59	60%		
Assay iga/igd/igg/igm each	\$276	60%		
Bl smear w/diff wbc count	\$29	10%		
Complete cbc automated	\$49	10%		
Office/outpatient visit est	\$164	10%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ther/proph/diag iv inf init, CPT® 96365
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,928
Ther/proph/diag iv inf init	\$625	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,513
General supporting services	\$134	97%		
Ther/proph/diag iv inf addon	\$294	59%		
Tx/proph/dg addl seq iv inf	\$510	31%		
Tx/pro/dx inj new drug addon	\$351	25%		
Comprehen metabolic panel	\$38	22%		
Collect blood from picc	\$111	20%		
Complete cbc w/auto diff wbc	\$52	18%		
Assay iga/igd/igg/igm each	\$276	16%		
Office/outpatient visit est	\$164	16%		
Hydrate iv infusion add-on	\$294	11%		
C-reactive protein	\$113	11%		
Rbc sed rate automated	\$25	10%		
Assay of creatinine	\$31	8%		
Office/outpatient visit new	\$172	8%		
Assay nephelometry not spec	\$180	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ther/proph/diag iv inf init, CPT® 96365
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,378
Ther/proph/diag iv inf init	\$625	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$982
General supporting services	\$146	100%		
Routine venipuncture	\$18	50%		
Assay of creatinine	\$31	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Rbc sed rate automated	\$25	50%		
C-reactive protein	\$113	50%		
Office/outpatient visit new	\$240	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag iv inf init, CPT® 96365

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,696
Ther/proph/diag iv inf init	\$625	100%	Average Negotiated Charge (Payment) / Visit	\$260
Supporting Service Description	Average Gross Charges	Patient Utilization %		
General supporting services	\$124	100%		
Ther/proph/diag iv inf addon	\$294	30%		
Tx/proph/dg addl seq iv inf	\$510	16%		
Comprehen metabolic panel	\$38	16%		
Assay iga/igd/igg/igm each	\$276	14%		
Hydrate iv infusion add-on	\$294	11%		
Office/outpatient visit new	\$172	8%		
Complete cbc w/auto diff wbc	\$52	8%		
Collect blood from picc	\$111	5%		
Bilirubin total	\$63	3%		
Assay of magnesium	\$49	3%		
Assay alkaline phosphatase	\$31	3%		
Alanine amino (ALT) (SGPT)	\$42	3%		
Assay of blood/uric acid	\$26	3%		
C-reactive protein	\$113	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag iv inf init, CPT® 96365

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,719
Ther/proph/diag iv inf init	\$625	100%	Average Negotiated Charge (Payment) / Visit	\$2,025
Supporting Service Description	Average Gross Charges	Patient Utilization %		
General supporting services	\$168	99%		
Ther/proph/diag iv inf addon	\$882	50%		
Hydrate iv infusion add-on	\$294	34%		
Tx/pro/dx inj new drug addon	\$351	21%		
Ther/proph/diag inj sc/im	\$90	19%		
Tx/proph/dg addl seq iv inf	\$510	18%		
Comprehen metabolic panel	\$38	14%		
Assay iga/igd/igg/igm each	\$276	12%		
Collect blood from picc	\$111	11%		
Office/outpatient visit new	\$172	8%		
Office/outpatient visit est	\$164	8%		
Assay of magnesium	\$49	6%		
Complete cbc w/auto diff wbc	\$52	5%		
Urinalysis auto w/scope	\$26	5%		
Assay of creatinine	\$31	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag iv inf init, CPT® 96365

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,697
Ther/proph/diag iv inf init	\$625	100%	Average Negotiated Charge (Payment) / Visit	\$1,071
Supporting Service Description	Average Gross Charges	Patient Utilization %		
General supporting services	\$301	96%		
Ther/proph/diag iv inf addon	\$294	73%		
Tx/pro/dx inj new drug addon	\$351	71%		
Collect blood from picc	\$111	16%		
Renal function panel	\$49	12%		
Complete cbc automated	\$49	12%		
Assay of parathormone	\$252	10%		
Hydrate iv infusion add-on	\$294	6%		
Metabolic panel total ca	\$29	6%		
Routine venipuncture	\$18	6%		
Office/outpatient visit new	\$172	4%		
Tx/proph/dg addl seq iv inf	\$510	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag iv inf init, CPT® 96365

Payer United BH

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,100
Ther/proph/diag iv inf init	\$625	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$118	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag iv inf init, CPT® 96365

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7,135
Ther/proph/diag iv inf init	\$625	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,626
General supporting services	\$162	99%		
Ther/proph/diag iv inf addon	\$882	32%		
Hydrate iv infusion add-on	\$294	22%		
Comprehen metabolic panel	\$38	15%		
Assay iga/igd/igg/igm each	\$276	15%		
Collect blood from picc	\$111	14%		
Complete cbc w/auto diff wbc	\$52	14%		
Assay of creatinine	\$31	13%		
Chemo anti-neopl sq/im	\$557	12%		
Office/outpatient visit est	\$164	12%		
Tx/proph/dg addl seq iv inf	\$510	11%		
Tx/pro/dx inj new drug addon	\$1,053	11%		
C-reactive protein	\$113	10%		
Assay of ck (cpk)	\$63	8%		
Alanine amino (ALT) (SGPT)	\$42	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag iv inf init, CPT® 96365

Payer Connecticare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,241
Ther/proph/diag iv inf init	\$625	100%	Average Negotiated Charge (Payment) / Visit	\$1,067
Supporting Service Description	Average Gross Charges	Patient Utilization %		
General supporting services	\$162	100%		
Ther/proph/diag iv inf addon	\$588	28%		
Tx/proph/dg addl seq iv inf	\$510	24%		
Comprehen metabolic panel	\$38	24%		
Assay iga/igd/igg/igm each	\$276	24%		
Office/outpatient visit new	\$172	10%		
Hydrate iv infusion add-on	\$588	10%		
Office/outpatient visit est	\$164	7%		
Complete cbc w/auto diff wbc	\$52	3%		
Assay of creatinine	\$31	3%		
Collect blood from picc	\$111	3%		
Ther/proph/diag inj sc/im	\$90	3%		
Chemo anti-neopl sq/im	\$557	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag iv inf init, CPT® 96365

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$7,593
Ther/proph/diag iv inf init	\$625	100%	Average Negotiated Charge (Payment) / Visit	\$4,708
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Comprehensive metabolic panel	\$38	100%		
Assay iga/igd/igg/igm each	\$276	100%		
Ther/proph/diag iv inf addon	\$294	100%		
General supporting services	\$122	100%		
Tx/proph/dg addl seq iv inf	\$510	75%		
Tx/pro/dx inj new drug addon	\$351	25%		
Office/outpatient visit new	\$172	25%		
Collect blood from picc	\$111	25%		
Lactate (LD) (LDH) enzyme	\$51	25%		
Assay of blood/uric acid	\$26	25%		
Mumps antibody	\$132	25%		
Rubella antibody	\$136	25%		
Rubeola antibody	\$141	25%		
Varicella-zoster antibody	\$141	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag iv inf init, CPT® 96365

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,942
Ther/proph/diag iv inf init	\$625	100%	Average Negotiated Charge (Payment) / Visit	\$1,839
Supporting Service Description	Average Gross Charges	Patient Utilization %		
General supporting services	\$160	97%		
Ther/proph/diag iv inf addon	\$882	32%		
Hydrate iv infusion add-on	\$294	24%		
Office/outpatient visit est	\$164	12%		
Collect blood from picc	\$111	8%		
Complete cbc w/auto diff wbc	\$52	7%		
Office/outpatient visit new	\$172	7%		
Tx/proph/dg addl seq iv inf	\$510	5%		
Comprehen metabolic panel	\$38	4%		
Office/outpatient visit est	\$189	4%		
Tx/pro/dx inj new drug addon	\$1,053	3%		
Ther/proph/diag inj sc/im	\$90	2%		
Metabolic panel total ca	\$29	2%		
Office/outpatient visit new	\$240	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag iv inf init, CPT® 96365

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$13,656
Ther/proph/diag iv inf init	\$1,875	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,422
General supporting services	\$121	94%		
Ther/proph/diag iv inf addon	\$2,793	71%		
Office/outpatient visit est	\$410	12%		
Ther/proph/diag inj iv push	\$351	6%		
Office/outpatient visit new	\$172	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag iv inf init, CPT® 96365

Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,272
Ther/proph/diag iv inf init	\$625	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$118	100%		
Office/outpatient visit new	\$172	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag iv inf init, CPT® 96365

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,240
Ther/proph/diag iv inf init	\$625	100%	Average Negotiated Charge (Payment) / Visit	\$1,903
Supporting Service Description	Average Gross Charges	Patient Utilization %		
General supporting services	\$152	99%		
Ther/proph/diag iv inf addon	\$588	42%		
Hydrate iv infusion add-on	\$294	23%		
Collect blood from picc	\$111	19%		
Comprehen metabolic panel	\$38	18%		
Assay of magnesium	\$49	18%		
Assay of creatinine	\$31	17%		
Assay iga/igd/igg/igm each	\$276	16%		
Assay of serum potassium	\$35	15%		
Assay of serum sodium	\$35	15%		
Assay of urea nitrogen	\$31	15%		
Assay blood carbon dioxide	\$35	15%		
Assay of blood chloride	\$35	15%		
Office/outpatient visit new	\$172	13%		
Tx/proph/dg addl seq iv inf	\$510	9%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag iv inf init, CPT® 96365

Payer Aetna BH

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$903
Ther/proph/diag iv inf init	\$625	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$520
General supporting services	\$164	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ther/proph/diag iv inf init, CPT® 96365
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,833
Ther/proph/diag iv inf init	\$625	100%	Average Negotiated Charge (Payment) / Visit	\$1,884
Supporting Service Description	Average Gross Charges	Patient Utilization %		
General supporting services	\$145	100%		
Ther/proph/diag iv inf addon	\$588	52%		
Comprehen metabolic panel	\$38	44%		
Assay iga/igd/igg/igm each	\$276	44%		
Tx/proph/dg addl seq iv inf	\$510	30%		
Office/outpatient visit est	\$164	11%		
Office/outpatient visit new	\$172	7%		
Office/outpatient visit new	\$240	4%		
Prothrombin time	\$25	4%		
Office/outpatient visit est	\$189	4%		
Albumin (human), 25%, 50ml	\$1,396	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ther/proph/diag iv inf init, CPT® 96365
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,120
Ther/proph/diag iv inf init	\$625	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,088
General supporting services	\$124	100%		
Ther/proph/diag iv inf addon	\$588	42%		
Assay iga/igd/igg/igm each	\$276	26%		
Comprehen metabolic panel	\$38	22%		
Tx/pro/dx inj new drug addon	\$702	12%		
Office/outpatient visit est	\$164	10%		
Hydrate iv infusion add-on	\$294	9%		
Office/outpatient visit new	\$172	9%		
Collect blood from picc	\$111	9%		
Complete cbc w/auto diff wbc	\$52	6%		
Tx/proph/dg addl seq iv inf	\$510	6%		
Assay of creatinine	\$31	4%		
Office/outpatient visit new	\$240	3%		
Assay glucose blood quant	\$30	2%		
Assay blood carbon dioxide	\$35	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag iv inf init, CPT® 96365

Payer Medicaid-Other

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,643
Ther/proph/diag iv inf init	\$1,875	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$380
General supporting services	\$581	100%		
Ther/proph/diag iv inf addon	\$882	100%		
Complete cbc w/auto diff wbc	\$52	46%		
Collect blood from picc	\$111	38%		
Metabolic panel total ca	\$29	23%		
Comprehen metabolic panel	\$38	15%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag inj sc/im, CPT® 96372

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,207
Ther/proph/diag inj sc/im	\$90	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,392
Complete cbc w/auto diff wbc	\$52	38%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag inj sc/im, CPT® 96372

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,827
Ther/proph/diag inj sc/im	\$90	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$9,827
Comprehensive metabolic panel	\$38	7%		
Immunoassay tumor other	\$68	7%		
Office/outpatient visit new	\$240	7%		
Office/outpatient visit est	\$164	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag inj sc/im, CPT® 96372

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,001
Ther/proph/diag inj sc/im	\$90	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$595
Capillary blood draw	\$20	18%		
Hemoglobin	\$29	15%		
Office/outpatient visit est	\$164	13%		
Comprehen metabolic panel	\$38	4%		
Routine venipuncture	\$18	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag inj sc/im, CPT® 96372

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,634
Ther/proph/diag inj sc/im	\$90	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$734
Complete cbc w/auto diff wbc	\$52	16%		
Capillary blood draw	\$20	9%		
Hemoglobin	\$29	9%		
Comprehen metabolic panel	\$38	5%		
Office/outpatient visit est	\$164	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag inj sc/im, CPT® 96372

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,046
Ther/proph/diag inj sc/im	\$90	100%	Average Negotiated Charge (Payment) / Visit	\$4,335
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Office/outpatient visit est	\$164	27%		
Capillary blood draw	\$20	4%		
Comprehensive metabolic panel	\$38	4%		
Hemoglobin	\$29	4%		
Immunoassay tumor other	\$68	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag inj sc/im, CPT® 96372

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,293
Ther/proph/diag inj sc/im	\$90	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$683
Hemoglobin	\$29	13%		
Capillary blood draw	\$20	11%		
Complete cbc w/auto diff wbc	\$52	8%		
Chemo hormon antineopl sq/im	\$1,114	4%		
Office/outpatient visit est	\$164	4%		
Metabolic panel total ca	\$29	3%		
Comprehen metabolic panel	\$38	3%		
Routine venipuncture	\$18	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag inj sc/im, CPT® 96372

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,309
Ther/proph/diag inj sc/im	\$90	100%	Average Negotiated Charge (Payment) / Visit	\$4,597
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Complete cbc w/auto diff wbc	\$52	12%		
Chemo hormon antineopl sq/im	\$836	12%		
Office/outpatient visit est	\$164	6%		
Immunoassay tumor other	\$68	6%		
Comprehen metabolic panel	\$38	6%		
Carcinoembryonic antigen	\$68	3%		
Lactate (LD) (LDH) enzyme	\$51	3%		
Chemo anti-neopl sq/im	\$1,114	3%		
General supporting services	\$106	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag inj sc/im, CPT® 96372

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,924
Ther/proph/diag inj sc/im	\$90	100%	Average Negotiated Charge (Payment) / Visit	\$2,276
Supporting Service Description	Average Gross Charges	Patient Utilization %		
General supporting services	\$22	6%		
Complete cbc w/auto diff wbc	\$52	6%		
Chemo hormon antineopl sq/im	\$557	6%		
Office/outpatient visit new	\$172	6%		
Office/outpatient visit est	\$164	6%		
Office/outpatient visit est	\$189	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag inj sc/im, CPT® 96372

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,223
Ther/proph/diag inj sc/im	\$90	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,047
Complete cbc w/auto diff wbc	\$52	100%		
Metabolic panel total ca	\$29	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag inj sc/im, CPT® 96372

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,138
Ther/proph/diag inj sc/im	\$90	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$731
Complete cbc w/auto diff wbc	\$52	34%		
Chemo hormon antineopl sq/im	\$557	6%		
Routine venipuncture	\$18	6%		
Office/outpatient visit est	\$164	4%		
Hemoglobin	\$29	4%		
Capillary blood draw	\$20	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag inj sc/im, CPT® 96372

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,911
Ther/proph/diag inj sc/im	\$90	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,665
Complete cbc w/auto diff wbc	\$52	13%		
Office/outpatient visit est	\$164	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag inj sc/im, CPT® 96372

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,700
Ther/proph/diag inj sc/im	\$90	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$413
Office/outpatient visit est	\$164	24%		
Capillary blood draw	\$20	12%		
Hemoglobin	\$29	12%		
Complete cbc w/auto diff wbc	\$52	6%		
Office/outpatient visit new	\$172	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag inj iv push, CPT® 96374

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,575
Ther/proph/diag inj iv push	\$351	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$952
General supporting services	\$22	78%		
Tx/pro/dx inj new drug addon	\$351	39%		
Complete cbc w/auto diff wbc	\$52	33%		
C-reactive protein	\$113	33%		
Emergency dept visit	\$677	33%		
Rbc sed rate automated	\$25	28%		
Bilirubin total	\$63	28%		
Assay alkaline phosphatase	\$31	28%		
Transferase (AST) (SGOT)	\$29	28%		
Alanine amino (ALT) (SGPT)	\$42	28%		
Total cortisol	\$357	11%		
Tx/pro/dx inj same drug adon	\$527	11%		
Collect blood from picc	\$111	6%		
Comprehen metabolic panel	\$38	6%		
Assay of urea nitrogen	\$31	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ther/proph/diag inj iv push, CPT® 96374
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,967
Ther/proph/diag inj iv push	\$1,580	100%	Average Negotiated Charge (Payment) / Visit	\$1,702
Supporting Service Description	Average Gross Charges	Patient Utilization %		
General supporting services	\$413	75%		
Collect blood from picc	\$111	63%		
Assay of ck (cpk)	\$63	50%		
Assay of creatinine	\$31	50%		
Complete cbc w/auto diff wbc	\$52	50%		
Office/outpatient visit est	\$164	25%		
Office/outpatient visit est	\$378	13%		
Office/outpatient visit est	\$277	13%		
Hydration iv infusion init	\$625	13%		
Ther/proph/diag iv inf init	\$625	13%		
Office/outpatient visit new	\$172	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag inj iv push, CPT® 96374

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,402
Ther/proph/diag inj iv push	\$351	100%		
General procedure services	\$46,764	14%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$399
General supporting services	\$3	100%		
Total cortisol	\$238	71%		
Assay growth hormone (hgh)	\$102	57%		
Growth hormone panel	\$99	57%		
Blood typing serologic abo	\$31	14%		
Blood typing serologic rh(d)	\$31	14%		
Surgical path gross	\$162	14%		
Tx/pro/dx inj new drug addon	\$351	14%		
Glucose blood test	\$54	14%		
Collect blood from picc	\$111	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag inj iv push, CPT® 96374

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,258
Ther/proph/diag inj iv push	\$1,755	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$5,123
General supporting services	\$118	67%		
Collect blood from picc	\$111	50%		
Metabolic panel total ca	\$29	17%		
Complete cbc w/auto diff wbc	\$52	17%		
Rbc sed rate automated	\$25	17%		
C-reactive protein	\$113	17%		
Tx/pro/dx inj new drug addon	\$351	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag inj iv push, CPT® 96374

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,907
Ther/proph/diag inj iv push	\$351	100%		
General procedure services	\$45,293	15%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,099
General supporting services	\$118	77%		
Collect blood from picc	\$111	54%		
Total cortisol	\$298	46%		
Growth hormone panel	\$99	23%		
Assay growth hormone (hgh)	\$102	23%		
Rbc sed rate automated	\$25	15%		
C-reactive protein	\$113	15%		
Blood typing serologic abo	\$31	15%		
Blood typing serologic rh(d)	\$31	15%		
Tx/pro/dx inj new drug addon	\$527	15%		
Pt eval low complex 20 min	\$509	15%		
Office/outpatient visit new	\$172	15%		
Assay of ck (cpk)	\$63	15%		
Metabolic panel total ca	\$29	15%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag inj iv push, CPT® 96374

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,418
Ther/proph/diag inj iv push	\$351	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$118	100%		
Collect blood from picc	\$111	100%		
Total cortisol	\$357	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag inj iv push, CPT® 96374

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,014
Ther/proph/diag inj iv push	\$702	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$823
General supporting services	\$202	85%		
Hydrate iv infusion add-on	\$1,470	54%		
Collect blood from picc	\$111	46%		
Complete cbc w/auto diff wbc	\$52	38%		
Metabolic panel total ca	\$29	23%		
Total cortisol	\$357	23%		
Ther/proph/diag iv inf init	\$938	15%		
Tx/pro/dx inj new drug addon	\$351	15%		
Hydration iv infusion init	\$625	15%		
C-reactive protein	\$113	8%		
Assay of ck (cpk)	\$63	8%		
Assay of creatinine	\$31	8%		
Assay alkaline phosphatase	\$31	8%		
Alanine amino (ALT) (SGPT)	\$42	8%		
Bilirubin total	\$63	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag inj iv push, CPT® 96374

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,226
Ther/proph/diag inj iv push	\$351	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Ct angio abdom w/o & w/dye	\$3,459	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag inj iv push, CPT® 96374

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,620
Ther/proph/diag inj iv push	\$351	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
General supporting services	\$124	100%		
Collect blood from picc	\$111	100%		
Total cortisol	\$357	100%		
Office/outpatient visit new	\$172	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ther/proph/diag inj iv push, CPT® 96374

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,601
Ther/proph/diag inj iv push	\$351	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$712
General supporting services	\$121	100%		
Total cortisol	\$357	63%		
Collect blood from picc	\$111	50%		
Assay blood carbon dioxide	\$35	25%		
Assay of blood chloride	\$35	25%		
Routine venipuncture	\$18	25%		
Assay of creatinine	\$31	25%		
Assay glucose blood quant	\$30	25%		
Assay of serum potassium	\$35	25%		
Assay of serum sodium	\$35	25%		
Assay of urea nitrogen	\$31	25%		
Office/outpatient visit new	\$172	25%		
Hospital observation per hr	\$2,009	25%		
Alanine amino (ALT) (SGPT)	\$42	13%		
Assay alkaline phosphatase	\$31	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Chemo iv infusion 1 hr, CPT® 96413

Payer Anthem

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$21,505
Chemo iv infusion 1 hr	\$1,284	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$7,141
General supporting services	\$143	100%		
Comprehensive metabolic panel	\$38	49%		
Tx/proph/dg addl seq iv inf	\$510	41%		
Chemo iv infusion addl hr	\$645	37%		
Tx/pro/dx inj new drug addon	\$351	23%		
Assay thyroid stim hormone	\$81	15%		
Chemo iv push addl drug	\$645	14%		
Chemo iv infus each addl seq	\$886	14%		
Complete cbc w/auto diff wbc	\$52	14%		
Ther/proph/diag inj sc/im	\$90	14%		
Collect blood from picc	\$111	11%		
Office/outpatient visit est	\$164	9%		
Hydrate iv infusion add-on	\$294	9%		
Office/outpatient visit est	\$189	4%		
Carcinoembryonic antigen	\$68	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Chemo iv infusion 1 hr, CPT® 96413

Payer Connecticare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$23,313
Chemo iv infusion 1 hr	\$1,284	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,217
General supporting services	\$150	100%		
Chemo iv infusion addl hr	\$645	67%		
Comprehen metabolic panel	\$38	52%		
Tx/proph/dg addl seq iv inf	\$510	52%		
Chemo iv infus each addl seq	\$886	24%		
Tx/pro/dx inj new drug addon	\$702	18%		
Chemo iv push addl drug	\$645	18%		
Complete cbc w/auto diff wbc	\$52	14%		
Carcinoembryonic antigen	\$68	13%		
Collect blood from picc	\$111	11%		
Ther/diag concurrent inf	\$294	11%		
Chemo prolong infuse w/pump	\$1,096	11%		
Irrig drug delivery device	\$239	10%		
Office/outpatient visit est	\$164	9%		
Ther/proph/diag inj sc/im	\$90	9%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Chemo iv infusion 1 hr, CPT® 96413

Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$25,444
Chemo iv infusion 1 hr	\$1,284	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$19,338
General supporting services	\$126	100%		
Tx/pro/dx inj new drug addon	\$351	50%		
Office/outpatient visit new	\$172	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Chemo iv infusion 1 hr, CPT® 96413

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$20,401
Chemo iv infusion 1 hr	\$1,284	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$8,320
General supporting services	\$150	100%		
Comprehensive metabolic panel	\$38	51%		
Tx/proph/dg addl seq iv inf	\$510	46%		
Chemo iv infusion addl hr	\$645	44%		
Chemo iv infus each addl seq	\$886	26%		
Chemo iv push addl drug	\$645	23%		
Ther/proph/diag inj sc/im	\$90	19%		
Hydrate iv infusion add-on	\$294	19%		
Chemo prolong infuse w/pump	\$1,096	15%		
Tx/pro/dx inj new drug addon	\$702	14%		
Ther/diag concurrent inf	\$294	13%		
Office/outpatient visit est	\$164	11%		
Immunoassay tumor ca 15-3	\$113	10%		
Assay of magnesium	\$49	7%		
Irrig drug delivery device	\$239	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Chemo iv infusion 1 hr, CPT® 96413

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$19,510
Chemo iv infusion 1 hr	\$1,284	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,369
General supporting services	\$145	100%		
Comprehen metabolic panel	\$38	62%		
Tx/proph/dg addl seq iv inf	\$510	57%		
Chemo iv infusion addl hr	\$645	50%		
Chemo iv infus each addl seq	\$886	28%		
Ther/proph/diag inj sc/im	\$90	27%		
Chemo iv push addl drug	\$645	22%		
Chemo prolong infuse w/pump	\$1,096	19%		
Immunoassay tumor ca 15-3	\$113	13%		
Immunoassay tumor ca 125	\$86	12%		
Irrig drug delivery device	\$239	12%		
Office/outpatient visit est	\$164	12%		
Tx/pro/dx inj new drug addon	\$351	11%		
Ther/diag concurrent inf	\$294	10%		
Assay of magnesium	\$49	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Chemo iv infusion 1 hr, CPT® 96413

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$24,723
Chemo iv infusion 1 hr	\$1,284	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$9,191
General supporting services	\$121	100%		
Chemo iv infusion addl hr	\$645	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Chemo iv infusion 1 hr, CPT® 96413
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$15,231
Chemo iv infusion 1 hr	\$1,284	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4,407
General supporting services	\$120	98%		
Comprehen metabolic panel	\$38	58%		
Tx/proph/dg addl seq iv inf	\$510	54%		
Chemo iv infusion addl hr	\$645	38%		
Complete cbc w/auto diff wbc	\$52	27%		
Collect blood from picc	\$111	21%		
Tx/pro/dx inj new drug addon	\$351	14%		
Chemo iv push addl drug	\$645	12%		
Assay thyroid stim hormone	\$81	12%		
Chemo iv infus each addl seq	\$886	11%		
Ther/proph/diag inj sc/im	\$90	7%		
Office/outpatient visit est	\$189	5%		
Assay of psa total	\$104	5%		
Assay of psa free	\$51	5%		
Assay of magnesium	\$49	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Chemo iv infusion 1 hr, CPT® 96413
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$11,587
Chemo iv infusion 1 hr	\$1,284	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,484
General supporting services	\$185	100%		
Tx/proph/dg addl seq iv inf	\$510	90%		
Comprehen metabolic panel	\$38	69%		
Chemo iv push addl drug	\$645	37%		
Assay thyroid stim hormone	\$81	29%		
Chemo iv infus each addl seq	\$886	24%		
Ther/proph/diag inj sc/im	\$90	14%		
Chemo iv infusion addl hr	\$1,290	12%		
Immunoassay tumor ca 125	\$86	12%		
Office/outpatient visit new	\$240	6%		
Office/outpatient visit est	\$164	6%		
Office/outpatient visit est	\$189	6%		
Hydrate iv infusion add-on	\$294	6%		
Hep b core antibody total	\$128	2%		
Assay of magnesium	\$49	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Chemo iv infusion 1 hr, CPT® 96413
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$18,213
Chemo iv infusion 1 hr	\$1,284	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$5,273
General supporting services	\$160	100%		
Comprehen metabolic panel	\$38	62%		
Tx/proph/dg addl seq iv inf	\$510	51%		
Chemo iv infusion addl hr	\$645	30%		
Chemo iv infus each addl seq	\$886	25%		
Ther/proph/diag inj sc/im	\$90	23%		
Assay thyroid stim hormone	\$81	19%		
Chemo iv push addl drug	\$645	15%		
Tx/pro/dx inj new drug addon	\$351	13%		
Complete cbc w/auto diff wbc	\$52	11%		
Office/outpatient visit est	\$164	10%		
Collect blood from picc	\$111	10%		
Office/outpatient visit est	\$189	9%		
Chemo prolong infuse w/pump	\$1,096	9%		
Ther/diag concurrent inf	\$294	9%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Chemo iv infusion 1 hr, CPT® 96413

Payer Medicaid-Other

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$22,762
Chemo iv infusion 1 hr	\$1,284	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,506
General supporting services	\$654	100%		
Complete cbc w/auto diff wbc	\$52	100%		
Ther/proph/diag iv inf init	\$1,250	100%		
Ther/proph/diag iv inf addon	\$588	100%		
Comprehen metabolic panel	\$38	89%		
Assay thyroid stim hormone	\$81	78%		
Tx/proph/dg addl seq iv inf	\$1,020	67%		
Assay of thyroid (t3 or t4)	\$42	56%		
Assay of acth	\$67	56%		
Collect blood from picc	\$111	56%		
Hydrate iv infusion add-on	\$588	33%		
Tx/pro/dx inj new drug addon	\$702	22%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Chemo iv infusion 1 hr, CPT® 96413

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$26,014
Chemo iv infusion 1 hr	\$1,284	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$18,916
General supporting services	\$168	100%		
Tx/proph/dg addl seq iv inf	\$510	65%		
Comprehen metabolic panel	\$38	58%		
Chemo iv infusion addl hr	\$1,290	40%		
Tx/pro/dx inj new drug addon	\$351	25%		
Collect blood from picc	\$111	21%		
Complete cbc w/auto diff wbc	\$52	21%		
Chemo iv infus each addl seq	\$886	19%		
Hydrate iv infusion add-on	\$294	17%		
Chemo anti-neopl sq/im	\$557	15%		
Ther/proph/diag inj sc/im	\$90	15%		
Chemo iv push addl drug	\$645	13%		
Protein e-phoresis serum	\$59	10%		
Assay thyroid stim hormone	\$81	10%		
Assay iga/igd/igg/igm each	\$276	8%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Chemo iv infusion 1 hr, CPT® 96413
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$18,025
Chemo iv infusion 1 hr	\$1,284	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$5,149
General supporting services	\$161	100%		
Tx/proph/dg addl seq iv inf	\$510	64%		
Comprehen metabolic panel	\$38	63%		
Chemo iv infusion addl hr	\$645	43%		
Chemo iv push addl drug	\$645	37%		
Chemo prolong infuse w/pump	\$1,096	33%		
Ther/proph/diag inj sc/im	\$90	26%		
Ther/diag concurrent inf	\$294	26%		
Complete cbc w/auto diff wbc	\$52	25%		
Collect blood from picc	\$111	20%		
Tx/pro/dx inj new drug addon	\$351	18%		
Chemo iv infus each addl seq	\$886	17%		
Irrig drug delivery device	\$239	17%		
Assay of magnesium	\$49	12%		
Assay thyroid stim hormone	\$81	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Chemo iv infusion 1 hr, CPT® 96413

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$16,968
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$8,205
Chemo iv infusion 1 hr	\$1,284	100%		
General supporting services	\$143	100%		
Tx/proph/dg addl seq iv inf	\$510	55%		
Comprehen metabolic panel	\$38	50%		
Chemo iv infusion addl hr	\$645	36%		
Chemo iv infus each addl seq	\$886	19%		
Tx/pro/dx inj new drug addon	\$351	12%		
Complete cbc w/auto diff wbc	\$52	11%		
Collect blood from picc	\$111	11%		
Ther/proph/diag inj sc/im	\$90	9%		
Assay of magnesium	\$49	7%		
Carcinoembryonic antigen	\$68	6%		
Assay thyroid stim hormone	\$81	6%		
Chemo iv push addl drug	\$645	6%		
Office/outpatient visit est	\$164	5%		
Ther/diag concurrent inf	\$294	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Chemo iv infusion 1 hr, CPT® 96413

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$40,239
Chemo iv infusion 1 hr	\$1,284	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$24,948
General supporting services	\$152	100%		
Chemo iv infusion addl hr	\$1,290	100%		
Chemo iv infus each addl seq	\$886	89%		
Collect blood from picc	\$111	89%		
Comprehen metabolic panel	\$38	89%		
Tx/proph/dg addl seq iv inf	\$510	89%		
Tx/pro/dx inj new drug addon	\$878	89%		
Chemo iv push addl drug	\$968	89%		
Complete cbc w/auto diff wbc	\$52	78%		
Ther/proph/diag inj sc/im	\$90	44%		
Office/outpatient visit new	\$240	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Chemo iv infusion 1 hr, CPT® 96413

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$18,967
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$10,390
Chemo iv infusion 1 hr	\$1,284	100%		
General supporting services	\$160	100%		
Comprehen metabolic panel	\$38	60%		
Tx/proph/dg addl seq iv inf	\$510	59%		
Chemo iv infusion addl hr	\$645	46%		
Chemo iv infus each addl seq	\$886	22%		
Ther/proph/diag inj sc/im	\$90	19%		
Tx/pro/dx inj new drug addon	\$702	18%		
Chemo iv push addl drug	\$645	16%		
Collect blood from picc	\$111	12%		
Complete cbc w/auto diff wbc	\$52	12%		
Hydrate iv infusion add-on	\$294	11%		
Office/outpatient visit est	\$164	10%		
Chemo prolong infuse w/pump	\$1,096	9%		
Ther/diag concurrent inf	\$294	9%		
Assay thyroid stim hormone	\$81	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Mechanical traction therapy, CPT® 97012

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,468
Mechanical traction therapy	\$511	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Therapeutic exercises	\$704	100%		
Manual therapy 1/> regions	\$1,253	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Whirlpool therapy, CPT® 97022

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,262
Whirlpool therapy	\$168	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Therapeutic exercises	\$352	100%		
Neuromuscular reeducation	\$489	100%		
Manual therapy 1/> regions	\$1,074	100%		
Therapeutic activities	\$179	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Whirlpool therapy, CPT® 97022
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$11,532
Whirlpool therapy	\$168	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Speech/hearing therapy	\$1,640	100%		
Hot or cold packs therapy	\$90	100%		
Therapeutic exercises	\$3,168	100%		
Neuromuscular reeducation	\$163	100%		
Gait training therapy	\$1,336	100%		
Manual therapy 1/> regions	\$179	100%		
Therapeutic activities	\$3,401	100%		
Self care mgmnt training	\$537	100%		
Orthotic mgmt and training	\$608	100%		
Orthc/prostc mgmt sbsq enc	\$242	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Whirlpool therapy, CPT® 97022

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$923
Whirlpool therapy	\$56	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Manual therapy 1/> regions	\$358	100%		
Ot eval low complex 30 min	\$509	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Electrical stimulation, CPT® 97032

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,688
Electrical stimulation	\$123	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Therapeutic exercises	\$1,584	100%		
Neuromuscular reeducation	\$2,445	100%		
Gait training therapy	\$668	100%		
Manual therapy 1/> regions	\$179	100%		
Therapeutic activities	\$537	100%		
Orthotic mgmt and training	\$152	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Electrical stimulation, CPT® 97032

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$727
Electrical stimulation	\$123	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Electric stimulation therapy	\$76	100%		
Therapeutic exercises	\$528	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Electrical stimulation, CPT® 97032

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,284
Electrical stimulation	\$123	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Therapeutic exercises	\$1,232	100%		
Neuromuscular reeducation	\$1,304	100%		
Gait training therapy	\$501	100%		
Orthc/prostc mgmt sbsq enc	\$242	100%		
Cognitive skills development	\$882	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Electrical stimulation, CPT® 97032

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,255
Electrical stimulation	\$369	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Therapeutic exercises	\$5,104	100%		
Gait training therapy	\$2,171	100%		
Manual therapy 1/> regions	\$179	100%		
Therapeutic activities	\$1,074	100%		
Self care mngmt training	\$358	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound therapy, CPT® 97035

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,245
Ultrasound therapy	\$285	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$823
Therapeutic exercises	\$616	100%		
Manual therapy 1/> regions	\$179	50%		
Pt eval low complex 20 min	\$509	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound therapy, CPT® 97035

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,609
Ultrasound therapy	\$95	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,064
Manual therapy 1/> regions	\$537	100%		
Hot or cold packs therapy	\$225	67%		
Therapeutic exercises	\$440	67%		
Pt eval low complex 20 min	\$509	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ultrasound therapy, CPT® 97035
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,761
Ultrasound therapy	\$190	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Therapeutic exercises	\$704	100%		
Manual therapy 1/> regions	\$358	100%		
Pt eval low complex 20 min	\$509	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ultrasound therapy, CPT® 97035
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,703
Ultrasound therapy	\$190	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Hot or cold packs therapy	\$90	100%		
Therapeutic exercises	\$528	100%		
Manual therapy 1/> regions	\$895	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ultrasound therapy, CPT® 97035
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,536
Ultrasound therapy	\$285	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Hot or cold packs therapy	\$270	100%		
Therapeutic exercises	\$352	100%		
Manual therapy 1/> regions	\$1,611	100%		
Pt eval low complex 20 min	\$509	100%		
Ot eval low complex 30 min	\$509	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ultrasound therapy, CPT® 97035
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,404
Ultrasound therapy	\$190	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$235
Manual therapy 1/> regions	\$358	100%		
Pt eval low complex 20 min	\$509	67%		
Hot or cold packs therapy	\$90	33%		
Therapeutic exercises	\$352	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ultrasound therapy, CPT® 97035
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$361
Ultrasound therapy	\$95	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Hot or cold packs therapy	\$90	100%		
Therapeutic exercises	\$176	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ultrasound therapy, CPT® 97035
Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,705
Ultrasound therapy	\$143	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,151
Manual therapy 1/> regions	\$1,164	80%		
Therapeutic exercises	\$704	50%		
Hot or cold packs therapy	\$225	40%		
Pt eval low complex 20 min	\$509	20%		
Ot eval low complex 30 min	\$509	10%		
Orthotic mgmt and training	\$456	10%		
Whirlpool therapy	\$224	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ultrasound therapy, CPT® 97035

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$822
Ultrasound therapy	\$285	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Manual therapy 1/> regions	\$537	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic exercises, CPT® 97110

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,426
Therapeutic exercises	\$704	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$963
Manual therapy 1/> regions	\$716	56%		
Hot or cold packs therapy	\$270	35%		
Pt eval low complex 20 min	\$509	18%		
Therapeutic activities	\$448	11%		
Neuromuscular reeducation	\$326	6%		
Gait training therapy	\$668	6%		
Aquatic therapy/exercises	\$765	4%		
Ultrasound therapy	\$238	2%		
Pt re-eval est plan care	\$287	2%		
Ot eval low complex 30 min	\$509	2%		
Speech/hearing therapy	\$615	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Therapeutic exercises, CPT® 97110
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,686
Therapeutic exercises	\$704	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$315
Manual therapy 1/> regions	\$537	40%		
Pt eval low complex 20 min	\$509	26%		
Hot or cold packs therapy	\$450	16%		
Gait training therapy	\$251	12%		
Neuromuscular reeducation	\$652	10%		
Therapeutic activities	\$1,074	6%		
Aquatic therapy/exercises	\$604	4%		
Electric stimulation therapy	\$76	2%		
Ultrasound therapy	\$285	2%		
Pt eval mod complex 30 min	\$572	2%		
Ot eval low complex 30 min	\$509	2%		
Group therapeutic procedures	\$162	2%		
Self care mgmt training	\$358	2%		
Prosthetic training	\$176	2%		
Orthc/prostc mgmt sbsq enc	\$242	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic exercises, CPT® 97110

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,722
Therapeutic exercises	\$880	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$294
Manual therapy 1/> regions	\$716	47%		
Hot or cold packs therapy	\$270	27%		
Pt eval low complex 20 min	\$509	23%		
Neuromuscular reeducation	\$241	8%		
Therapeutic activities	\$1,074	6%		
Gait training therapy	\$501	5%		
Self care mngmt training	\$985	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic exercises, CPT® 97110

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$707
Therapeutic exercises	\$352	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$419
Manual therapy 1/> regions	\$179	57%		
Pt eval low complex 20 min	\$509	29%		
Ot eval low complex 30 min	\$509	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic exercises, CPT® 97110

Payer Anthem Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,054
Therapeutic exercises	\$528	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$697
Manual therapy 1/> regions	\$537	56%		
Pt eval low complex 20 min	\$509	25%		
Hot or cold packs therapy	\$90	19%		
Therapeutic activities	\$358	13%		
Orthc/prostc mgmt sbsq enc	\$121	6%		
Electric current therapy	\$326	6%		
Neuromuscular reeducation	\$3,749	6%		
Gait training therapy	\$167	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Therapeutic exercises, CPT® 97110
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,663
Therapeutic exercises	\$704	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$268
Manual therapy 1/> regions	\$716	50%		
Hot or cold packs therapy	\$315	41%		
Pt eval low complex 20 min	\$509	18%		
Pt eval mod complex 30 min	\$572	5%		
Therapeutic activities	\$1,522	5%		
Self care mngmt training	\$358	5%		
Neuromuscular reeducation	\$734	5%		
Aquatic therapy/exercises	\$612	2%		
Group therapeutic procedures	\$172	2%		
Electric stimulation therapy	\$608	2%		
Electrical stimulation	\$123	2%		
Ultrasound therapy	\$95	2%		
Orthotic mgmt and training	\$152	2%		
Orthc/prostc mgmt sbsq enc	\$242	2%		
Ot eval low complex 30 min	\$509	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic exercises, CPT® 97110

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,887
Therapeutic exercises	\$352	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Neuromuscular reeducation	\$489	100%		
Manual therapy 1/> regions	\$537	100%		
Ot eval low complex 30 min	\$509	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic exercises, CPT® 97110

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,408
Therapeutic exercises	\$880	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$268
Manual therapy 1/> regions	\$627	36%		
Ultrasound therapy	\$95	18%		
Neuromuscular reeducation	\$652	18%		
Group therapeutic procedures	\$86	9%		
Pt eval low complex 20 min	\$509	9%		
Ot eval mod complex 45 min	\$572	9%		
Therapeutic activities	\$358	9%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic exercises, CPT® 97110

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,056
Therapeutic exercises	\$704	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$421
Manual therapy 1/> regions	\$985	26%		
Hot or cold packs therapy	\$405	9%		
Pt eval low complex 20 min	\$509	8%		
Therapeutic activities	\$537	8%		
Electric stimulation therapy	\$76	3%		
Neuromuscular reeducation	\$571	3%		
Pt eval mod complex 30 min	\$572	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic exercises, CPT® 97110

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,408
Therapeutic exercises	\$704	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$798
Manual therapy 1/> regions	\$716	32%		
Hot or cold packs therapy	\$270	13%		
Therapeutic activities	\$448	13%		
Neuromuscular reeducation	\$163	10%		
Pt eval low complex 20 min	\$509	9%		
Gait training therapy	\$1,336	9%		
Pt eval mod complex 30 min	\$572	4%		
Ot eval low complex 30 min	\$509	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Therapeutic exercises, CPT® 97110
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,173
Therapeutic exercises	\$1,232	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$410
Hot or cold packs therapy	\$270	100%		
Manual therapy 1/> regions	\$537	60%		
Pt eval low complex 20 min	\$509	40%		
Ot eval low complex 30 min	\$509	20%		
Therapeutic activities	\$358	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic exercises, CPT® 97110

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,408
Therapeutic exercises	\$1,056	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$450
Manual therapy 1/> regions	\$537	36%		
Therapeutic activities	\$358	13%		
Hot or cold packs therapy	\$360	13%		
Oral function therapy	\$1,135	10%		
Gait training therapy	\$668	8%		
Neuromuscular reeducation	\$245	5%		
Electric stimulation therapy	\$76	3%		
Pt eval low complex 20 min	\$509	3%		
Ot eval low complex 30 min	\$509	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic exercises, CPT® 97110

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$884
Therapeutic exercises	\$352	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$548
Hot or cold packs therapy	\$180	33%		
Manual therapy 1/> regions	\$3,043	33%		
Therapeutic activities	\$179	33%		
Self care mngmnt training	\$179	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic exercises, CPT® 97110

Payer Anthem

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,213
Therapeutic exercises	\$704	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$835
Manual therapy 1/> regions	\$716	25%		
Pt eval low complex 20 min	\$509	10%		
Hot or cold packs therapy	\$270	8%		
Therapeutic activities	\$179	7%		
Neuromuscular reeducation	\$245	6%		
Pt eval mod complex 30 min	\$572	5%		
Ot eval low complex 30 min	\$509	4%		
Aquatic therapy/exercises	\$918	4%		
Gait training therapy	\$418	4%		
Ultrasound therapy	\$143	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic exercises, CPT® 97110

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,419
Therapeutic exercises	\$792	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$450
Manual therapy 1/> regions	\$716	29%		
Therapeutic activities	\$448	24%		
Hot or cold packs therapy	\$180	18%		
Neuromuscular reeducation	\$163	15%		
Gait training therapy	\$334	15%		
Pt eval mod complex 30 min	\$572	12%		
Pt eval low complex 20 min	\$509	6%		
Ot eval low complex 30 min	\$509	3%		
Aquatic therapy/exercises	\$1,224	3%		
Group therapeutic procedures	\$86	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Neuromuscular reeducation, CPT® 97112

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,277
Neuromuscular reeducation	\$2,282	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Therapeutic exercises	\$2,112	100%		
Gait training therapy	\$167	100%		
Manual therapy 1/> regions	\$179	100%		
Therapeutic activities	\$537	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Neuromuscular reeducation, CPT® 97112
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$697
Neuromuscular reeducation	\$326	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$532
Therapeutic exercises	\$352	67%		
Therapeutic activities	\$716	43%		
Manual therapy 1/> regions	\$179	24%		
Gait training therapy	\$334	14%		
Pt eval low complex 20 min	\$509	10%		
Self care mngmnt training	\$1,164	10%		
Speech/hearing therapy	\$820	5%		
Pt eval mod complex 30 min	\$572	5%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Neuromuscular reeducation, CPT® 97112
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,271
Neuromuscular reeducation	\$326	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$446
Therapeutic exercises	\$880	100%		
Gait training therapy	\$167	33%		
Pt eval mod complex 30 min	\$572	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Neuromuscular reeducation, CPT® 97112

Payer Cigna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,174
Neuromuscular reeducation	\$326	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$893
Therapeutic exercises	\$1,056	83%		
Therapeutic activities	\$716	83%		
Self care mngmt training	\$179	17%		
Gait training therapy	\$167	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Neuromuscular reeducation, CPT® 97112

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,324
Neuromuscular reeducation	\$489	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$997
Therapeutic exercises	\$704	67%		
Therapeutic activities	\$627	53%		
Gait training therapy	\$835	27%		
Manual therapy 1/> regions	\$358	13%		
Pt eval low complex 20 min	\$509	13%		
Self care mngmt training	\$358	13%		
Orthc/prostc mgmt sbsq enc	\$121	13%		
Cognitive skills development	\$1,064	13%		
Whirlpool therapy	\$84	13%		
Orthotic mgmt and training	\$304	7%		
Speech/hearing therapy	\$1,230	7%		
Assessment of aphasia	\$596	7%		
Ot eval low complex 30 min	\$509	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Neuromuscular reeducation, CPT® 97112

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,939
Neuromuscular reeducation	\$652	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,985
Therapeutic exercises	\$1,056	71%		
Therapeutic activities	\$1,253	57%		
Manual therapy 1/> regions	\$269	43%		
Gait training therapy	\$668	36%		
Pt eval low complex 20 min	\$509	14%		
Self care mngmt training	\$1,701	14%		
Orthc/prostc mgmt sbsq enc	\$242	14%		
Ot eval low complex 30 min	\$509	7%		
Hot or cold packs therapy	\$90	7%		
Whirlpool therapy	\$224	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Neuromuscular reeducation, CPT® 97112

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,228
Neuromuscular reeducation	\$489	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$286
Therapeutic exercises	\$616	50%		
Orthc/prostc mgmt sbsq enc	\$303	33%		
Manual therapy 1/> regions	\$269	17%		
Physical performance test	\$306	8%		
Gait training therapy	\$167	8%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Neuromuscular reeducation, CPT® 97112
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,030
Neuromuscular reeducation	\$326	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Therapeutic exercises	\$704	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Neuromuscular reeducation, CPT® 97112

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,088
Neuromuscular reeducation	\$489	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Hot or cold packs therapy	\$630	100%		
Manual therapy 1/> regions	\$1,969	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Neuromuscular reeducation, CPT® 97112
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,582
Neuromuscular reeducation	\$408	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$311
Therapeutic exercises	\$880	75%		
Therapeutic activities	\$358	50%		
Gait training therapy	\$501	38%		
Manual therapy 1/> regions	\$1,074	25%		
Pt eval low complex 20 min	\$509	25%		
Self care mngmnt training	\$358	13%		
Hot or cold packs therapy	\$90	13%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Neuromuscular reeducation, CPT® 97112
Payer Connecticare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,141
Neuromuscular reeducation	\$1,141	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Aquatic therapy/exercises, CPT® 97113
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,274
Aquatic therapy/exercises	\$765	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Pt eval low complex 20 min	\$509	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Aquatic therapy/exercises, CPT® 97113
Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$918
Aquatic therapy/exercises	\$749	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$822
Therapeutic exercises	\$704	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Aquatic therapy/exercises, CPT® 97113
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,530
Aquatic therapy/exercises	\$1,530	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Aquatic therapy/exercises, CPT® 97113

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$306
Aquatic therapy/exercises	\$306	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$85
Pt eval low complex 20 min	\$509	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Aquatic therapy/exercises, CPT® 97113

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$918
Aquatic therapy/exercises	\$918	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$497
Therapeutic exercises	\$352	22%		
Manual therapy 1/> regions	\$358	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Aquatic therapy/exercises, CPT® 97113

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,599
Aquatic therapy/exercises	\$765	100%	Average Negotiated Charge (Payment) / Visit	\$1,080
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Therapeutic exercises	\$880	67%		
Pt eval low complex 20 min	\$509	25%		
Therapeutic activities	\$2,864	8%		
Gait training therapy	\$668	8%		
Manual therapy 1/> regions	\$716	8%		
Hot or cold packs therapy	\$270	8%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Aquatic therapy/exercises, CPT® 97113

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$770
Aquatic therapy/exercises	\$459	100%	Average Negotiated Charge (Payment) / Visit	\$532
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Therapeutic exercises	\$616	33%		
Pt eval mod complex 30 min	\$572	33%		
Therapeutic activities	\$179	17%		
Pt eval low complex 20 min	\$509	17%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Aquatic therapy/exercises, CPT® 97113
Payer Connecticare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,769
Aquatic therapy/exercises	\$1,683	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Group therapeutic procedures	\$86	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Aquatic therapy/exercises, CPT® 97113
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,952
Aquatic therapy/exercises	\$1,208	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$901
Therapeutic exercises	\$1,760	100%		
Pt eval low complex 20 min	\$509	67%		
Orthotic mgmt and training	\$304	33%		
Manual therapy 1/> regions	\$179	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Aquatic therapy/exercises, CPT® 97113

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,301
Aquatic therapy/exercises	\$1,301	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$675

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Gait training therapy, CPT® 97116

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,556
Gait training therapy	\$167	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$296
Therapeutic exercises	\$880	100%		
Manual therapy 1/> regions	\$170	20%		
Pt eval low complex 20 min	\$509	20%		
Pt eval mod complex 30 min	\$572	20%		
Hot or cold packs therapy	\$360	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Gait training therapy, CPT® 97116

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$5,611
Gait training therapy	\$668	100%	Average Negotiated Charge (Payment) / Visit	\$3,789
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Therapeutic exercises	\$2,640	90%		
Neuromuscular reeducation	\$978	70%		
Therapeutic activities	\$1,432	50%		
Speech/hearing therapy	\$615	40%		
Manual therapy 1/> regions	\$716	30%		
Pt eval low complex 20 min	\$509	10%		
Pt eval mod complex 30 min	\$572	10%		
Ot eval low complex 30 min	\$509	10%		
Assessment of aphasia	\$596	10%		
Hot or cold packs therapy	\$90	10%		
Whirlpool therapy	\$224	10%		
Self care mngmt training	\$358	10%		
Orthotic mgmt and training	\$152	10%		
Cognitive skills development	\$924	10%		
Aquatic therapy/exercises	\$918	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Gait training therapy, CPT® 97116

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,091
Gait training therapy	\$334	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,463
Therapeutic exercises	\$1,047	79%		
Therapeutic activities	\$895	57%		
Neuromuscular reeducation	\$408	43%		
Self care mgmnt training	\$537	14%		
Speech/hearing therapy	\$1,435	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Gait training therapy, CPT® 97116

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,333
Gait training therapy	\$167	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,341
Therapeutic exercises	\$1,408	100%		
Neuromuscular reeducation	\$326	100%		
Therapeutic activities	\$1,343	100%		
Self care mngment training	\$179	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Gait training therapy, CPT® 97116

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,244
Gait training therapy	\$668	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Oral function therapy	\$1,816	100%		
Therapeutic exercises	\$1,760	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Gait training therapy, CPT® 97116

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,096
Gait training therapy	\$418	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,484
Therapeutic exercises	\$1,232	90%		
Therapeutic activities	\$627	60%		
Self care mgmnt training	\$179	20%		
Neuromuscular reeducation	\$2,608	20%		
Ther ivntj 1st 15 min	\$168	10%		
Ther ivntj ea addl 15 min	\$162	10%		
Manual therapy 1/> regions	\$179	10%		
Orthc/prostc mgmt sbsq enc	\$242	10%		
Cognitive skills development	\$2,499	10%		
Speech/hearing therapy	\$1,025	10%		
Oral function therapy	\$2,270	10%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Gait training therapy, CPT® 97116
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,426
Gait training therapy	\$334	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Therapeutic exercises	\$1,408	100%		
Neuromuscular reeducation	\$326	100%		
Therapeutic activities	\$358	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Gait training therapy, CPT® 97116
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,783
Gait training therapy	\$835	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Therapeutic exercises	\$1,232	100%		
Therapeutic activities	\$716	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Gait training therapy, CPT® 97116

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,201
Gait training therapy	\$167	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$392
Therapeutic exercises	\$1,056	86%		
Pt eval low complex 20 min	\$509	29%		
Therapeutic activities	\$1,611	29%		
Cognitive skills development	\$1,470	14%		
Hot or cold packs therapy	\$450	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Massage therapy, CPT® 97124
Payer Connecticare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,085
Massage therapy	\$310	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Hot or cold packs therapy	\$270	100%		
Electric stimulation therapy	\$76	100%		
Therapeutic exercises	\$176	100%		
Manual therapy 1/> regions	\$1,253	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Manual therapy 1/> regions, CPT® 97140

Payer Cigna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,690
Manual therapy 1/> regions	\$716	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$804
Therapeutic exercises	\$528	63%		
Hot or cold packs therapy	\$180	27%		
Pt eval low complex 20 min	\$509	10%		
Ot eval low complex 30 min	\$509	8%		
Neuromuscular reeducation	\$326	6%		
Electric stimulation therapy	\$114	4%		
Self care mngmt training	\$537	4%		
Orthc/prostc mgmt sbsq enc	\$847	2%		
Therapeutic activities	\$537	2%		
Aquatic therapy/exercises	\$1,224	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Manual therapy 1/> regions, CPT® 97140

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,603
Manual therapy 1/> regions	\$716	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,082
Therapeutic exercises	\$528	81%		
Hot or cold packs therapy	\$180	28%		
Pt eval low complex 20 min	\$509	16%		
Therapeutic activities	\$269	10%		
Ultrasound therapy	\$190	7%		
Electric stimulation therapy	\$228	6%		
Ot eval low complex 30 min	\$509	5%		
Neuromuscular reeducation	\$326	4%		
Gait training therapy	\$1,086	3%		
Pt eval mod complex 30 min	\$572	2%		
Aquatic therapy/exercises	\$918	2%		
Self care mngmt training	\$716	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Manual therapy 1/> regions, CPT® 97140

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,420
Manual therapy 1/> regions	\$716	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$917
Therapeutic exercises	\$704	100%		
Hot or cold packs therapy	\$225	29%		
Ultrasound therapy	\$380	14%		
Neuromuscular reeducation	\$3,423	14%		
Gait training therapy	\$167	14%		
Therapeutic activities	\$716	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Manual therapy 1/> regions, CPT® 97140

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,485
Manual therapy 1/> regions	\$358	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$600
Therapeutic exercises	\$1,584	82%		
Hot or cold packs therapy	\$270	18%		
Pt eval low complex 20 min	\$509	18%		
Electric stimulation therapy	\$76	12%		
Neuromuscular reeducation	\$326	6%		
Gait training therapy	\$1,002	6%		
Pt eval mod complex 30 min	\$572	6%		
Ot eval low complex 30 min	\$509	6%		
Therapeutic activities	\$895	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Manual therapy 1/> regions, CPT® 97140

Payer United Healthcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,787
Manual therapy 1/> regions	\$716	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,064
Therapeutic exercises	\$528	63%		
Neuromuscular reeducation	\$489	15%		
Ot eval low complex 30 min	\$509	15%		
Therapeutic activities	\$627	14%		
Pt eval low complex 20 min	\$509	14%		
Hot or cold packs therapy	\$225	14%		
Gait training therapy	\$585	7%		
Pt eval mod complex 30 min	\$572	5%		
Electric stimulation therapy	\$114	3%		
Ultrasound therapy	\$143	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Manual therapy 1/> regions, CPT® 97140

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,951
Manual therapy 1/> regions	\$716	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$333
Therapeutic exercises	\$853	83%		
Hot or cold packs therapy	\$354	44%		
Pt eval low complex 20 min	\$509	17%		
Pt eval mod complex 30 min	\$572	6%		
Therapeutic activities	\$895	6%		
Self care mngmnt training	\$716	6%		
Neuromuscular reeducation	\$155	6%		
Massage therapy	\$155	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Manual therapy 1/> regions, CPT® 97140
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,282
Manual therapy 1/> regions	\$519	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$220
Therapeutic exercises	\$528	86%		
Hot or cold packs therapy	\$133	22%		
Self care mgmnt training	\$627	16%		
Pt eval low complex 20 min	\$509	11%		
Ot eval low complex 30 min	\$509	11%		
Pt eval mod complex 30 min	\$572	8%		
Therapeutic activities	\$627	5%		
Ultrasound therapy	\$95	5%		
Orthotic mgmt and training	\$152	3%		
Mechanical traction therapy	\$73	3%		
Aquatic therapy/exercises	\$596	3%		
Group therapeutic procedures	\$172	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Manual therapy 1/> regions, CPT® 97140

Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,584
Manual therapy 1/> regions	\$537	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$268
Hot or cold packs therapy	\$180	100%		
Therapeutic exercises	\$616	67%		
Neuromuscular reeducation	\$163	33%		
Ultrasound therapy	\$570	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Manual therapy 1/> regions, CPT® 97140

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,992
Manual therapy 1/> regions	\$716	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,220
Therapeutic exercises	\$704	100%		
Hot or cold packs therapy	\$90	67%		
Pt eval mod complex 30 min	\$572	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Manual therapy 1/> regions, CPT® 97140

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,168
Manual therapy 1/> regions	\$537	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$333
Therapeutic exercises	\$528	85%		
Hot or cold packs therapy	\$360	60%		
Pt eval low complex 20 min	\$509	20%		
Self care mngment training	\$985	10%		
Ot eval mod complex 45 min	\$572	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Manual therapy 1/> regions, CPT® 97140

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,432
Manual therapy 1/> regions	\$716	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,007
Therapeutic exercises	\$528	63%		
Hot or cold packs therapy	\$180	25%		
Pt eval low complex 20 min	\$509	13%		
Therapeutic activities	\$269	8%		
Self care mngment training	\$537	6%		
Ot eval low complex 30 min	\$509	6%		
Neuromuscular reeducation	\$163	4%		
Electric stimulation therapy	\$114	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Manual therapy 1/> regions, CPT® 97140

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,623
Manual therapy 1/> regions	\$1,343	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,626
Therapeutic exercises	\$264	100%		
Pt eval low complex 20 min	\$509	50%		
Self care mngment training	\$1,253	50%		
Hot or cold packs therapy	\$270	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Manual therapy 1/> regions, CPT® 97140

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,282
Manual therapy 1/> regions	\$358	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Therapeutic exercises	\$352	100%		
Pt eval mod complex 30 min	\$572	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Manual therapy 1/> regions, CPT® 97140

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,070
Manual therapy 1/> regions	\$627	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$450
Therapeutic exercises	\$528	54%		
Hot or cold packs therapy	\$180	29%		
Ot eval low complex 30 min	\$509	17%		
Pt eval low complex 20 min	\$509	13%		
Pt eval mod complex 30 min	\$572	4%		
Ultrasound therapy	\$95	4%		
Therapeutic activities	\$179	4%		
Orthotic mgmt and training	\$304	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Manual therapy 1/> regions, CPT® 97140
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,394
Manual therapy 1/> regions	\$269	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$260
Therapeutic exercises	\$704	80%		
Ultrasound therapy	\$95	40%		
Hot or cold packs therapy	\$270	30%		
Pt eval low complex 20 min	\$509	20%		
Pt eval mod complex 30 min	\$572	10%		
Ot eval low complex 30 min	\$509	10%		
Neuromuscular reeducation	\$978	10%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Group therapeutic procedures, CPT® 97150
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,782
Group therapeutic procedures	\$86	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Therapeutic exercises	\$3,696	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Group therapeutic procedures, CPT® 97150

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,175
Group therapeutic procedures	\$86	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Aquatic therapy/exercises	\$580	100%		
Pt eval low complex 20 min	\$509	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Group therapeutic procedures, CPT® 97150

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,752
Group therapeutic procedures	\$167	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$566
Hot or cold packs therapy	\$442	60%		
Therapeutic exercises	\$880	60%		
Aquatic therapy/exercises	\$1,047	60%		
Manual therapy 1/> regions	\$716	60%		
Pt eval low complex 20 min	\$509	40%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Group therapeutic procedures, CPT® 97150
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,814
Group therapeutic procedures	\$172	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$872
Therapeutic exercises	\$2,288	67%		
Aquatic therapy/exercises	\$1,607	67%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Group therapeutic procedures, CPT® 97150

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$602
Group therapeutic procedures	\$602	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Group therapeutic procedures, CPT® 97150

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,102
Group therapeutic procedures	\$172	100%	Average Negotiated Charge (Payment) / Visit	\$744
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Therapeutic exercises	\$616	67%		
Aquatic therapy/exercises	\$1,071	67%		
Manual therapy 1/> regions	\$1,253	67%		
Hot or cold packs therapy	\$180	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt eval low complex 20 min, CPT® 97161

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$775
Pt eval low complex 20 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$142
Therapeutic exercises	\$528	57%		
Hot or cold packs therapy	\$180	29%		
Manual therapy 1/> regions	\$269	29%		
Gait training therapy	\$160	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt eval low complex 20 min, CPT® 97161

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,750
Pt eval low complex 20 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Therapeutic exercises	\$704	100%		
Manual therapy 1/> regions	\$537	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt eval low complex 20 min, CPT® 97161

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,130
Pt eval low complex 20 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$202
Therapeutic exercises	\$880	52%		
Hot or cold packs therapy	\$225	26%		
Manual therapy 1/> regions	\$358	13%		
Neuromuscular reeducation	\$652	9%		
Aquatic therapy/exercises	\$459	9%		
Gait training therapy	\$167	4%		
Ot eval mod complex 45 min	\$572	4%		
Therapeutic activities	\$358	4%		
Self care mgmnt training	\$537	4%		
Orthc/prostc mgmt sbsq enc	\$121	4%		
Ultrasound therapy	\$95	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt eval low complex 20 min, CPT® 97161

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$509
Pt eval low complex 20 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$150
Therapeutic exercises	\$528	38%		
Manual therapy 1/> regions	\$179	13%		
Hot or cold packs therapy	\$180	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt eval low complex 20 min, CPT® 97161

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$864
Pt eval low complex 20 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Therapeutic exercises	\$176	100%		
Manual therapy 1/> regions	\$179	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt eval low complex 20 min, CPT® 97161

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$864
Pt eval low complex 20 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$587
Therapeutic exercises	\$528	44%		
Manual therapy 1/> regions	\$537	37%		
Ot eval mod complex 45 min	\$572	4%		
Sensory Integration	\$572	4%		
Aquatic therapy/exercises	\$1,836	4%		
Hot or cold packs therapy	\$86	4%		
Ultrasound therapy	\$95	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt eval low complex 20 min, CPT® 97161

Payer Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,024
Pt eval low complex 20 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$191
Therapeutic exercises	\$352	75%		
Neuromuscular reeducation	\$326	25%		
Manual therapy 1/> regions	\$358	25%		
Hot or cold packs therapy	\$180	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt eval low complex 20 min, CPT® 97161

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$509
Pt eval low complex 20 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266
Therapeutic exercises	\$352	42%		
Manual therapy 1/> regions	\$358	42%		
Hot or cold packs therapy	\$90	21%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt eval low complex 20 min, CPT® 97161

Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$861
Pt eval low complex 20 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$160
Therapeutic exercises	\$528	59%		
Manual therapy 1/> regions	\$358	24%		
Hot or cold packs therapy	\$90	6%		
Neuromuscular reeducation	\$163	6%		
Aquatic therapy/exercises	\$306	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt eval low complex 20 min, CPT® 97161

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$864
Pt eval low complex 20 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$583
Therapeutic exercises	\$704	49%		
Hot or cold packs therapy	\$180	29%		
Manual therapy 1/> regions	\$358	29%		
Ultrasound therapy	\$190	9%		
Ot eval low complex 30 min	\$509	4%		
Neuromuscular reeducation	\$734	4%		
Aquatic therapy/exercises	\$306	4%		
Gait training therapy	\$164	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt eval low complex 20 min, CPT® 97161

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$509
Pt eval low complex 20 min	\$509	100%	Average Negotiated Charge (Payment) / Visit	\$329
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Manual therapy 1/> regions	\$269	33%		
Electric stimulation therapy	\$76	17%		
Ultrasound therapy	\$95	17%		
Therapeutic exercises	\$176	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt eval low complex 20 min, CPT® 97161

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$864
Pt eval low complex 20 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$449
Therapeutic exercises	\$704	47%		
Manual therapy 1/> regions	\$537	37%		
Hot or cold packs therapy	\$180	26%		
Cognitive test by hc pro	\$2,228	5%		
Ot eval low complex 30 min	\$509	5%		
Therapeutic activities	\$179	5%		

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt eval low complex 20 min, CPT® 97161

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$509
Pt eval low complex 20 min	\$509	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt eval low complex 20 min, CPT® 97161

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,121
Pt eval low complex 20 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$450
Therapeutic exercises	\$880	54%		
Manual therapy 1/> regions	\$443	46%		
Hot or cold packs therapy	\$270	23%		
Neuromuscular reeducation	\$652	8%		
Aquatic therapy/exercises	\$612	8%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Pt eval low complex 20 min, CPT® 97161
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$597
Pt eval low complex 20 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$112
Therapeutic exercises	\$176	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt eval mod complex 30 min, CPT® 97162

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$744
Pt eval mod complex 30 min	\$572	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$502
Therapeutic exercises	\$528	50%		
Manual therapy 1/> regions	\$537	30%		
Hot or cold packs therapy	\$90	20%		
Aquatic therapy/exercises	\$306	10%		
Gait training therapy	\$167	10%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Pt eval mod complex 30 min, CPT® 97162
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,615
Pt eval mod complex 30 min	\$572	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Therapeutic exercises	\$880	100%		
Neuromuscular reeducation	\$163	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt eval mod complex 30 min, CPT® 97162

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$924
Pt eval mod complex 30 min	\$572	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$596
Therapeutic exercises	\$616	57%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Pt eval mod complex 30 min, CPT® 97162
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,796
Pt eval mod complex 30 min	\$572	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Therapeutic exercises	\$1,232	100%		
Neuromuscular reeducation	\$1,304	100%		
Ot eval low complex 30 min	\$509	100%		
Therapeutic activities	\$179	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt eval mod complex 30 min, CPT® 97162

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,282
Pt eval mod complex 30 min	\$572	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,596
Therapeutic exercises	\$1,056	100%		
Neuromuscular reeducation	\$1,467	25%		
Aquatic therapy/exercises	\$1,836	25%		
Gait training therapy	\$1,670	25%		
Ot eval mod complex 45 min	\$572	25%		
Therapeutic activities	\$6,444	25%		
Self care mngmt training	\$179	25%		
Speech/hearing therapy	\$1,845	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Pt eval mod complex 30 min, CPT® 97162
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,980
Pt eval mod complex 30 min	\$572	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$362
Therapeutic exercises	\$1,584	57%		
Neuromuscular reeducation	\$326	14%		
Gait training therapy	\$501	14%		
Therapeutic activities	\$1,432	14%		
Speech/hearing therapy	\$615	14%		
Evaluate speech production	\$418	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt eval mod complex 30 min, CPT® 97162

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$572
Pt eval mod complex 30 min	\$572	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$150
Therapeutic exercises	\$3,696	33%		
Neuromuscular reeducation	\$163	33%		
Gait training therapy	\$835	33%		
Manual therapy 1/> regions	\$179	33%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Pt eval mod complex 30 min, CPT® 97162
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,542
Pt eval mod complex 30 min	\$572	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$283
Therapeutic exercises	\$1,232	75%		
Therapeutic activities	\$179	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt eval mod complex 30 min, CPT® 97162

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,235
Pt eval mod complex 30 min	\$572	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$193
Hot or cold packs therapy	\$270	50%		
Therapeutic exercises	\$1,056	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt eval mod complex 30 min, CPT® 97162

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$572
Pt eval mod complex 30 min	\$572	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$334
Therapeutic exercises	\$704	36%		
Manual therapy 1/> regions	\$448	18%		
Neuromuscular reeducation	\$163	9%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Pt eval high complex 45 min, CPT® 97163
Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,708
Pt eval high complex 45 min	\$637	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Aquatic therapy/exercises	\$1,071	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Pt eval high complex 45 min, CPT® 97163
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,573
Pt eval high complex 45 min	\$637	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	
Therapeutic exercises	\$1,232	100%		
Gait training therapy	\$167	100%		
Manual therapy 1/> regions	\$537	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Pt eval high complex 45 min, CPT® 97163
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$637
Pt eval high complex 45 min	\$637	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt re-eval est plan care, CPT® 97164

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$991
Pt re-eval est plan care	\$287	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Therapeutic exercises	\$704	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt re-eval est plan care, CPT® 97164

Payer Aetna Medicare Managed Care

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,634
Pt re-eval est plan care	\$287	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Therapeutic exercises	\$528	100%		
Neuromuscular reeducation	\$652	100%		
Gait training therapy	\$167	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt re-eval est plan care, CPT® 97164

Payer Aetna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$639
Pt re-eval est plan care	\$287	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$431
Therapeutic exercises	\$1,496	67%		
Manual therapy 1/> regions	\$179	33%		
Hot or cold packs therapy	\$630	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pt re-eval est plan care, CPT® 97164

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,695
Pt re-eval est plan care	\$287	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Therapeutic exercises	\$1,408	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ot eval low complex 30 min, CPT® 97165
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$509
Ot eval low complex 30 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$100
Manual therapy 1/> regions	\$358	17%		
Pt eval mod complex 30 min	\$572	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ot eval low complex 30 min, CPT® 97165

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$509
Ot eval low complex 30 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$150
Manual therapy 1/> regions	\$895	17%		
Self care mngment training	\$179	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ot eval low complex 30 min, CPT® 97165

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$509
Ot eval low complex 30 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$335
Manual therapy 1/> regions	\$1,074	32%		
Pt eval mod complex 30 min	\$572	9%		
Therapeutic activities	\$448	9%		
Therapeutic exercises	\$774	9%		
Ther ivntj 1st 15 min	\$336	5%		
Ther ivntj ea addl 15 min	\$891	5%		
Cognitive test by hc pro	\$557	5%		
Paraffin bath therapy	\$44	5%		
Self care mngmnt training	\$895	5%		
Orthotic mgmt and training	\$304	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ot eval low complex 30 min, CPT® 97165

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$509
Ot eval low complex 30 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$344
Manual therapy 1/> regions	\$716	22%		
Therapeutic activities	\$716	9%		
Self care mngmt training	\$1,164	9%		
Hot or cold packs therapy	\$135	9%		
Therapeutic exercises	\$1,144	9%		
Neuromuscular reeducation	\$163	4%		
Whirlpool therapy	\$56	4%		
Ultrasound therapy	\$285	4%		
Pt eval low complex 20 min	\$509	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ot eval low complex 30 min, CPT® 97165

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$509
Ot eval low complex 30 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$301

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ot eval low complex 30 min, CPT® 97165

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,188
Ot eval low complex 30 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Therapeutic exercises	\$352	100%		
Manual therapy 1/> regions	\$2,327	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ot eval low complex 30 min, CPT® 97165

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$509
Ot eval low complex 30 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$266
Therapeutic exercises	\$352	7%		
Self care mngment training	\$358	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ot eval low complex 30 min, CPT® 97165

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$509
Ot eval low complex 30 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$100
Therapeutic exercises	\$440	11%		
Therapeutic activities	\$1,164	11%		
Self care mngmt training	\$537	11%		
Aquatic therapy/exercises	\$306	6%		
Manual therapy 1/> regions	\$1,074	6%		
Pt eval low complex 20 min	\$509	6%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ot eval low complex 30 min, CPT® 97165
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$509
Ot eval low complex 30 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

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Charge Display Ot eval low complex 30 min, CPT® 97165

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$509
Ot eval low complex 30 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$150
Therapeutic exercises	\$352	14%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ot eval low complex 30 min, CPT® 97165
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$509
Ot eval low complex 30 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$100

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ot eval low complex 30 min, CPT® 97165

Payer Cigna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$509
Ot eval low complex 30 min	\$509	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$297
Manual therapy 1/> regions	\$985	13%		
Therapeutic activities	\$716	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ot eval mod complex 45 min, CPT® 97166

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,386
Ot eval mod complex 45 min	\$572	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$936
Therapeutic exercises	\$352	75%		
Manual therapy 1/> regions	\$358	25%		
Pt eval mod complex 30 min	\$572	25%		
Therapeutic activities	\$537	25%		
Sensory Integration	\$429	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ot eval mod complex 45 min, CPT® 97166

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$572
Ot eval mod complex 45 min	\$572	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$335
Manual therapy 1/> regions	\$3,580	25%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Ot eval mod complex 45 min, CPT® 97166
Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$572
Ot eval mod complex 45 min	\$572	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$100
Speech/hearing therapy	\$205	33%		
Evaluate speech production	\$418	33%		
Whirlpool therapy	\$112	33%		
Therapeutic exercises	\$2,816	33%		
Neuromuscular reeducation	\$326	33%		
Gait training therapy	\$835	33%		
Manual therapy 1/> regions	\$179	33%		
Pt eval mod complex 30 min	\$572	33%		
Therapeutic activities	\$716	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ot eval mod complex 45 min, CPT® 97166

Payer United Healthcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$572
Ot eval mod complex 45 min	\$572	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Ot eval mod complex 45 min, CPT® 97166

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$572
Ot eval mod complex 45 min	\$572	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic activities, CPT® 97530

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$867
Therapeutic activities	\$358	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$189
Therapeutic exercises	\$440	40%		
Manual therapy 1/> regions	\$179	40%		
Pt eval mod complex 30 min	\$572	20%		
Ot eval low complex 30 min	\$509	20%		
Gait training therapy	\$334	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic activities, CPT® 97530

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,068
Therapeutic activities	\$627	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$662
Therapeutic exercises	\$352	100%		
Self care mngment training	\$179	50%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Therapeutic activities, CPT® 97530
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,627
Therapeutic activities	\$269	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$410
Hot or cold packs therapy	\$180	50%		
Therapeutic exercises	\$1,056	50%		
Pt eval low complex 20 min	\$509	50%		
Orthotic mgmt and training	\$608	50%		
Orthc/prostc mgmt sbsq enc	\$363	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic activities, CPT® 97530

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,428
Therapeutic activities	\$537	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$964
Therapeutic exercises	\$792	77%		
Manual therapy 1/> regions	\$179	40%		
Neuromuscular reeducation	\$489	31%		
Gait training therapy	\$501	25%		
Aquatic therapy/exercises	\$918	8%		
Pt eval low complex 20 min	\$509	8%		
Sensory Integration	\$143	6%		
Hot or cold packs therapy	\$90	6%		
Orthc/prostc mgmt sbsq enc	\$121	6%		
Speech/hearing therapy	\$1,743	4%		
Self care mngmnt training	\$1,253	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic activities, CPT® 97530

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$358
Therapeutic activities	\$179	100%	Average Negotiated Charge (Payment) / Visit	\$150
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Therapeutic exercises	\$176	56%		
Manual therapy 1/> regions	\$179	33%		
Neuromuscular reeducation	\$734	22%		
Speech/hearing therapy	\$1,025	11%		
Speech sound lang comprehen	\$557	11%		
Ot eval mod complex 45 min	\$572	11%		
Sensory Integration	\$715	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic activities, CPT® 97530

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,052
Therapeutic activities	\$358	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$450
Therapeutic exercises	\$352	100%		
Neuromuscular reeducation	\$163	33%		
Gait training therapy	\$334	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic activities, CPT® 97530

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,737
Therapeutic activities	\$716	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$715
Therapeutic exercises	\$880	65%		
Neuromuscular reeducation	\$326	35%		
Gait training therapy	\$418	12%		
Cognitive skills development	\$770	12%		
Hot or cold packs therapy	\$90	6%		
Manual therapy 1/> regions	\$358	6%		
Pt eval low complex 20 min	\$509	6%		
Ot eval low complex 30 min	\$509	6%		
Sensory Integration	\$858	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic activities, CPT® 97530

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$10,190
Therapeutic activities	\$716	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Therapeutic exercises	\$4,576	100%		
Neuromuscular reeducation	\$4,564	100%		
Gait training therapy	\$334	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic activities, CPT® 97530

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,253
Therapeutic activities	\$1,074	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$451
Therapeutic exercises	\$1,232	75%		
Manual therapy 1/> regions	\$1,074	50%		
Pt eval low complex 20 min	\$509	25%		
Hot or cold packs therapy	\$90	25%		
Paraffin bath therapy	\$88	25%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic activities, CPT® 97530

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,566
Therapeutic activities	\$269	100%	Average Negotiated Charge (Payment) / Visit	\$1,112
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Whirlpool therapy	\$140	100%		
Manual therapy 1/> regions	\$806	100%		
Therapeutic exercises	\$704	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic activities, CPT® 97530

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,413
Therapeutic activities	\$358	100%	Average Negotiated Charge (Payment) / Visit	\$1,064
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Therapeutic exercises	\$704	59%		
Neuromuscular reeducation	\$326	43%		
Manual therapy 1/> regions	\$358	20%		
Gait training therapy	\$501	10%		
Self care mngmt training	\$1,343	4%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Therapeutic activities, CPT® 97530
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,488
Therapeutic activities	\$448	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$495
Therapeutic exercises	\$1,144	88%		
Gait training therapy	\$334	56%		
Neuromuscular reeducation	\$1,060	38%		
Self care mngmnt training	\$716	25%		
Orthc/prostc mgmt sbsq enc	\$121	13%		
Ot eval mod complex 45 min	\$572	13%		
Manual therapy 1/> regions	\$806	13%		
Pt eval low complex 20 min	\$509	13%		
Pt eval mod complex 30 min	\$572	13%		
Ot eval low complex 30 min	\$509	6%		
Cognitive test by hc pro	\$557	6%		
Hot or cold packs therapy	\$90	6%		
Cognitive skills development	\$1,470	6%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic activities, CPT® 97530

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$999
Therapeutic activities	\$358	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$787
Therapeutic exercises	\$528	61%		
Neuromuscular reeducation	\$163	22%		
Sensory Integration	\$286	21%		
Manual therapy 1/> regions	\$358	13%		
Gait training therapy	\$501	12%		
Speech/hearing therapy	\$410	8%		
Self care mngmt training	\$537	7%		
Cognitive skills development	\$2,114	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Therapeutic activities, CPT® 97530

Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,200
Therapeutic activities	\$1,790	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,672
Speech/hearing therapy	\$410	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Self care mngment training, CPT® 97535

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,673
Self care mngment training	\$537	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$494
Manual therapy 1/> regions	\$2,506	67%		
Therapeutic exercises	\$704	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Self care mngment training, CPT® 97535

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,184
Self care mngment training	\$716	100%	Average Negotiated Charge (Payment) / Visit	\$1,330
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Therapeutic exercises	\$1,672	33%		
Manual therapy 1/> regions	\$3,491	33%		
Therapeutic activities	\$4,296	17%		
Gait training therapy	\$1,670	17%		
Speech/hearing therapy	\$410	17%		
Speech sound lang comprehen	\$557	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Self care mngment training, CPT® 97535

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,931
Self care mngment training	\$269	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,304
Therapeutic exercises	\$352	88%		
Manual therapy 1/> regions	\$1,432	38%		
Therapeutic activities	\$1,074	38%		
Gait training therapy	\$1,086	25%		
Ultrasound therapy	\$190	13%		
Neuromuscular reeducation	\$978	13%		
Orthotic mgmt and training	\$304	13%		
Orthc/prostc mgmt sbsq enc	\$484	13%		
Ot eval low complex 30 min	\$509	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Self care mngment training, CPT® 97535

Payer Harvard Pilgrim

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$358
Self care mngment training	\$358	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Self care mngmt training, CPT® 97535
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$867
Self care mngmt training	\$179	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$176
Hot or cold packs therapy	\$180	33%		
Therapeutic exercises	\$704	33%		
Manual therapy 1/> regions	\$537	33%		
Ot eval low complex 30 min	\$509	33%		
Orthc/prostc mgmt sbsq enc	\$484	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Self care mngment training, CPT® 97535

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,432
Self care mngment training	\$179	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$556
Manual therapy 1/> regions	\$1,253	40%		
Pt eval low complex 20 min	\$509	20%		
Therapeutic activities	\$1,253	20%		
Hot or cold packs therapy	\$540	20%		
Therapeutic exercises	\$1,408	20%		
Neuromuscular reeducation	\$163	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Self care mngment training, CPT® 97535

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$358
Self care mngment training	\$179	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Manual therapy 1/> regions	\$179	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Self care mngment training, CPT® 97535

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$537
Self care mngment training	\$537	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$113

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Self care mngment training, CPT® 97535

Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$358
Self care mngment training	\$358	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Charge Display Self care mngmt training, CPT® 97535
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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$895
Self care mngmt training	\$358	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$173
Manual therapy 1/> regions	\$1,611	50%		
Therapeutic exercises	\$1,408	32%		
Neuromuscular reeducation	\$815	18%		
Gait training therapy	\$1,253	18%		
Therapeutic activities	\$1,522	18%		
Wheelchair mngmt training	\$166	5%		
Orthotic mgmt and training	\$152	5%		
Orthc/prostc mgmt sbsq enc	\$121	5%		
Pt eval mod complex 30 min	\$572	5%		
Hot or cold packs therapy	\$90	5%		
Electric stimulation therapy	\$152	5%		
Whirlpool therapy	\$56	5%		
Electrical stimulation	\$246	5%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Self care mngment training, CPT® 97535

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$716
Self care mngment training	\$537	100%	Average Negotiated Charge (Payment) / Visit	\$577
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Manual therapy 1/> regions	\$2,596	44%		
Therapeutic exercises	\$264	22%		
Therapeutic activities	\$358	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Rmvl devital tis 20 cm/<, CPT® 97597

Payer Connecticcare Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$10,889
Rmvl devital tis 20 cm/<	\$560	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$6,786
Glucose blood test	\$189	100%		
Hbot, full body chamber, 30m	\$10,140	100%		

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Hospital Name Danbury Hospital
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Charge Display Rmvl devital tis 20 cm/<, CPT® 97597
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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$560
Rmvl devital tis 20 cm/<	\$560	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Rmvl devital tis 20 cm/<, CPT® 97597

Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$665
Rmvl devital tis 20 cm/<	\$560	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$205
Chemical cautery tissue	\$210	50%		

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Hospital Name Danbury Hospital

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Charge Display Rmvl devital tis 20 cm/<, CPT® 97597

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$560
Rmvl devital tis 20 cm/<	\$560	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$560
Rmvl devital tis 20 cm/<	\$560	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$204

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Charge Display Rmvl devital tis 20 cm/&, CPT® 97597
Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$560
Rmvl devital tis 20 cm/<	\$560	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$204
Rmvl devital tis addl 20cm/<	\$560	10%		
Office/outpatient visit est	\$189	10%		
Office/outpatient visit est	\$234	10%		
Office/outpatient visit est	\$330	10%		

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Hospital Name Danbury Hospital

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Charge Display Rmvl devital tis 20 cm/<, CPT® 97597

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$560
Rmvl devital tis 20 cm/<	\$560	100%	Average Negotiated Charge (Payment) / Visit	\$378
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$36	13%		
Comprehensive metabolic panel	\$38	13%		
Lipid panel	\$71	13%		
Microalbumin quantitative	\$176	13%		
Assay of urine creatinine	\$140	13%		
Glycosylated hemoglobin test	\$113	13%		
Immunoassay nonantibody	\$35	13%		
Islet cell antibody	\$147	13%		
Office/outpatient visit est	\$234	13%		
Office/outpatient visit est	\$277	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Rmvl devital tis 20 cm/<, CPT® 97597

Payer United Healthcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$560
Rmvl devital tis 20 cm/<	\$560	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$406
Office/outpatient visit est	\$234	14%		
Office/outpatient visit est	\$330	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Rmvl devital tis 20 cm/<, CPT® 97597

Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$4,480
Rmvl devital tis 20 cm/<	\$560	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$3,405
Rmvl devital tis addl 20cm/<	\$3,920	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Physical performance test, CPT® 97750
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$306
Physical performance test	\$306	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Medical nutrition indiv in, CPT® 97802
Payer Cigna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$216
Medical nutrition indiv in	\$216	100%	Average Negotiated Charge (Payment) / Visit	\$126
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	2%		
Urinalysis auto w/o scope	\$7	2%		
Assay iga/igd/igg/igm each	\$276	2%		
Assay of ige	\$50	2%		
Assay nephelometry not spec	\$180	2%		
Assay of protein serum	\$29	2%		
Assay of protein urine	\$29	2%		
Protein e-phoresis serum	\$59	2%		
Prothrombin time	\$25	2%		
Thromboplastin time partial	\$52	2%		
Immunoassay infectious agent	\$5	2%		
Immunfix e-phorsis/urine/csf	\$173	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Medical nutrition indiv in, CPT® 97802

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$288
Medical nutrition indiv in	\$288	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$182

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Medical nutrition indiv in, CPT® 97802

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$216
Medical nutrition indiv in	\$216	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$146

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Medical nutrition indiv in, CPT® 97802
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$288
Medical nutrition indiv in	\$288	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$181

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Medical nutrition indiv in, CPT® 97802

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$288
Medical nutrition indiv in	\$288	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$147

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Medical nutrition indiv in, CPT® 97802
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$216
Medical nutrition indiv in	\$216	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$157

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Medical nutrition indiv in, CPT® 97802
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$216
Medical nutrition indiv in	\$216	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$111

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Medical nutrition indiv in, CPT® 97802

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$288
Medical nutrition indiv in	\$288	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$148

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Medical nutrition indiv in, CPT® 97802
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$288
Medical nutrition indiv in	\$288	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$151

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Medical nutrition indiv in, CPT® 97802

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$144
Medical nutrition indiv in	\$144	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Medical nutrition indiv in, CPT® 97802

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$216
Medical nutrition indiv in	\$216	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$142

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Medical nutrition indiv in, CPT® 97802
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$288
Medical nutrition indiv in	\$288	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$182

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Medical nutrition indiv in, CPT® 97802
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$288
Medical nutrition indiv in	\$288	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$148

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Medical nutrition indiv in, CPT® 97802

Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$288
Medical nutrition indiv in	\$288	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Med nutrition indiv subseq, CPT® 97803
Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$62
Med nutrition indiv subseq	\$62	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$42

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Med nutrition indiv subseq, CPT® 97803
Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$93
Med nutrition indiv subseq	\$93	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$55

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Med nutrition indiv subseq, CPT® 97803
Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$124
Med nutrition indiv subseq	\$124	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$78

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Med nutrition indiv subseq, CPT® 97803
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$62
Med nutrition indiv subseq	\$62	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$31

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Med nutrition indiv subseq, CPT® 97803
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$62
Med nutrition indiv subseq	\$62	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$32

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Med nutrition indiv subseq, CPT® 97803
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$62
Med nutrition indiv subseq	\$62	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$36

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Med nutrition indiv subseq, CPT® 97803
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$124
Med nutrition indiv subseq	\$124	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$62

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Med nutrition indiv subseq, CPT® 97803
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$62
Med nutrition indiv subseq	\$62	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$39

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Med nutrition indiv subseq, CPT® 97803
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$62
Med nutrition indiv subseq	\$62	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$31

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Med nutrition indiv subseq, CPT® 97803
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$62
Med nutrition indiv subseq	\$62	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$32

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Med nutrition indiv subseq, CPT® 97803
Payer Anthem

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$62
Med nutrition indiv subseq	\$62	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$41

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Med nutrition indiv subseq, CPT® 97803
Payer Connecticcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$124
Med nutrition indiv subseq	\$124	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$78

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Med nutrition indiv subseq, CPT® 97803
Payer Empire Blue Cross

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$124
Med nutrition indiv subseq	\$124	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Med nutrition indiv subseq, CPT® 97803
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$62
Med nutrition indiv subseq	\$62	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$45

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Office/outpatient visit new, CPT® 99203
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$354
Office/outpatient visit new	\$354	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.	

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Office/outpatient visit new, CPT® 99203
Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$354
Office/outpatient visit new	\$354	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$206

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit new, CPT® 99203

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$354
Office/outpatient visit new	\$354	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Office/outpatient visit new, CPT® 99203
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$354
Office/outpatient visit new	\$354	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.	

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit new, CPT® 99203

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$354
Office/outpatient visit new	\$354	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.	

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Office/outpatient visit new, CPT® 99203
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$354
Office/outpatient visit new	\$354	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.	

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Office/outpatient visit new, CPT® 99203
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$978
Office/outpatient visit new	\$354	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Genetic counseling 30 min	\$624	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit new, CPT® 99203

Payer Anthem

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$354
Office/outpatient visit new	\$354	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$232

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Office/outpatient visit new, CPT® 99203
Payer United Healthcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$354
Office/outpatient visit new	\$354	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$257

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit new, CPT® 99204

Payer United Healthcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$512
Office/outpatient visit new	\$512	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit new, CPT® 99205

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$999
Office/outpatient visit new	\$645	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.	
Office/outpatient visit new	\$354	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99211

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$164
Office/outpatient visit est	\$164	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99211

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$209
Office/outpatient visit est	\$164	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$116
Capillary blood draw	\$20	100%		
Prothrombin time	\$25	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Office/outpatient visit est, CPT® 99211
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$209
Office/outpatient visit est	\$164	100%	Average Negotiated Charge (Payment) / Visit	\$4
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Capillary blood draw	\$20	82%		
Prothrombin time	\$25	80%		
Office/outpatient visit est	\$189	3%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Office/outpatient visit est, CPT® 99211
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$209
Office/outpatient visit est	\$164	100%	Average Negotiated Charge (Payment) / Visit	\$4
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Capillary blood draw	\$20	81%		
Prothrombin time	\$25	81%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99211

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$209
Office/outpatient visit est	\$164	100%	Average Negotiated Charge (Payment) / Visit	\$112
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Capillary blood draw	\$20	73%		
Prothrombin time	\$25	73%		
Office/outpatient visit est	\$189	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99211

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$209
Office/outpatient visit est	\$164	100%	Average Negotiated Charge (Payment) / Visit	\$132
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Capillary blood draw	\$20	74%		
Prothrombin time	\$25	74%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Office/outpatient visit est, CPT® 99211
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$209
Office/outpatient visit est	\$164	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$112
Capillary blood draw	\$20	58%		
Prothrombin time	\$25	58%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Office/outpatient visit est, CPT® 99211
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$209
Office/outpatient visit est	\$164	100%	Average Negotiated Charge (Payment) / Visit	\$4
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Capillary blood draw	\$20	82%		
Prothrombin time	\$25	80%		
Hemoglobin	\$29	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99211

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$209
Office/outpatient visit est	\$164	100%	Average Negotiated Charge (Payment) / Visit	\$103
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Capillary blood draw	\$20	70%		
Prothrombin time	\$25	70%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99211

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$209
Office/outpatient visit est	\$164	100%	Average Negotiated Charge (Payment) / Visit	\$112
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Capillary blood draw	\$20	89%		
Prothrombin time	\$25	89%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99211

Payer Anthem Tiered

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$209
Office/outpatient visit est	\$164	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$108
Capillary blood draw	\$20	100%		
Prothrombin time	\$25	100%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Office/outpatient visit est, CPT® 99211
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$187
Office/outpatient visit est	\$164	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$4
Capillary blood draw	\$20	50%		
Prothrombin time	\$25	50%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99211

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$209
Office/outpatient visit est	\$164	100%	Average Negotiated Charge (Payment) / Visit	\$117
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Capillary blood draw	\$20	67%		
Prothrombin time	\$25	65%		
Hemoglobin	\$29	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Office/outpatient visit est, CPT® 99211
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$209
Office/outpatient visit est	\$164	100%	Average Negotiated Charge (Payment) / Visit	\$4
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Capillary blood draw	\$20	90%		
Prothrombin time	\$25	88%		
Office/outpatient visit est	\$234	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99211

Payer Multiplan

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$627
Office/outpatient visit est	\$492	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$477
Capillary blood draw	\$80	67%		
Prothrombin time	\$100	67%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99211

Payer United Healthcare

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$209
Office/outpatient visit est	\$164	100%	Average Negotiated Charge (Payment) / Visit	\$130
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Capillary blood draw	\$20	63%		
Prothrombin time	\$25	63%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99212

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$189
Office/outpatient visit est	\$189	100%	Average Negotiated Charge (Payment) / Visit	\$119
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Capillary blood draw	\$30	40%		
Prothrombin time	\$38	40%		
Office/outpatient visit est	\$328	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99212

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$189
Office/outpatient visit est	\$189	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$117

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99212

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$189
Office/outpatient visit est	\$189	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$119
Comprehen metabolic panel	\$38	7%		
Complete cbc w/auto diff wbc	\$52	7%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Office/outpatient visit est, CPT® 99212
Payer Cigna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$189
Office/outpatient visit est	\$189	100%	Average Negotiated Charge (Payment) / Visit	\$110
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Capillary blood draw	\$30	14%		
Prothrombin time	\$38	14%		
Office/outpatient visit est	\$164	7%		
Urinalysis auto w/scope	\$26	7%		
Urine culture/culture count	\$74	5%		
Assay blood carbon dioxide	\$35	2%		
Assay of blood chloride	\$35	2%		
Assay of creatinine	\$31	2%		
Assay glucose blood quant	\$30	2%		
Assay alkaline phosphatase	\$31	2%		
Assay of serum potassium	\$35	2%		
Assay of protein urine	\$29	2%		
Assay of serum sodium	\$35	2%		
Alanine amino (ALT) (SGPT)	\$42	2%		
Assay of urea nitrogen	\$31	2%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99212

Payer United BH

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$189
Office/outpatient visit est	\$189	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99212

Payer Cigna BH

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$189
Office/outpatient visit est	\$189	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$125

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Office/outpatient visit est, CPT® 99212
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$189
Office/outpatient visit est	\$189	100%	Average Negotiated Charge (Payment) / Visit	\$16
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Routine venipuncture	\$18	33%		
Complete cbc w/auto diff wbc	\$52	33%		
C-reactive protein	\$113	33%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99212

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$189
Office/outpatient visit est	\$189	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99212

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$189
Office/outpatient visit est	\$189	100%	Average Negotiated Charge (Payment) / Visit	\$119
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Capillary blood draw	\$40	13%		
Prothrombin time	\$50	13%		
Office/outpatient visit est	\$328	7%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Office/outpatient visit est, CPT® 99212
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$189
Office/outpatient visit est	\$189	100%	Average Negotiated Charge (Payment) / Visit	\$4
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Capillary blood draw	\$20	7%		
Prothrombin time	\$25	7%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99212

Payer Value Options BH

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$189
Office/outpatient visit est	\$189	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99212

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$189
Office/outpatient visit est	\$189	100%	Average Negotiated Charge (Payment) / Visit	\$4
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Capillary blood draw	\$20	22%		
Prothrombin time	\$25	22%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Office/outpatient visit est, CPT® 99212
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$189
Office/outpatient visit est	\$189	100%	Average Negotiated Charge (Payment) / Visit	\$4
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Capillary blood draw	\$20	15%		
Prothrombin time	\$25	15%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99212

Payer Aetna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$189
Office/outpatient visit est	\$189	100%	Average Negotiated Charge (Payment) / Visit	\$128
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Capillary blood draw	\$20	16%		
Prothrombin time	\$25	16%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99212

Payer Aetna BH

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$189
Office/outpatient visit est	\$189	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$106

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99212

Payer Medicaid-Other

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$189
Office/outpatient visit est	\$189	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$19

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99212

Payer Anthem

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$189
Office/outpatient visit est	\$189	100%	Average Negotiated Charge (Payment) / Visit	\$124
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Capillary blood draw	\$20	16%		
Prothrombin time	\$25	16%		
Complete cbc w/auto diff wbc	\$52	2%		
General supporting services	\$530	2%		
Routine venipuncture	\$18	2%		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Office/outpatient visit est, CPT® 99212
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$189
Office/outpatient visit est	\$189	100%	Average Negotiated Charge (Payment) / Visit	\$4
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Capillary blood draw	\$20	13%		
Prothrombin time	\$25	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99212

Payer Multiplan

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$189
Office/outpatient visit est	\$189	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office/outpatient visit est, CPT® 99212

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$189
Office/outpatient visit est	\$189	100%	Average Negotiated Charge (Payment) / Visit	\$137
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Capillary blood draw	\$20	15%		
Prothrombin time	\$25	15%		
Culture othr specimn aerobic	\$80	3%		
Cultr bacteria except blood	\$97	3%		
Urinalysis auto w/scope	\$26	3%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office consultation, CPT® 99243

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$469
Office consultation	\$469	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.	

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Office consultation, CPT® 99243
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$469
Office consultation	\$469	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.	

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Office consultation, CPT® 99243
Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$469
Office consultation	\$469	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.	

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office consultation, CPT® 99243

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$469
Office consultation	\$469	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office consultation, CPT® 99243

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$469
Office consultation	\$469	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$294

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office consultation, CPT® 99243

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$469
Office consultation	\$469	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Office consultation, CPT® 99243
Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$469
Office consultation	\$469	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %	*As a result of payer terms and/or patient claim volumes, additional information could be needed in order to provide a more accurate expected payment.	

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office consultation, CPT® 99243

Payer Anthem

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$469
Office consultation	\$469	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$308

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office consultation, CPT® 99243

Payer Aetna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$469
Office consultation	\$469	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$317

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office consultation, CPT® 99243

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$469
Office consultation	\$469	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$274

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Office consultation, CPT® 99243
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$469
Office consultation	\$469	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$296

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Office consultation, CPT® 99243
Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$469
Office consultation	\$469	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$340

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office consultation, CPT® 99244

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$661
Office consultation	\$661	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Office consultation, CPT® 99244
Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$661
Office consultation	\$661	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$417

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Office consultation, CPT® 99244

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$661
Office consultation	\$661	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display TTE w or wo fol wcon,Doppler, CPT® C8929

Payer Aetna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,458
TTE w or wo fol wcon,Doppler	\$2,319	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$2,195
Assay blood carbon dioxide	\$53	27%		
Assay of blood chloride	\$53	27%		
Assay of creatinine	\$47	27%		
Assay glucose blood quant	\$45	27%		
Assay of serum potassium	\$53	27%		
Assay of serum sodium	\$53	27%		
Assay of troponin quant	\$142	27%		
Assay of urea nitrogen	\$47	27%		
Complete cbc w/auto diff wbc	\$52	27%		
Electrocardiogram tracing	\$383	27%		
Emergency dept visit	\$2,578	27%		
General supporting services	\$62	27%		
Routine venipuncture	\$27	27%		
Assay of calcium	\$30	20%		
Assay of magnesium	\$49	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display TTE w or wo fol wcon,Doppler, CPT® C8929

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,458
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,847
TTE w or wo fol wcon,Doppler	\$2,319	100%		
Ct soft tissue neck w/dye	\$2,117	11%		
Bilirubin total	\$63	11%		
Assay blood carbon dioxide	\$35	11%		
Assay of blood chloride	\$35	11%		
Assay of creatinine	\$31	11%		
Assay glucose blood quant	\$30	11%		
Assay alkaline phosphatase	\$31	11%		
Assay of serum potassium	\$35	11%		
Assay of serum sodium	\$35	11%		
Assay thyroid stim hormone	\$81	11%		
Alanine amino (ALT) (SGPT)	\$42	11%		
Assay of troponin quant	\$213	11%		
Assay of urea nitrogen	\$31	11%		
Chorionic gonadotropin assay	\$97	11%		
Complete cbc w/auto diff wbc	\$52	11%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display TTE w or wo fol wcon,Doppler, CPT® C8929

Payer Anthem Exchange

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,458
TTE w or wo fol wcon,Doppler	\$2,319	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display TTE w or wo fol wcon,Doppler, CPT® C8929

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,458
TTE w or wo fol wcon,Doppler	\$2,319	100%	Average Negotiated Charge (Payment) / Visit	\$1,172
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Bilirubin total	\$63	14%		
Assay blood carbon dioxide	\$70	14%		
Assay of blood chloride	\$70	14%		
Assay bld/serum cholesterol	\$29	14%		
Assay of creatinine	\$62	14%		
Assay glucose blood quant	\$60	14%		
Assay of lipoprotein	\$71	14%		
Assay alkaline phosphatase	\$31	14%		
Assay of serum potassium	\$70	14%		
Assay of serum sodium	\$70	14%		
Alanine amino (ALT) (SGPT)	\$42	14%		
Assay of triglycerides	\$44	14%		
Assay of urea nitrogen	\$62	14%		
Complete cbc w/auto diff wbc	\$104	14%		
Ecg monit/reprt up to 48 hrs	\$654	14%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display TTE w or wo fol wcon,Doppler, CPT® C8929

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,404
TTE w or wo fol wcon,Doppler	\$2,319	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$799

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display TTE w or wo fol wcon,Doppler, CPT® C8929
Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,458
TTE w or wo fol wcon,Doppler	\$2,319	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$799
General supporting services	\$40	22%		
Routine venipuncture	\$27	22%		
Assay blood carbon dioxide	\$35	22%		
Assay of blood chloride	\$35	22%		
Assay of creatinine	\$31	22%		
Assay glucose blood quant	\$30	22%		
Assay of serum potassium	\$35	22%		
Assay of serum sodium	\$35	22%		
Assay of troponin quant	\$142	22%		
Assay of urea nitrogen	\$31	22%		
Complete cbc w/auto diff wbc	\$52	22%		
Electrocardiogram tracing	\$255	22%		
Hydrate iv infusion add-on	\$3,234	22%		
Emergency dept visit	\$2,578	22%		
Hospital observation per hr	\$3,658	22%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display TTE w or wo fol wcon,Doppler, CPT® C8929

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,673
TTE w or wo fol wcon,Doppler	\$2,319	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,463
Remote 30 day ecg rev/report	\$538	50%		

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Hospital Name Danbury Hospital

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Charge Display TTE w or wo fol wcon,Doppler, CPT® C8929

Payer United Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,458
TTE w or wo fol wcon,Doppler	\$2,319	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$799
Ct head/brain w/o dye	\$1,454	18%		
Bilirubin total	\$63	18%		
Assay blood carbon dioxide	\$70	18%		
Assay of blood chloride	\$70	18%		
Assay bld/serum cholesterol	\$29	18%		
Assay of creatinine	\$62	18%		
Assay glucose blood quant	\$45	18%		
Assay of lipoprotein	\$71	18%		
Assay alkaline phosphatase	\$31	18%		
Assay of serum potassium	\$70	18%		
Assay of serum sodium	\$70	18%		
Alanine amino (ALT) (SGPT)	\$42	18%		
Assay of triglycerides	\$44	18%		
Assay of urea nitrogen	\$62	18%		
Complete cbc w/auto diff wbc	\$52	18%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display TTE w or wo fol wcon,Doppler, CPT® C8929

Payer Connecticcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,458
TTE w or wo fol wcon,Doppler	\$2,319	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display TTE w or wo fol wcon,Doppler, CPT® C8929
Payer Aetna Medicare Managed Care

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,458
TTE w or wo fol wcon,Doppler	\$2,319	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$803
General supporting services	\$203	15%		
Routine venipuncture	\$27	15%		
Assay blood carbon dioxide	\$53	15%		
Assay of blood chloride	\$53	15%		
Assay of creatinine	\$47	15%		
Assay glucose blood quant	\$30	15%		
Assay of serum potassium	\$53	15%		
Assay of serum sodium	\$53	15%		
Assay of troponin quant	\$178	15%		
Assay of urea nitrogen	\$47	15%		
Complete cbc w/auto diff wbc	\$52	15%		
Electrocardiogram tracing	\$383	15%		
Hydrate iv infusion add-on	\$2,352	15%		
Emergency dept visit	\$2,578	15%		
Hospital observation per hr	\$4,908	15%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display TTE w or wo fol wcon,Doppler, CPT® C8929

Payer Cigna

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$3,982
TTE w or wo fol wcon,Doppler	\$2,319	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,897
General supporting services	\$423	18%		
Routine venipuncture	\$18	18%		
3d render w/intrp postproces	\$524	18%		
Assay blood carbon dioxide	\$88	18%		
Assay of blood chloride	\$88	18%		
Assay of creatinine	\$78	18%		
Assay glucose blood quant	\$75	18%		
Glucose blood test	\$99	18%		
Assay of natriuretic peptide	\$134	18%		
Assay of serum potassium	\$88	18%		
Assay of serum sodium	\$88	18%		
Assay of urea nitrogen	\$78	18%		
Complete cbc w/auto diff wbc	\$130	18%		
Electrocardiogram tracing	\$510	18%		
Emergency dept visit	\$2,578	18%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Hbot, full body chamber, 30m, CPT® G0277

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$6,399
Hbot, full body chamber, 30m	\$6,084	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*
Glucose blood test	\$126	100%		
Office/outpatient visit est	\$189	100%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Hbot, full body chamber, 30m, CPT® G0277

Payer Anthem

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$9,477
Hbot, full body chamber, 30m	\$9,126	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$6,149
Glucose blood test	\$162	100%		
Office/outpatient visit est	\$189	50%		
Office/outpatient visit est	\$234	17%		
Culture othr specimn aerobic	\$80	17%		
Culture Aerobic Identify	\$172	17%		
Microbe susceptible mic	\$70	17%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Hbot, full body chamber, 30m, CPT® G0277

Payer United Healthcare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$8,112
Hbot, full body chamber, 30m	\$8,112	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$5,879

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Hbot, full body chamber, 30m, CPT® G0277

Payer Aetna

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$10,329
Hbot, full body chamber, 30m	\$10,140	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$6,975
Office/outpatient visit est	\$189	60%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Home sleep test/type 3 porta, CPT® G0399

Payer Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$654
Home sleep test/type 3 porta	\$654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$157

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Home sleep test/type 3 porta, CPT® G0399
Payer Wellcare Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$687
Home sleep test/type 3 porta	\$687	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Home sleep test/type 3 porta, CPT® G0399

Payer Aetna Whole Health

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$654
Home sleep test/type 3 porta	\$654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$483

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Home sleep test/type 3 porta, CPT® G0399

Payer Anthem Exchange

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$687
Home sleep test/type 3 porta	\$687	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$431

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Home sleep test/type 3 porta, CPT® G0399

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$687
Home sleep test/type 3 porta	\$687	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$533

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Home sleep test/type 3 porta, CPT® G0399

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$687
Home sleep test/type 3 porta	\$687	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$433
Med nutrition indiv subseq	\$62	20%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Home sleep test/type 3 porta, CPT® G0399

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$687
Home sleep test/type 3 porta	\$687	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$401

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Home sleep test/type 3 porta, CPT® G0399

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$687
Home sleep test/type 3 porta	\$687	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$157

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Home sleep test/type 3 porta, CPT® G0399

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$687
Home sleep test/type 3 porta	\$687	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$425

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Home sleep test/type 3 porta, CPT® G0399

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$654
Home sleep test/type 3 porta	\$654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$158

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Home sleep test/type 3 porta, CPT® G0399

Payer Harvard Pilgrim

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$654
Home sleep test/type 3 porta	\$654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$405

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Home sleep test/type 3 porta, CPT® G0399

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$654
Home sleep test/type 3 porta	\$654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$157

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Home sleep test/type 3 porta, CPT® G0399

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$687
Home sleep test/type 3 porta	\$687	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$451

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Home sleep test/type 3 porta, CPT® G0399

Payer Multiplan

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$654
Home sleep test/type 3 porta	\$654	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$497

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Home sleep test/type 3 porta, CPT® G0399

Payer Aetna

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$687
Home sleep test/type 3 porta	\$687	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$552

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Home sleep test/type 3 porta, CPT® G0399

Payer United BH

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$654
Home sleep test/type 3 porta	\$654	100%	Average Negotiated Charge (Payment) / Visit	*
Supporting Service Description	Average Gross Charges	Patient Utilization %		

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pulmonary rehab w exer, CPT® G0424

Payer Aetna Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,448
Pulmonary rehab w exer	\$2,448	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$389
Therapeutic exercises	\$352	10%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pulmonary rehab w exer, CPT® G0424

Payer Anthem

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,448
Pulmonary rehab w exer	\$2,448	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

We hope that you find the information in this report helpful, however, it is always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Please recognize that this information does not represent any binding agreement or obligation between parties but is intended to be used for informational purposes. Your specific costs might be higher or lower depending on actual services rendered, as well as, the accompanying costs for physician/professional services as these are not included in this estimate. Each patient is responsible for the financial obligations and pre-authorizations as required by their insurance coverage so discussions with insurance or hospital representatives is highly encouraged prior to care.

Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pulmonary rehab w exer, CPT® G0424

Payer Cigna

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$612
Pulmonary rehab w exer	\$612	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$357

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pulmonary rehab w exer, CPT® G0424

Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

The charge profile below details the primary procedure and other common additional services that might accompany your visit. Often your visit will only include your primary service. Other times, the primary service might be accompanied by supporting services. You can see the percentage of times patients typically utilize these additional services.

UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,040
Pulmonary rehab w exer	\$2,040	100%	Average Negotiated Charge (Payment) / Visit	\$323
Supporting Service Description	Average Gross Charges	Patient Utilization %		
Office/outpatient visit est	\$246	8%		
Capillary blood draw	\$40	4%		
Assay blood carbon dioxide	\$35	4%		
Assay of blood chloride	\$35	4%		
Assay of creatinine	\$31	4%		
Assay glucose blood quant	\$30	4%		
Assay of serum potassium	\$35	4%		
Assay of serum sodium	\$35	4%		
Assay of urea nitrogen	\$31	4%		
Prothrombin time	\$50	4%		
Group therapeutic procedures	\$86	4%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pulmonary rehab w exer, CPT® G0424

Payer Anthem Managed Medicare

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,040
Pulmonary rehab w exer	\$2,040	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$323
Office/outpatient visit est	\$164	13%		

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pulmonary rehab w exer, CPT® G0424

Payer Connecticcare Exchange

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$2,448
Pulmonary rehab w exer	\$2,448	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,545

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pulmonary rehab w exer, CPT® G0424

Payer United Healthcare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,836
Pulmonary rehab w exer	\$1,836	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,331

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Pulmonary rehab w exer, CPT® G0424

Payer Connecticcare

UNDERSTANDING YOUR VISIT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$1,836
Pulmonary rehab w exer	\$1,836	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$1,159

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Hospital Name Danbury Hospital

Prices Posted & Effective 1/1/2021

Charge Display Hospital outpt clinic visit, CPT® G0463

Payer Anthem Managed Medicare

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The information below will help you understand the **estimated payment** for your visit. Your specific out of pocket responsibility would be a portion of the "average payment" amount based on your specific plan coverage and year to date expenditures.

Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$164
Hospital outpt clinic visit	\$164	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	*

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Hospital Name Danbury Hospital
Prices Posted & Effective 1/1/2021
Charge Display Hospital outpt clinic visit, CPT® G0463
Payer United Medicare Managed Care

UNDERSTANDING YOUR VISIT

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UNDERSTANDING YOUR PAYMENT

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Main Service Description	Average Gross Charges	Patient Utilization %	Average Gross Charge / Visit	\$213
Hospital outpt clinic visit	\$189	100%		
Supporting Service Description	Average Gross Charges	Patient Utilization %	Average Negotiated Charge (Payment) / Visit	\$134
Capillary blood draw	\$20	38%		
Hemoglobin	\$29	31%		
Prothrombin time	\$25	8%		
Chemo hormon antineopl sq/im	\$557	8%		

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