

**Monadnock Community Hospital Cost of Common Procedures**

<b>Laboratory Services</b>	<b>Estimated Facility Price</b>	<b>Estimated Professional Fees</b>	<b>Total</b>	<b>Estimated Self Pay Price</b>
BASIC METABOLIC PANEL (80048)	\$97.00	N/A	\$97.00	\$63.00
BLOOD DRAW (36415)	\$24.00	N/A	\$24.00	\$16.00
COMPLETE BLOOD COUNT CBC (85025)	\$84.00	N/A	\$84.00	\$55.00
COMPREHENSIVE METABOLIC PANEL (80053)	\$138.00	N/A	\$138.00	\$90.00
C-REACTIVE PROTEIN (CRP) (86140)	\$106.00	N/A	\$106.00	\$69.00
CREATININE, BLOOD (82565)	\$93.00	N/A	\$93.00	\$60.00
CULTURE STREP A (87081)	\$33.00	N/A	\$33.00	\$21.00
FERRITIN (82728)	\$102.00	N/A	\$102.00	\$66.00
GLYCOHEMOGLOBIN A1C (83036)	\$52.00	N/A	\$52.00	\$34.00
IRON (83540)	\$118.00	N/A	\$118.00	\$77.00
LIPID PANEL (80061)	\$145.00	N/A	\$145.00	\$94.00
MAGNESIUM (83735)	\$88.00	N/A	\$88.00	\$57.00
PROTHROMBIN TIME (85610)	\$55.00	N/A	\$55.00	\$36.00
PROSTATE SPECIFIC ANTIGEN (PSA) (84153)	\$145.00	N/A	\$145.00	\$94.00
SEDIMENTATION RATE (85652)	\$58.00	N/A	\$58.00	\$38.00
FREE T4 (84439)	\$125.00	N/A	\$125.00	\$81.00
URINALYSIS W/O MICROSCOPE (81003)	\$29.00	N/A	\$29.00	\$19.00
URINE MICROSCOPIC (81015)	\$14.00	N/A	\$14.00	\$9.00
TOX SCREEN URINE CLASS A (80306)	\$746.00	N/A	\$746.00	\$485.00
VITAMIN D 25-HYDROXY (82306)	\$216.00	N/A	\$216.00	\$140.00

<b>Radiology Services</b>	<b>Estimated Facility Price</b>	<b>Estimated Professional Fees</b>	<b>Total</b>	<b>Estimated Self Pay Price</b>
MAMMO SCREENING 3D	\$553.00	N/A	\$553.00	\$359.00
CT ABD W/CONTRAST (74160)	\$2,316.00	N/A	\$2,316.00	\$1,505.00
CT ABD AND PELVIS W/CONTRAST (74177)	\$4,598.00	N/A	\$4,598.00	\$2,989.00
CT ABD AND PELVIS W/O CONTRAST (74176)	\$4,172.00	N/A	\$4,172.00	\$2,712.00
CT ANGIOGRAPHY CHEST (71275)	\$2,757.00	N/A	\$2,757.00	\$1,792.00
CT CHEST W/CONTRAST (71260)	\$2,301.00	N/A	\$2,301.00	\$1,496.00
CT HEAD W/O CONTRAST (70450)	\$1,829.00	N/A	\$1,829.00	\$1,189.00
ABDOMEN 2 VIEWS (74019)	\$540.00	N/A	\$540.00	\$351.00
ABDOMEN 2 VIEWS W/PA CHEST (74022)	\$583.00	N/A	\$583.00	\$379.00
ABDOMEN 1 VIEW (74018)	\$460.00	N/A	\$460.00	\$299.00
BONE MINERAL DENSITY (BMD) (77080)	\$607.00	N/A	\$607.00	\$395.00
CERVICAL SPINE LTD 2 OR 3VIEWS (72040)	\$302.00	N/A	\$302.00	\$196.00
CHEST 2 VIEWS (71046)	\$570.00	N/A	\$570.00	\$371.00

FOOT COMP MIN 3VIEWS (73630)	\$452.00	N/A	\$452.00	\$294.00
HAND COMP LT MIN 3VIEW (73130)	\$421.00	N/A	\$421.00	\$274.00
HIP 2 VIEW WITH AP PELVIS (73502)	\$593.00	N/A	\$593.00	\$385.00
KNEE COMP MIN 3VIEWS (73562)	\$565.00	N/A	\$565.00	\$367.00
LUMBAR SPINE LTD 2 OR 3VIEWS (72100)	\$312.00	N/A	\$312.00	\$203.00
SHOULDER COMP MIN 2VIEWS (73030)	\$645.00	N/A	\$645.00	\$419.00
MR BRAIN W/O CONTRAST (70551)	\$2,875.00	N/A	\$2,875.00	\$1,869.00
MR JOINT LWR EXT W/O CONTRAST (73721)	\$2,771.00	N/A	\$2,771.00	\$1,801.00
MR JOINT UPR EXT W/O CONTRAST (73221)	\$2,771.00	N/A	\$2,771.00	\$1,801.00
MR L SPINE W/O CONTRAST (72148)	\$3,079.00	N/A	\$3,079.00	\$2,001.00
MRA HEAD W AND W/O CONTRAST (70546)	\$2,578.00	N/A	\$2,578.00	\$1,676.00
MRA NECK W/CONTRAST (70548)	\$2,578.00	N/A	\$2,578.00	\$1,676.00
UPPER GI W/AIR CONTRAST (74246)	\$1,134.00	N/A	\$1,134.00	\$737.00
NUCLEAR MED BONE SCAN WHOLE BODY (78306)	\$1,490.00	N/A	\$1,490.00	\$969.00
US ABDOMEN COMPLETE SCAN (76700)	\$1,183.00	N/A	\$1,183.00	\$769.00
US ABDOMEN LIMIT SCAN (76705)	\$642.00	N/A	\$642.00	\$417.00
US BIOPSY BREAST (19083)	\$2,644.00	N/A	\$2,644.00	\$1,719.00
US BREAST LIMITED (76642)	\$360.00	N/A	\$360.00	\$234.00
US LEG VEINS (93971)	\$1,012.00	N/A	\$1,012.00	\$658.00
US PELVIS SCAN (76856)	\$821.00	N/A	\$821.00	\$534.00

**Emergency Department Services**

	<b>Estimated Facility Price</b>	<b>Estimated Professional Fees</b>	<b>Total</b>	<b>Estimated Self Pay Price</b>
ED LEVEL I (99281)	\$214.00	N/A	\$214.00	\$139.00
ED LEVEL II (99282)	\$393.00	N/A	\$393.00	\$255.00
ED LEVEL III (99283)	\$577.00	N/A	\$577.00	\$375.00
ED LEVEL IV (99284)	\$806.00	N/A	\$806.00	\$524.00
ED LEVEL V (99285)	\$1,347.00	N/A	\$1,347.00	\$876.00
CRITICAL CARE (99291)	\$1,621.00	N/A	\$1,621.00	\$1,054.00
CRITICAL CARE ADDTL 30 MIN (99292)	\$827.00	N/A	\$827.00	\$538.00
ER VISIT LIMITED/MINOR (99281)	N/A	\$72.00	\$72.00	\$47.00
ER VISIT LOW/MOD SEVERITY (99282)	N/A	\$122.00	\$122.00	\$79.00
ER VISIT MODERATE SEVERITY (99283)	N/A	\$233.00	\$233.00	\$151.00
ER VISIT MOD/HIGH SEVERITY (99284)	N/A	\$359.00	\$359.00	\$233.00
ER VISIT HIGH SEVERITY (99285)	N/A	\$564.00	\$564.00	\$367.00
CRITICAL CARE (99291)	N/A	\$853.00	\$853.00	\$554.00
CRIT CARE EA ADDL 30 MIN (99292)	N/A	\$334.00	\$334.00	\$217.00

<b>Cardiology Services</b>	<b>Estimated Facility Price</b>	<b>Estimated Professional Fees</b>	<b>Total</b>	<b>Estimated Self Pay Price</b>
EKG Complete (93000)	\$186.00	\$26.00	\$212.00	\$138.00
STRESS TEST (93017)	\$1,210.00	N/A	\$1,210.00	\$787.00
NUCLEAR MED STRESS TEST (MIBI)	5,277.00	N/A	\$5,277.00	\$3,430.00
US ECHO COMPLETE	1,972.00	N/A	\$1,972.00	\$1,282.00
US STRESS ECHO	2,965.00	N/A	\$2,965.00	\$1,927.00
<b>Endoscopy Services</b>	<b>Estimated Facility Price</b>	<b>Estimated Professional Fees</b>	<b>Total</b>	<b>Estimated Self Pay Price</b>
GASTROSCOPY	\$3,369	N/A	\$3,369.00	\$2,190.00
COLONOSCOPY	\$4,063	N/A	\$4,063.00	\$2,641.00
ESOPHAGEAL DILATION	\$1,670	N/A	\$1,670.00	\$1,086.00
FLEXIBLE SIGMOIDOSCOPY	\$1,075	N/A	\$1,075.00	\$699.00
<b>Respiratory Services</b>	<b>Estimated Facility Price</b>	<b>Estimated Professional Fees</b>	<b>Total</b>	<b>Estimated Self Pay Price</b>
PULMONARY FUNCTION TEST (PFT PRE/POST) (94060)	\$419.00	N/A	\$419.00	\$272.00
LUNG VOLUMES (94727)	\$375.00	N/A	\$375.00	\$244.00
DLCO (94729)	\$284.00	N/A	\$284.00	\$185.00
SPIROMETRY (94010)	\$245.00	N/A	\$245.00	\$159.00
<b>Inpatient Room Charges</b>				
SEMI-PRIVATE ROOM RATE-MED/SURG	\$956.00			
INTENSIVE CARE ROOM RATE	\$1,958.00			
SEMI-PRIVATE ROOM RATE-OB	\$904.00			
NEWBORN CARE, DAILY	\$617.00			
SKILLED NURSING ROOM RATE	\$312.00			
HOSPICE ROOM RATE	\$366.00			
OBSERVATION (PER HOUR)	\$42.00			
<b>Physician Office Services</b>	<b>Estimated Office Fee</b>		<b>Total</b>	<b>Estimated Self Pay Price</b>
OFFICE VISIT NEW PATIENT LEVEL 3 (99203)	177.00		\$177.00	\$133.00
OFFICE VISIT NEW PATIENT LEVEL 4 (99204)	270.00		\$270.00	\$203.00
OFFICE VISIT ESTABLISHED PATIENT LEVEL 3 (99213)	\$129.00		\$129.00	\$97.00
OFFICE VISIT ESTABLISHED PATIENT LEVEL 4 (99214)	\$189.00		\$189.00	\$142.00
OFFICE CONSULT LEVEL 3 (99243)	\$200.00		\$200.00	\$150.00
OFFICE CONSULT LEVEL 4 (99244)	\$299.00		\$299.00	\$224.00

The cost estimates in this table reflect our most common procedures. We will do our best to provide you with

an accurate estimate, however the actual charge may vary due to other factors that may arise.

These estimates are for Monadnock Community Hospital facility charges and physician charges only.

If you do not see the service you are looking for please call our Financial Counselor at (603) 924-4699 ext 4281 for an estimate.

These charges are valid as of 02/01/2019.