







BAY AREA HOSPITAL, 1775 THOMPSON RD, COOS BAY, OR 97420-2198			Negotiated Charge by Payor																		
TYPE OF SERVICE CHARGE	CATEGORY	DESCRIPTION	2020 CPT/HCPCS/DRG Primary Code	SERVICE CHARGES AVERAGE GROSS TOTAL CHARGES	ANCILLARY, CLINIC & PROFESSIONAL BILLED CHARGES	BAH PACKAGE PRICE, IF APPLICABLE	De-identified Minimum Negotiated Charge	De-identified Maximum Negotiated Charge	Medicare	Blue Cross of Oregon/Regence	PacificSource	Providence Health Plan	MODA: Beacon (exchange plan)	MODA Commercial Plans	MODA Medicare Advantage	Cigna	AETNA	UNITED HEALTHCARE COMMERCIAL PLANS	OPTUM MENTAL HEALTH INPT ONLY	TRILLIUM MEDICARE	TRILLIUM MEDICAID
ANCILLARY SERVICE	PET SCANS	PET SCAN WITH CT IMAGING, WHOLE BODY	78816	N/A	\$6,426.40	N/A	\$1,515.07	\$6,105.08	\$1,443.09	\$6,091.43	\$5,783.76	\$5,613.62	\$3,651.02	\$5,613.62	\$1,471.95	\$5,848.02	\$5,912.29	\$6,105.08	N/A	\$1,443.09	\$1,443.09
ANCILLARY SERVICE	PET SCANS	PET SCAN WITH CT IMAGING	78815	N/A	\$6,717.80	N/A	\$1,412.85	\$6,381.91	\$1,443.09	\$6,091.43	\$6,046.02	\$5,613.62	\$3,651.02	\$5,613.62	\$1,471.95	\$6,113.20	\$6,180.38	\$6,381.91	N/A	\$1,443.09	\$1,443.09
ANCILLARY SERVICE	RADIATION ONCOLOGY	BASIC RADIATION DOSIMETRY CALCULATION	77300	N/A	\$470.80	N/A	\$23.28	\$447.26	\$126.59	\$534.35	\$423.72	\$492.44	\$320.27	\$492.44	\$129.12	\$428.43	\$433.14	\$447.26	N/A	\$126.59	\$126.59
ANCILLARY SERVICE	RADIATION ONCOLOGY	COMPLEX IMRT (INTENSITY MODULATED RADIOTHERAPY) DELIVERY, INCLUDES GUIDANCE & TRANCING WHEN PERFORMED	77386	N/A	\$3,282.50	N/A	NOT LISTED	\$3,118.38	\$538.83	\$2,274.46	\$2,954.25	\$2,096.05	\$1,363.24	\$2,096.05	\$549.61	\$2,987.08	\$3,019.90	\$3,118.38	N/A	\$538.83	\$538.83
ANCILLARY SERVICE	RADIATION ONCOLOGY	SIMPLE IMRT (INTENSITY MODULATED RADIOLOGY THERAPY) DELIVERY, INCLUDE GUIDANCE & TRACKING WHEN PERFORMED	77385	N/A	\$2,525.00	N/A	NOT LISTED	\$2,398.75	\$538.83	\$2,274.46	\$2,272.50	\$2,096.05	\$1,363.24	\$2,096.05	\$549.61	\$2,297.75	\$2,323.00	\$2,398.75	N/A	\$538.83	\$538.83
ANCILLARY SERVICE	SLEEP STUDY	POLYSOMNOGRAPHY	95810	N/A	\$2,895.60	N/A	\$337.48	\$2,750.82	\$1,017.86	\$4,296.49	\$2,606.04	\$3,959.48	\$2,575.19	\$3,959.48	\$1,038.22	\$2,635.00	\$2,663.95	\$2,750.82	N/A	\$1,017.86	\$1,017.86
ANCILLARY SERVICE	SLEEP STUDY	POLYSOMNOGRAPHY WITH CPAP	95811	N/A	\$3,375.70	N/A	\$353.21	\$3,206.92	\$1,017.86	\$4,296.49	\$3,038.13	\$3,959.48	\$2,575.19	\$3,959.48	\$1,038.22	\$3,071.89	\$3,105.64	\$3,206.92	N/A	\$1,017.86	\$1,017.86
ANCILLARY SERVICE	SPINAL INJECTION	INJECTION OF ANESTHETIC AND/OR STEROID DRUG INTO LOWER OR SACRAL SPINE NERVE USING IMAGING GUIDANCE	64483	N/A	\$1,954.00	N/A	NOT LISTED	\$1,856.30	\$812.05	\$3,427.74	\$1,758.60	\$3,158.87	\$2,054.49	\$3,158.87	\$828.29	\$1,778.14	\$1,797.68	\$1,856.30	N/A	\$812.05	\$812.05
ANCILLARY SERVICE	SPINAL INJECTION	INJECTION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK OR SACRUM USING IMAGING GUIDANCE	62322	N/A	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL
ANCILLARY SERVICE	SPINAL INJECTION	INJECTION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK OR SACRUM USING IMATIN GUIDANCE	62323	N/A	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL
ANCILLARY SERVICE	WOUND CARE CLINIC HYPERBARIC OXYGEN THERAPY	HYPERBARIC OXYGEN THERAPY, PROVIDER FEE	9918326	N/A	\$334.30	N/A	\$109.51	\$317.59	\$186.88	\$218.67	\$300.87	\$221.20	\$472.81	\$259.12	\$114.04	\$304.21	\$205.40	\$114.04	N/A	\$109.51	\$77.15
ANCILLARY SERVICE	WOUND CARE CLINIC HYPERBARIC OXYGEN THERAPY	HYPERBARIC OXYGEN THERAPY, EACH 30 MINUTE DIVE	G0277	N/A	\$248.90	N/A	\$94.02	\$236.46	\$128.85	\$543.89	\$224.01	\$501.23	\$325.99	\$501.23	\$131.43	\$226.50	\$228.99	\$236.46	N/A	\$128.85	\$94.02
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-FACILITY FEE	CARDIOLOGY CLINIC OUTPATIENT VISIT FACILITY CHARGE	G0463	N/A	\$133.00	N/A	NOT LISTED	\$126.35	\$129.82	\$547.98	\$119.70	\$505.00	\$328.44	\$505.00	\$132.42	\$121.03	\$122.36	\$126.35	N/A	\$129.82	\$129.82
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-FACILITY FEE	MEDICAL ONCOLOGY CLINIC OUTPATIENT VISIT FACILITY CHARGE	G0463	N/A	\$138.00	N/A	NOT LISTED	\$131.10	\$129.82	\$547.98	\$124.20	\$505.00	\$328.44	\$505.00	\$132.42	\$125.58	\$126.96	\$131.10	N/A	\$129.82	\$129.82
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-FACILITY FEE	OUTPATIENT INFUSION CLINIC OUTPATIENT VISIT FACILITY CHARGE	G0463	N/A	\$133.00	N/A	NOT LISTED	\$126.35	\$129.82	\$547.98	\$119.70	\$505.00	\$328.44	\$505.00	\$132.42	\$121.03	\$122.36	\$126.35	N/A	\$129.82	\$129.82
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-FACILITY FEE	PROTOME CLINIC OUTPATIENT VISIT FACILITY CHARGE	G0463	N/A	\$76.70	N/A	NOT LISTED	\$72.87	\$129.82	\$547.98	\$69.03	\$505.00	\$328.44	\$505.00	\$132.42	\$69.80	\$70.56	\$72.87	N/A	\$129.82	\$129.82
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-FACILITY FEE	RADIATION ONCOLOGY CLINIC OUTPATIENT VISIT FACILITY CHARGE	G0463	N/A	\$133.00	N/A	NOT LISTED	\$126.35	\$129.82	\$547.98	\$119.70	\$505.00	\$328.44	\$505.00	\$132.42	\$121.03	\$122.36	\$126.35	N/A	\$129.82	\$129.82
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-FACILITY FEE	WOUND CARE CLINIC OUTPATIENT VISIT FACILITY CHARGE	G0463	N/A	\$193.80	N/A	NOT LISTED	\$184.11	\$129.82	\$547.98	\$174.42	\$505.00	\$328.44	\$505.00	\$132.42	\$176.36	\$178.30	\$184.11	N/A	\$129.82	\$129.82
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-PROVIDER FEE	PROVIDER FEE OUTPT CLINIC NEW PATIENT VISIT LEVEL 2, TYPICALLY 15 N	9920226	N/A	\$136.60	N/A	\$38.37	\$129.77	\$51.91	\$98.96	\$122.94	\$100.10	\$131.33	\$117.26	\$51.61	\$124.31	\$92.95	\$51.61	N/A	\$51.91	\$38.37
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-PROVIDER FEE	PROVIDER FEE OUTPT CLINIC NEW PATIENT VISIT LEVEL 3, TYPICALLY 30 MINUTES	9920326	N/A	\$200.00	N/A	\$57.49	\$190.00	\$77.71	\$148.09	\$180.00	\$149.80	\$196.61	\$175.48	\$77.23	\$182.00	\$139.10	\$77.23	N/A	\$77.71	\$57.49
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-PROVIDER FEE	PROVIDER FEE OUTPT CLINIC NEW PATIENT VISIT LEVEL 3, TYPICALLY 45 MINUTES	9920426	N/A	\$350.00	N/A	\$98.35	\$332.50	\$132.93	\$253.27	\$315.00	\$256.20	\$336.31	\$300.12	\$132.09	\$318.50	\$237.90	\$132.09	N/A	\$132.93	\$98.35
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-PROVIDER FEE	PROVIDER FEE OUTPT CLINIC NEW PATIENT VISIT LEVEL 5, TYPICALLY 60 MINUTES	9920526	N/A	\$288.90	N/A	\$128.50	\$274.46	\$173.72	\$330.78	\$260.01	\$334.60	\$439.51	\$391.96	\$172.51	\$262.90	\$310.70	\$172.51	N/A	\$173.72	\$128.50
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-PROVIDER FEE	PROVIDER FEE OUTPT CLINIC-ESTABLISHED PATIENT LEVEL 1	9921126	N/A	\$25.00	N/A	\$7.04	\$23.75	\$9.15	\$17.99	\$22.50	\$18.20	\$23.15	\$21.32	\$9.38	\$22.75	\$16.90	\$9.38	N/A	\$9.15	\$7.04
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-PROVIDER FEE	PROVIDER FEE OUTPT CLINIC-ESTABLISHED PATIENT LEVEL 2	9921226	N/A	\$54.00	N/A	\$19.56	\$51.30	\$26.43	\$50.52	\$48.60	\$51.10	\$66.87	\$59.86	\$26.35	\$49.14	\$47.45	\$26.35	N/A	\$26.43	\$19.56
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-PROVIDER FEE	PROVIDER FEE OUTPT CLINIC-ESTABLISHED PATIENT LEVEL 3	9921326	N/A	\$135.00	N/A	\$39.03	\$128.25	\$52.76	\$100.34	\$121.50	\$101.50	\$133.48	\$118.90	\$52.33	\$122.85	\$94.25	\$52.33	N/A	\$52.76	\$39.03
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-PROVIDER FEE	PROVIDER FEE OUTPT CLINIC-ESTABLISHED PATIENT LEVEL 4	9921426	N/A	\$261.00	N/A	\$60.14	\$247.95	\$81.31	\$154.32	\$234.90	\$156.10	\$205.71	\$182.86	\$80.48	\$237.51	\$144.95	\$80.48	N/A	\$81.31	\$60.14
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-PROVIDER FEE	PROVIDER FEE OUTPT CLINIC-ESTABLISHED PATIENT LEVEL 5	9921526	N/A	\$300.00	N/A	\$84.99	\$285.00	\$114.95	\$217.98	\$270.00	\$220.50	\$290.82	\$258.30	\$113.68	\$273.00	\$204.75	\$113.68	N/A	\$114.95	\$84.99
PROFESSIONAL FEE	MENTAL HEALTH PROFESSIONAL FEE-PERFORMED INPATIENT ONLY	PSYCHOTHERAPY 30 MINUTES (INPATIENT ONLY PRO FEES)	90832	N/A	\$133.00	N/A	\$73.29	\$126.35	\$64.45	\$122.48	\$119.70	\$123.90	\$163.06	\$145.14	\$63.88	\$121.03	\$115.05	\$63.88	N/A	\$64.45	\$73.29
PROFESSIONAL FEE	MENTAL HEALTH PROFESSIONAL FEE-PERFORMED INPATIENT ONLY	PSYCHOTHERAPY WITH E&M, 30 MINUTES (INPATIENT ONLY PRO FEES)	90833	N/A	\$122.00	N/A	\$69.19	\$115.90	\$67.13	\$127.33	\$109.80	\$128.80	\$169.84	\$150.88	\$66.40	\$111.02	\$119.60	\$66.40	N/A	\$67.13	\$69.19
PROFESSIONAL FEE	MENTAL HEALTH PROFESSIONAL FEE-PERFORMED INPATIENT ONLY	PSYCHOTHERAPY 45 MINUTES (INPATIENT ONLY PRO FEES)	90834	N/A	\$189.00	N/A	\$102.03	\$179.55	\$85.94	\$163.31	\$170.10	\$165.20	\$217.43	\$193.52	\$85.17	\$171.99	\$153.40	\$85.17	N/A	\$85.94	\$102.03
PROFESSIONAL FEE	MENTAL HEALTH PROFESSIONAL FEE-PERFORMED INPATIENT ONLY	PSYCHOTHERAPY WITH E&M, 30 MINUTES (INPATIENT ONLY PRO FEES)	90836	N/A	\$199.50	N/A	\$102.03	\$189.53	\$84.95	\$161.24	\$179.55	\$163.10	\$214.92	\$191.06	\$84.09	\$181.55	\$151.45	\$84.09	N/A	\$84.95	\$102.03
PROFESSIONAL FEE	MENTAL HEALTH PROFESSIONAL FEE-PERFORMED INPATIENT ONLY	PSYCHOTHERAPY 60 MINUTES (INPATIENT ONLY PRO FEES)	90837	N/A	\$327.40	N/A	\$150.19	\$311.03	\$128.67	\$244.28	\$294.66	\$247.10	\$325.54	\$289.46	\$127.40	\$297.93	\$229.45	\$127.40	N/A	\$128.67	\$150.19
PROFESSIONAL FEE	MENTAL HEALTH PROFESSIONAL FEE-PERFORMED INPATIENT ONLY	PSYCHOTHERAPY WITH E&M, 60 MINUTES (INPATIENT ONLY PRO FEES)	90838	N/A	\$317.00	N/A	\$150.19	\$301.15	\$111.77	\$211.75	\$285.30	\$214.20	\$282.78	\$250.92	\$110.43	\$288.47	\$198.90	\$110.43	N/A	\$111.77	\$150.19
PROFESSIONAL FEE	OB PROFESSIONAL SERVICES	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY, INCLUDING PRE-AND POST-DELIVERY CARE	59400	N/A	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL
PROFESSIONAL FEE	OB PROFESSIONAL SERVICES	ROUTINE OBSTETRIC CARE FOR CESAREAN DELIVERY, INCLUDING PRE- AND POST-DELIVERY CARE	59510	N/A	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL
PROFESSIONAL FEE	OB PROFESSIONAL SERVICES	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY,AFTER PRIOR C-SECTION DELIVERY, INCLUDING PRE- AND POST-DELIVERY CARE	59610	N/A	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL
PROFESSIONAL FEE	OFFICE VISIT PROFESSIONAL FEE	FAMILY PSYCHOTHERAPY, NOT INCLUDING PATIENT, 50 MINUTES	90846	N/A	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL
PROFESSIONAL FEE	OFFICE VISIT PROFESSIONAL FEE	FAMILY PSYCHOTHERAPY, INCLUDING PATIENT, 50 MINUTES	90847	N/A	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL
PROFESSIONAL FEE	OFFICE VISIT PROFESSIONAL FEE	OFFICE CONSULTATION VISIT, TYPICALLY 40 MINUTES	99243	N/A	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL

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TYPE OF SERVICE CHARGE	CATEGORY	DESCRIPTION	2020 CPT/HCPCS/DRG Primary Code	SERVICE CHARGES AVERAGE GROSS TOTAL CHARGES	ANCILLARY, CLINIC & PROFESSIONAL BILLED CHARGES	BAH PACKAGE PRICE, IF APPLICABLE	De-identified Minimum Negotiated Charge	De-identified Maximum Negotiated Charge	Medicare	Blue Cross of Oregon/Regence	PacificSource	Providence Health Plan	MODA: Beacon (exchange plan)	MODA Commercial Plans	MODA Medicare Advantage	Cigna	AETNA	UNITED HEALTHCARE COMMERCIAL PLANS	OPTUM MENTAL HEALTH INPT ONLY	TRILLIUM MEDICARE	TRILLIUM MEDICAID	
PROFESSIONAL FEE	OFFICE VISIT PROFESSIONAL FEE	OFFICE CONSULTATION VISIT, TYPICALLY 60 MINUTES	99244	N/A	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL
PROFESSIONAL FEE	OFFICE VISIT PROFESSIONAL FEE	INITIAL NEW PATIENT PREVENTATIVE MEDICINE EVALUATION (18-39 YEARS)	99385	N/A	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL
PROFESSIONAL FEE	OFFICE VISIT PROFESSIONAL FEE	INITIAL NEW PATIENT PREVENTATIVE MEDICINE EVALUATION (40-64 YEARS)	99386	N/A	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL
PROFESSIONAL FEE	PHYSICAL THERAPY	THERAPEUTIC EXERCISE 15 MINUTES	97110	N/A	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL
PROFESSIONAL FEE	SURGICAL OUTPATIENT PROCEDURE-CARDIOLOGY	INSERTION OF CATHETER INTO LEFT HEART FOR DIAGNOSIS-PROFESSIONAL FEE	9345226	N/A	\$671.60	N/A	\$165.59	\$638.02	\$293.26	\$592.35	\$604.44	\$599.20	\$741.94	\$561.70	\$247.21	\$611.16	\$445.25	\$247.21	N/A	\$293.26	\$165.59	
PROFESSIONAL FEE	SURGICAL OUTPATIENT PROCEDURE-CARDIOLOGY	CORONARY ANGIOGRAPHY (PROFESSIONAL FEE)	9345426	N/A	\$886.90	N/A	\$167.36	\$842.56	\$235.07	\$474.02	\$798.21	\$479.50	\$594.73	\$568.26	\$250.10	\$807.08	\$450.45	\$250.10	N/A	\$235.07	\$167.36	
PROFESSIONAL FEE	SURGICAL OUTPATIENT PROCEDURE-CARDIOLOGY	CORONARY ANGIOGRAPHY AND LEFT HEART CATHETER (PROFESSIONAL FEE)	9345826	N/A	\$787.70	N/A	\$206.58	\$748.32	\$237.57	\$479.56	\$708.93	\$485.10	\$601.06	\$701.92	\$308.93	\$716.81	\$556.40	\$308.93	N/A	\$237.57	\$206.58	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	REMOVAL OF 1 OR MORE BREAST GROWTH, OPEN PROCEDURE	19120	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	TOTAL HIP ARTHORPLASTY WITH OR WITHOUT AUTOGRAFE OT ALLOGRAFT	27130	\$54,846.06	* SEE NOTE BELOW	N/A	\$8,666.84	\$52,103.76	\$11,900.71	\$50,234.09	\$49,361.45	\$46,293.76	\$30,108.80	\$46,293.76	\$12,138.72	\$49,909.91	\$50,458.38	\$52,103.76	N/A	\$11,900.71	\$11,900.71	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	TOTAL KNEE REPLACEMENT	27447	\$49,636.13	* SEE NOTE BELOW	N/A	\$7,421.41	\$47,154.32	\$11,900.71	\$50,234.09	\$44,672.52	\$46,293.76	\$30,108.80	\$46,293.76	\$12,138.72	\$45,168.88	\$45,665.24	\$47,154.32	N/A	\$11,900.71	\$11,900.71	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	ARTHROSCOPY, SHOULDER, SURGICAL, DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASY, WITH LIGAMENT RELEASE	29826	ADD ON PROCEDURE CODE: SEE 29827 FOR FACILITY CHARGES	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL	NOT BILLED BY HOSPITAL
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	ARTHROSCOPY, SHOULDER, SURGICAL, WITH ROTATOR CUFF REPAIR	29827	\$36,274.81	* SEE NOTE BELOW	N/A	\$4,132.63	\$34,461.07	\$5,981.95	\$25,250.41	\$32,647.33	\$23,269.79	\$15,134.33	\$23,269.79	\$6,101.59	\$33,010.08	\$33,372.83	\$34,461.07	N/A	\$5,981.95	\$5,981.95	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	ARTHROSCOPY, KNEE, SURGICAL SYNOVECTOMY, LIMITED	29875	\$13,483.22	* SEE NOTE BELOW	N/A	\$2,815.95	\$12,809.06	\$2,737.45	\$11,555.05	\$12,134.90	\$10,648.68	\$6,925.75	\$10,648.68	\$2,792.20	\$12,269.73	\$12,404.56	\$12,809.06	N/A	\$2,737.45	\$2,737.45	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	REMOVAL OF 1 KNEE CARTILAGE USING AN ENDOSCOPE	29881	\$20,277.00	* SEE NOTE BELOW	N/A	\$2,435.33	\$19,263.15	\$2,737.45	\$11,555.05	\$18,249.30	\$10,648.68	\$6,925.75	\$10,648.68	\$2,792.20	\$18,452.07	\$18,654.84	\$19,263.15	N/A	\$2,737.45	\$2,737.45	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WITH CELL WASHING, WHEN PERFORMED	31622	\$17,257.10	* SEE NOTE BELOW	N/A	\$1,271.16	\$16,394.25	\$1,430.61	\$6,038.75	\$15,531.39	\$5,565.07	\$3,619.44	\$5,565.07	\$1,459.22	\$15,703.96	\$15,876.53	\$16,394.25	N/A	\$1,430.61	\$1,430.61	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED, WITH BRUSHING OR PROTECTED BRUSCHIN	31623	\$11,904.31	* SEE NOTE BELOW	N/A	\$1,459.23	\$11,309.09	\$1,430.61	\$6,038.75	\$10,713.88	\$5,565.07	\$3,619.44	\$5,565.07	\$1,459.22	\$10,832.92	\$10,951.97	\$11,309.09	N/A	\$1,430.61	\$1,430.61	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WITH BIOPSY	31625	\$11,505.49	* SEE NOTE BELOW	N/A	\$1,596.12	\$10,930.22	\$1,430.61	\$6,038.75	\$10,354.94	\$5,565.07	\$3,619.44	\$5,565.07	\$1,459.22	\$10,470.00	\$10,585.05	\$10,930.22	N/A	\$1,430.61	\$1,430.61	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	REMOVAL OF TONSILS AND ADENOID GLANDS, PATIENT YOUNGER THAN 12	42820	\$13,546.00	* SEE NOTE BELOW	N/A	\$3,457.56	\$12,868.70	\$4,850.53	\$20,474.57	\$12,191.40	\$18,868.56	\$12,271.84	\$18,868.56	\$4,947.54	\$12,326.86	\$12,462.32	\$12,868.70	N/A	\$4,850.53	\$4,850.53	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	DIAGNOSTIC EXAM OF ESOPHAGUS, STOMACH AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	43235	\$12,275.00	* SEE NOTE BELOW	N/A	\$748.57	\$11,661.25	\$785.92	\$3,317.45	\$11,047.50	\$3,057.23	\$1,988.38	\$3,057.23	\$801.64	\$11,170.25	\$11,293.00	\$11,661.25	N/A	\$785.92	\$785.92	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	BIOPSY OF THE ESOPHAGUS, STOMACH AND/OR UPPER SMALL BOWEL USING AND ENDOSCOPE	43239	\$6,485.00	* SEE NOTE BELOW	N/A	\$887.32	\$6,160.75	\$785.92	\$3,317.45	\$5,836.50	\$3,057.23	\$1,988.38	\$3,057.23	\$801.64	\$5,901.35	\$5,966.20	\$6,160.75	N/A	\$785.92	\$785.92	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	LAPAROSCOPIC PARAESOPHAGEAL HIALAL HERNIA REPAIR	43281	\$34,426.00	* SEE NOTE BELOW	N/A	\$4,501.62	\$32,704.70	\$8,413.11	\$35,512.58	\$30,983.40	\$32,727.00	\$21,285.17	\$32,727.00	\$8,581.37	\$31,327.66	\$31,671.92	\$32,704.70	N/A	\$8,413.11	\$8,413.11	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	LAPAROSCOPE PROCEDURE, STOMACH, REMOVAL AND REPLACEMENT OF GASTRIC BAND & SUBCUTANEOUS PORT COMPONENTS	43659	\$33,693.76	** SEE NOTE BELOW	\$10,075 **	\$2,877.50	\$32,009.07	\$4,833.71	\$20,403.57	\$30,324.38	\$18,803.13	\$12,229.29	\$18,803.13	\$4,930.38	\$30,661.32	\$30,998.26	\$32,009.07	N/A	\$4,833.71	\$4,833.71	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	LAPAROSCOPIC SLEEVE GASTRECTOMY	43775	\$33,776.06	** SEE NOTE BELOW	\$6,775 **		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	\$0.00	\$0.00	

BAY AREA HOSPITAL, 1775 THOMPSON RD, COOS BAY, OR 97420-2198			Negotiated Charge by Payor																			
TYPE OF SERVICE CHARGE	CATEGORY	DESCRIPTION	2020 CPT/HCPCS/DRG Primary Code	SERVICE CHARGES AVERAGE GROSS TOTAL CHARGES	ANCILLARY, CLINIC & PROFESSIONAL BILLED CHARGES	BAH PACKAGE PRICE, IF APPLICABLE	De-identified Minimum Negotiated Charge	De-identified Maximum Negotiated Charge	Medicare	Blue Cross of Oregon/Regence	PacificSource	Providence Health Plan	MODA: Beacon (exchange plan)	MODA Commercial Plans	MODA Medicare Advantage	Cigna	AETNA	UNITED HEALTHCARE COMMERCIAL PLANS	OPTUM MENTAL HEALTH INPT ONLY	TRILLIUM MEDICARE	TRILLIUM MEDICAID	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	LAPAROSCOPIC APPENDECTOMY	44970	\$30,131.08	* SEE NOTE BELOW	N/A	\$4,410.43	\$28,624.53	\$4,833.71	\$20,403.57	\$27,117.97	\$18,803.13	\$12,229.29	\$18,803.13	\$4,930.38	\$27,419.28	\$27,720.59	\$28,624.53	N/A	\$4,833.71	\$4,833.71	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	DIAGNOSTIC EXAMINATION OF LARGE BOWEL USING AND ENDOSCOPE	45378	\$3,889.00	* SEE NOTE BELOW	N/A	\$916.15	\$3,694.55	\$763.88	\$3,224.41	\$3,500.10	\$2,971.49	\$1,932.62	\$2,971.49	\$779.16	\$3,538.99	\$3,577.88	\$3,694.55	N/A	\$763.88	\$763.88	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	BIOPSY OF LARGE BOWEL USING AN ENDOSCOPE	45380	\$4,346.00	* SEE NOTE BELOW	N/A	\$1,204.39	\$4,128.70	\$1,004.22	\$4,238.91	\$3,911.40	\$3,906.42	\$2,540.68	\$3,906.42	\$1,024.30	\$3,954.86	\$3,998.32	\$4,128.70	N/A	\$1,004.22	\$1,004.22	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE	45385	\$4,551.00	* SEE NOTE BELOW	N/A	\$1,204.39	\$4,323.45	\$1,004.22	\$4,238.91	\$4,095.90	\$3,906.42	\$2,540.68	\$3,906.42	\$1,024.30	\$4,141.41	\$4,186.92	\$4,323.45	N/A	\$1,004.22	\$1,004.22	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	ULTRASOUND EXAMINATION OF LOWER LARGE BOWEL USING AN ENDOSCOPE	45391	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	REMOVA OF GALLBLADDER USING AN ENDOSCOPE	47562	\$23,443.00	* SEE NOTE BELOW	N/A	\$5,408.53	\$22,270.85	\$4,833.71	\$20,403.57	\$21,098.70	\$18,803.13	\$12,229.29	\$18,803.13	\$4,930.38	\$21,333.13	\$21,567.56	\$22,270.85	N/A	\$4,833.71	\$4,833.71	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	REPAIR OF GROIN HERNIA PATIENT AGE 5 YEARS OR OLDER	49505	\$17,393.00	* SEE NOTE BELOW	N/A	\$3,729.11	\$16,523.35	\$3,109.34	\$13,124.84	\$15,653.70	\$12,095.33	\$7,866.63	\$12,095.33	\$3,171.53	\$15,827.63	\$16,001.56	\$16,523.35	N/A	\$3,109.34	\$3,109.34	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	BIOPSY OF PROSTRATE GLAND	55700	\$26,072.00	* SEE NOTE BELOW	N/A	\$3,562.30	\$24,768.40	\$1,771.55	\$7,477.89	\$23,464.80	\$6,891.33	\$4,482.02	\$6,891.33	\$1,806.98	\$23,725.52	\$23,986.24	\$24,768.40	N/A	\$1,771.55	\$1,771.55	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	SURGICAL REMOVAL OF PROSTRATE AND SURROUNDING LYMPH NODES USING AND ENDOSCOPE	55866	\$50,973.00	* SEE NOTE BELOW	N/A	\$9,434.84	\$48,424.35	\$8,413.11	\$35,512.58	\$45,875.70	\$32,727.00	\$21,285.17	\$32,727.00	\$8,581.37	\$46,385.43	\$46,895.16	\$48,424.35	N/A	\$8,413.11	\$8,413.11	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE-CARDIOLOGY	CORONARY ANGIOGRAPHY (FACILITY FEE)	93454	\$22,826.82	* SEE NOTE BELOW	N/A	\$3,431.42	\$0.00	\$2,849.95	\$12,029.92	\$20,544.13	\$11,086.31	\$7,210.37	\$11,086.31	\$2,906.95	\$20,772.40	\$21,000.67	\$21,000.67	N/A	\$2,849.95	\$2,849.95	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE-CARDIOLOGY	CORONARY ANGIOGRAPHY AND LEFT HEART CATHETER (FACILITY FEE)	93458	\$27,551.88	* SEE NOTE BELOW	N/A	\$3,431.42	\$0.00	\$2,849.95	\$12,029.92	\$24,796.69	\$11,086.31	\$7,210.37	\$11,086.31	\$2,906.95	\$25,072.21	\$25,347.73	\$26,174.28	N/A	\$2,849.95	\$2,849.95	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE-CARDIOLOGY	INSERTION OF CATHETER INTO LEFT HEART FOR DIAGNOSIS-FACILITY CHARGE	93452	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE-CATARCT	REMOVAL OF CATRACT WITH INSERTION OF LENS	66984	\$5,831.00	* SEE NOTE BELOW	N/A	\$2,256.16	\$5,539.45	\$2,021.86	\$8,534.47	\$5,247.90	\$7,865.04	\$5,115.31	\$7,865.04	\$2,062.30	\$5,306.21	\$5,364.52	\$5,539.45	N/A	\$2,021.86	\$2,021.86	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE-CATARCT	REMOVAL OF RECURRING CATARACT IN LENS CAPSULE USING LASER	66821	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION WITH MAJOR COMPLICATIONS OR COMORBIDITIES	216	\$279,434.19	* SEE NOTE BELOW	N/A	\$77,425.60	\$265,462.48	\$96,782.00	\$181,767.00	\$251,490.77	\$180,763.20	\$101,930.36	\$160,678.40	\$98,717.64	\$254,285.11	\$257,079.45	\$265,462.48	N/A	\$96,782.00	\$77,425.60	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	PERMANENT CARDIAC PACEMAKER IMPLANT WITH MCC	242	\$92,346.38	* SEE NOTE BELOW	N/A	\$29,448.80	\$87,729.06	\$36,811.00	\$67,170.91	\$83,111.74	\$66,799.80	\$37,667.67	\$59,377.60	\$68,514.33	\$84,035.21	\$84,958.67	\$87,729.06	N/A	\$36,811.00	\$29,448.80	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	PERMANENT CARDIAC PACEMAKER IMPLANT WITH CC	243	\$67,111.92	* SEE NOTE BELOW	N/A	\$20,035.20	\$63,756.32	\$25,044.00	\$45,782.14	\$60,400.73	\$45,529.20	\$25,673.41	\$40,470.40	\$25,544.88	\$61,071.85	\$61,742.96	\$63,756.32	N/A	\$25,044.00	\$20,035.20	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	PERMANENT CARDIAC PACEMAKER IMPLANT WITHOUT CC/MCC	244	\$56,329.06	* SEE NOTE BELOW	N/A	\$16,341.60	\$53,512.60	\$20,427.00	\$37,564.74	\$50,696.15	\$37,357.20	\$21,065.31	\$33,206.40	\$20,835.54	\$51,259.44	\$51,822.73	\$53,512.60	N/A	\$20,427.00	\$16,341.60	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH DRG-ELUT STENT WITH MCC OR 4+ARTERIES OR STENTS	246	\$80,506.76	* SEE NOTE BELOW	N/A	\$23,047.30	\$76,481.42	\$31,384.50	\$15,617.00	\$72,456.08	\$15,530.40	\$32,203.92	\$50,764.80	\$32,012.19	\$73,261.15	\$74,066.22	\$76,481.42	N/A	\$31,384.50	\$25,107.60	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH DRUG-ELUTING STENT WITHOUT MCC	247	\$61,805.38	* SEE NOTE BELOW	N/A	\$14,205.29	\$58,715.11	\$20,126.71	\$15,617.00	\$55,624.84	\$15,530.40	\$20,652.21	\$32,555.20	\$20,529.24	\$56,242.90	\$56,860.95	\$58,715.11	N/A	\$20,126.71	\$16,101.37	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	SPINAL FUSION EXCEPT CERVICAL WITHOUT MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	460	\$76,342.80	* SEE NOTE BELOW	N/A	\$38,409.67	\$72,525.66	\$38,889.00	\$71,683.00	\$68,708.52	\$71,287.20	\$40,198.06	\$63,366.40	\$39,666.78	\$69,471.95	\$70,235.38	\$72,525.66	N/A	\$38,889.00	\$31,111.20	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	REVISION OF HIP OR KNEE REPLACEMENT WITH MCC	466	\$79,326.43	* SEE NOTE BELOW	N/A	\$40,351.17	\$75,360.11	\$50,438.96	\$92,293.71	\$71,393.79	\$91,783.80	\$51,755.87	\$81,585.60	\$51,447.74	\$72,187.05	\$72,980.32	\$75,360.11	N/A	\$50,438.96	\$40,351.17	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	REVISION OF HIP OR KNEE REPLACEMENT WITH CC	467	\$79,393.03	* SEE NOTE BELOW	N/A	\$28,291.20	\$75,423.38	\$35,364.00	\$63,569.01	\$71,453.73	\$63,217.80	\$35,647.82	\$56,193.60	\$36,071.28	\$72,247.66	\$73,041.59	\$75,423.38	N/A	\$35,364.00	\$28,291.20	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	REVISION OF HIP/KNEE REPLACEMENT WITHOUT CC/MCC	468	\$56,778.47	* SEE NOTE BELOW	N/A	\$21,824.90	\$53,939.55	\$27,281.13	\$50,899.01	\$51,100.62	\$50,617.80	\$28,542.82	\$44,993.60	\$27,826.75	\$51,668.41	\$52,236.19	\$53,939.55	N/A	\$27,281.13	\$21,824.90	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	MAJOR HIP/KNEE JOINT REPLACEMENT WITH MCC/ TOTAL ANKLE REPLACEMENT	469	\$73,136.45	* SEE NOTE BELOW	N/A	\$24,400.80	\$69,479.63	\$30,501.00	\$56,832.19	\$65,822.81	\$56,518.20	\$31,869.99	\$50,238.40	\$31,111.02	\$66,554.17	\$67,285.54	\$69,479.63	N/A	\$30,501.00	\$24,400.80	

BAY AREA HOSPITAL, 1775 THOMPSON RD, COOS BAY, OR 97420-2198			Negotiated Charge by Payor																			
TYPE OF SERVICE CHARGE	CATEGORY	DESCRIPTION	2020 CPT/HCPCS/DRG Primary Code	SERVICE CHARGES AVERAGE GROSS TOTAL CHARGES	ANCILLARY, CLINIC & PROFESSIONAL BILLED CHARGES	BAH PACKAGE PRICE, IF APPLICABLE	De-identified Minimum Negotiated Charge	De-identified Maximum Negotiated Charge	Medicare	Blue Cross of Oregon/Regence	PacificSource	Providence Health Plan	MODA: Beacon (exchange plan)	MODA Commercial Plans	MODA Medicare Advantage	Cigna	AETNA	UNITED HEALTHCARE COMMERCIAL PLANS	OPTUM MENTAL HEALTH INPT ONLY	TRILLIUM MEDICARE	TRILLIUM MEDICAID	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	470	\$52,371.45	* SEE NOTE BELOW	N/A	\$14,425.14	\$49,752.88	\$18,787.00	\$35,628.04	\$47,134.31	\$35,431.20	\$19,979.26	\$25,000 FACILITY CASE RATE	\$19,162.74	\$47,658.02	\$48,181.74	\$49,752.88	N/A	\$18,787.00	\$15,029.60	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	CERVICAL SPINAL FUSION WITHOUT COMORBID CONDITIONS (CC) OR MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	473	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	HIP&FEMUR PROC EXCP MAJOR JOINT W MCC	480	\$72,934.28	* SEE NOTE BELOW	N/A	\$23,425.13	\$69,287.56	\$29,281.41	\$54,634.85	\$65,640.85	\$54,333.00	\$30,637.78	\$48,296.00	\$23,893.63	\$66,370.19	\$67,099.53	\$69,287.56	N/A	\$29,281.41	\$23,425.13	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	HIP&FEMUR PROC EXCP MAJOR JOINT W CC	481	\$52,090.50	* SEE NOTE BELOW	N/A	\$14,856.78	\$49,485.97	\$20,651.97	\$37,789.18	\$46,881.45	\$37,580.40	\$21,191.17	\$33,404.80	\$21,065.01	\$47,402.35	\$47,923.26	\$49,485.97	N/A	\$20,651.97	\$20,652.77	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	HIP & FEMUR PROCEDURE EXCEPT MAJOR JOINT WITHOUT CC/MCC	482	\$40,532.38	* SEE NOTE BELOW	N/A	\$11,707.95	\$38,505.76	\$15,973.29	\$29,779.93	\$36,479.14	\$29,615.40	\$16,699.80	\$26,324.80	\$16,292.76	\$36,884.47	\$37,289.79	\$38,505.76	N/A	\$15,973.29	\$12,778.63	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	FOOT PROC WITHOUT CC/MCC	505	\$33,391.42	* SEE NOTE BELOW	N/A	\$14,032.80	\$31,721.85	\$17,541.00	\$30,435.15	\$30,052.28	\$30,267.00	\$17,067.23	\$26,904.00	\$17,891.82	\$30,386.19	\$30,720.11	\$31,721.85	N/A	\$17,541.00	\$14,032.80	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	SURGICAL PROCEDURES FOR OBESITY WITH MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	619	\$72,866.16	* SEE NOTE BELOW	N/A	\$24,216.00	\$69,222.86	\$30,270.00	\$17,000 Case Rate	\$65,579.55	\$55,413.00	\$31,246.78	\$18,000 Case Rate	\$30,875.40	\$66,308.21	\$67,036.87	\$69,222.86	N/A	\$30,270.00	\$24,216.00	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	SURGICAL PROCEDURES FOR OBESITY WITH COMORBID CONDITIONS	620	\$48,774.21	* SEE NOTE BELOW	N/A	\$13,932.00	\$46,335.50	\$17,415.00	\$17,000 Case Rate	\$43,896.79	\$32,302.80	\$18,215.19	\$18,000 Case Rate	\$17,763.30	\$44,384.53	\$44,872.27	\$46,335.50	N/A	\$17,415.00	\$13,932.00	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	SURGICAL PROCEDURES FOR OBESITY WITHOUT CC/MCC	621	\$44,838.63	** SEE NOTE BELOW	\$19,575 **	\$8,719.21	\$42,596.70	\$15,786.00	\$17,000 Case Rate	\$40,354.77	\$28,296.00	\$15,955.80	\$18,000 Case Rate	\$16,101.72	\$40,803.16	\$41,251.54	\$42,596.70	N/A	\$15,786.00	\$12,628.80	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/ COMORBID CONDITIONS/MAJOR COMORBID CONDITIONS (CC) OR COMPLICATIONS (MCC)	743	\$33,940.57	* SEE NOTE BELOW	N/A	\$12,777.06	\$32,243.55	\$11,197.00	\$20,788.00	\$30,546.52	\$20,673.00	\$11,657.28	\$18,376.00	\$11,420.94	\$30,885.92	\$31,225.33	\$32,243.55	N/A	\$11,197.00	\$8,957.60	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	VAGINAL DELIVERY WITH SURGICAL PROC EXCEPT STERILIZATION &/OR DILATION & CURTILAGE (D&C)	768	\$18,729.24	* SEE NOTE BELOW	N/A	\$7,406.62	\$17,792.78	\$11,577.00	\$18,236.00	\$16,856.32	\$18,135.00	\$10,226.13	\$16,120.00	\$11,808.54	\$17,043.61	\$17,230.90	\$17,792.78	N/A	\$11,577.00	\$9,261.60	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	CESAREAN SECTION W STERILIZATION W MCC	783	\$27,011.19	* SEE NOTE BELOW	N/A	\$12,200.38	\$25,660.63	\$18,518.00	\$38,821.00	\$24,310.07	\$38,606.40	\$21,769.72	\$34,316.80	\$18,888.36	\$24,580.18	\$24,850.30	\$25,660.63	N/A	\$18,518.00	\$14,814.40	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	CESAREAN SECTION W STERILIZATION W CC	784	\$25,870.11	* SEE NOTE BELOW	N/A	\$7,437.64	\$24,576.60	\$10,827.00	\$18,918.00	\$23,283.10	\$18,813.60	\$10,608.78	\$16,723.20	\$11,043.54	\$23,541.80	\$23,800.50	\$24,576.60	N/A	\$10,827.00	\$8,661.60	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	CESAREAN SECTION WITH STERILIZATION WITHOUT COMPLICATIONS OR MORBID COMORBID CONDITIONS	785	\$27,377.20	* SEE NOTE BELOW	N/A	\$6,448.52	\$26,008.34	\$9,051.00	\$15,537.00	\$24,639.48	\$15,451.20	\$8,712.76	\$13,734.40	\$9,232.02	\$24,913.25	\$25,187.02	\$26,008.34	N/A	\$9,051.00	\$7,240.80	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	CESAREAN SECTION WITH STERILIZATION WITH MAJOR COMORBID CONDITIONS	786	\$32,940.28	* SEE NOTE BELOW	N/A	\$12,200.38	\$31,293.27	\$15,734.00	\$31,032.00	\$29,646.25	\$30,861.30	\$17,402.18	\$27,432.00	\$16,048.68	\$29,975.65	\$30,305.06	\$31,293.27	N/A	\$15,734.00	\$12,587.20	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	CESAREAN SECTION WITH STERILIZATION WITH MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	787	\$29,173.99	* SEE NOTE BELOW	N/A	\$8,064.47	\$27,715.29	\$10,508.00	\$18,924.00	\$26,256.59	\$18,819.00	\$10,611.83	\$16,728.00	\$10,718.16	\$26,548.33	\$26,840.07	\$27,715.29	N/A	\$10,508.00	\$8,406.40	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	CESAREAN SECTION WITH STERILIZATION WITH COMORBID CONDITIONS (CC)	788	\$28,162.91	* SEE NOTE BELOW	N/A	\$6,159.89	\$26,754.77	\$8,772.00	\$16,402.00	\$25,346.62	\$16,311.60	\$9,197.93	\$14,499.20	\$8,947.44	\$25,628.25	\$25,909.88	\$26,754.77	N/A	\$8,772.00	\$7,017.60	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	NORMAL NEWBORN	795	\$6,483.96	* SEE NOTE BELOW	N/A	\$1,328.52	\$6,159.76	\$2,483.00	\$3,390.00	\$5,835.57	\$3,371.40	\$1,901.10	\$2,996.80	\$2,532.66	\$5,900.40	\$5,965.24	\$6,159.76	N/A	\$2,483.00	\$1,986.40	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	CESAREAN SECTION WITHOUT STERILIZATION WITH MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	796	\$23,661.89	* SEE NOTE BELOW	N/A	\$8,448.00	\$22,478.80	\$10,560.00	\$35,699.00	\$21,295.70	\$35,501.40	\$20,018.85	\$31,556.80	\$10,771.20	\$21,532.32	\$21,768.94	\$22,478.80	N/A	\$10,560.00	\$8,448.00	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	VAGINAL DELIVERY WITH STERILIZATION/D&C WITHOUT COMORBID CONDITIONS (CC) OR MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	798	\$26,585.00	* SEE NOTE BELOW	N/A	\$4,460.31	\$25,255.75	\$8,181.00	\$15,617.00	\$23,926.50	\$15,530.40	\$8,757.42	\$13,804.80	\$8,344.62	\$24,192.35	\$24,458.20	\$25,255.75	N/A	\$8,181.00	\$6,544.80	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	VAGINAL DELIVERY WITHOUT STERILIZATION/D&C WITH MAJOR COMORBID CONDITIONS OR COMPLICATIONS	805	\$20,806.68	* SEE NOTE BELOW	N/A	\$7,405.62	\$19,766.34	\$10,153.00	\$18,837.00	\$18,726.01	\$18,732.60	\$10,563.11	\$16,651.20	\$10,356.06	\$18,934.08	\$19,142.14	\$19,766.34	N/A	\$10,153.00	\$8,122.40	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	VAGINAL DELIVERY WITHOUT STERILIZATION/D&C WITH COMORBID CONDITIONS (CC)	806	\$13,992.62	* SEE NOTE BELOW	N/A	\$5,471.87	\$13,292.99	\$7,257.00	\$12,837.00	\$12,593.36	\$12,765.60	\$7,198.38	\$11,347.20	\$7,402.14	\$12,733.28	\$12,873.21	\$13,292.99	N/A	\$7,257.00	\$5,805.60	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	VAGINAL DELIVERY WITHOUT STERILIZATION/D&C DILATION AND CURTILAGE WITHOUT COMORBID CONDITIONS (CC) AND WITHOUT MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	807	\$12,046.05	* SEE NOTE BELOW	N/A	\$4,094.07	\$11,443.74	\$6,339.00	\$11,345.00	\$10,841.44	\$11,282.40	\$6,362.02	\$10,028.80	\$6,465.78	\$10,961.90	\$11,082.36	\$11,443.74	N/A	\$6,339.00	\$5,071.20	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	PSYCHOSES	885	\$31,601.25	* SEE NOTE BELOW	N/A	\$8,648.79	\$30,021.18	\$12,233.00	\$2,224 PER DAY	\$28,441.12	\$1,410 PER DAY	\$12,336.31	\$19,446.40	\$12,477.66	\$28,757.13	\$29,073.15	\$30,021.18	\$1,412 PER DAY	\$12,233.00	\$9,786.40	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	ALCOHOL, DRUG ABUSE/DEPENDENCY WITHOUT REHAB THERAPY WITH MAJOR COMORBID CONDITONS OR COMPLICATIONS (MCC)	896	\$34,793.78	* SEE NOTE BELOW	N/A	\$12,237.39	\$33,054.09	\$17,572.00	\$2,112 PER DAY	\$31,314.40	\$1,410 PER DAY	\$13,657.84	\$21,529.60	\$17,923.44	\$31,662.34	\$32,010.28	\$33,054.09	\$1,412 PER DAY	\$17,572.00	\$14,057.60	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	ALCOHOL, DRUG ABUSE/DEPENDENCY WITHOUT REHAB THERAPY WITHOUT MAJOR COMORBID CONDITONS OR COMPLICATIONS (MCC)	897	\$18,739.69	* SEE NOTE BELOW	N/A	\$5,847.93	\$17,802.71	\$8,163.00	\$2,112 PER DAY	\$16,865.72	\$1,410 PER DAY	\$11,044.22	\$17,409.60	\$8,326.26	\$17,053.12	\$17,240.52	\$17,802.71	\$1,412 PER DAY	\$8,163.00	\$6,530.40	
* SERVICE CHARGE AVERAGES FOR OUTPATIENT PROCEDURES AND INPATIENT DRG'S ARE BASED ON HISTORICAL ENCOUNTERS. ACTUAL CHARGES ARE ITEMIZED BASED ON THE SPECIFIC CARE ORDERED BY THE PHYSICIAN. ACTUAL CHARGES ARE ITEMIZED AND DO NOT INCLUDE PROFESSIONAL FEES. ANCILLARY TESTS, DRUGS, OR TIME, RECOVERY TIME, AND INPATIENT LENGTH OF STAY MAY VARY SO ACTUAL CHARGES MAY BE MORE OR LESS THAN HISTORICAL AVERAGES. PROVIDERS THAT MAY SUBMIT SEPARATE CLAIMS INCLUDE ANESTHESIA PROVIDERS, RADIOLOGISTS, PATHOLOGIST, ATTENDING PHYSICIANS, CONSULTING PHYSICIANS, PERFORMING PHYSICIANS, INTERPRETING PHYSICIANS AND EMERGENCY DEPARTMENT PHYSICIANS.																						
** BARIATRIC UNINSURED/NON-COVERED CASH PACKAGE PRICES BASED ON AN UNCOMPLICATED PROCEDURE AND STANDARD LENGTH OF STAY AND INCLUDES POST BARIATRIC SWALLOW STUDY, ANESTHESIA FEE AND HOSPITAL FEE. THE SURGEON FEE AND ASSISTANT SURGEON FEE ARE BILLED SEPARATELY BY THE PHYSICIAN. DEPENDING UPON YOUR MEDICAL CONDITON, THERE MAY BE OTHER FEES REQUIRED FOR LABS, XRAY'S, COST OF PROFESSIONAL READINGS, PSYCHIATRIC EVALUATION WITH SOCIAL WORKER AND DIETICIAN CONSULTATION THAT WOULD BE BILLED SEPARATELY.																						
*** EMERGENCY DEPARTMENT FACILITIES FEES DO NOT INCLUDE LAB, IMAGING, DRUGS, PROCEDURES OR ANY OTHER HOSPITAL SERVICES ORDERED BY THE PHYSICIAN. EMERGENCY DEPARTMENT PROFESSIONAL FEES ARE BILLED SEPARATELY BY AN INDEPENDENT PHYSICIAN GROUP AND ARE NOT INCLUDED IN THE BASE HOSPITAL CHARGE.																						