

PROVIDER OFFICE VISIT CHARGES: The following charges reflect Evaluation & Management services offered by our Physician Provider Groups. These prices do not include procedures performed or drugs administered at the same visit.

OFFICE VISIT ESTABLISHED PATIENT / NEW PATIENT	ESTABLISHED PATIENT	NEW PATIENT
Brief Exam	\$60.00	\$109.00
Expanded Exam	\$90.00	\$150.00
Detail Exam	\$122.00	\$203.00
Mod Complex Exam	\$179.00	\$297.00
High Complex Exam	\$241.00	\$380.00

HOSPITAL CHARGES

ROOM AND BOARD - PER DAY

Medical/Surgical Room Rate	\$1,384.00
Progressive Care Room Rate	\$2,830.00
Snf Swing Private Rm Rate Msn	\$632.00

EMERGENCY DEPARTMENT CHARGES: Visits are based on the level of emergency care provided. The levels reflect the intensity of care, amount of time needed to provide treatment and personnel resources. These charges do not include fees for drugs, supplies, laboratory, radiology or additional ancillary procedures that may be required for treatment or diagnosis of condition. Each patient seen in the Emergency Department will be charged an ED facility level and a professional level charge.

Emergency Department

ED Facility Level I	\$180.00
ED Facility Level II	\$296.00
ED Facility Level III	\$555.00
ED Facility Level IV	\$846.00
ED Facility Level V	\$1,200.00
ED Facility Critical Care	\$1,995.00

Physician Professional Fee for Emergency Room

ED Pro Fee Level I	\$103.00
ED Pro Fee Level II	\$170.00
ED Pro Fee Level III	\$253.00
ED Pro Fee Level IV	\$349.00
ED Pro Fee Level V	\$412.00
Ed Pro Fee Critical Care	\$522.00

OPERATING ROOM CHARGES: Most procedure fees are based on the type of procedure and time needed to be performed. Additional charges are incurred for surgical supplies, anesthesia drugs utilized during the procedure and recovery time. Please call (603) 543-5693 for an estimate.

ANCILLARY SERVICES

PHYSICAL THERAPY:

PT Evaluation	\$275.00
PT Gait training/15 min	\$88.00
PT Re-evaluation	\$165.00
PT Ultrasound/15 min	\$75.00
Functional activities/15min	\$102.00
Therapeutic exercise/15 min	\$111.00
Pool therapy/15 min	\$108.00

SPEECH THERAPY:

Dysphagia therapy/untimed	\$190.00
Speech treatment/untimed	\$186.00
Swallowing evaluation	\$450.00

XRAY AND RADIOLOGICAL CHARGES

Chest-1 view	\$172.00
Chest-4 views	\$218.00
Dexa scan-hip/pelvis/spine	\$405.00
CT Abdomen-w/contrast	\$2,168.00
CT Abdomen-w/o contrast	\$1,448.00
CT Head-w/contrast	\$1,448.00
CT Head-w/o contrast	\$1,208.00
CT Pelvis-w/contrast	\$1,924.00
CT Pelvis-w/o contrast	\$1,421.00
MRI Brain w/ contrast	\$2,961.00
MRI Brain w/o contrast	\$2,234.00
Pelvis 1 or 2 views	\$237.00
Ultrasound abdomen complete	\$506.00
Ultrasound abdomen limited	\$364.00
Mammo-digital bil screening	\$500.00
Mammo digital unilateral diag	\$300.00
Mammo diagnostic bilat	\$600.00
TOMOSYNTHESIS (additional fee)	\$114.00

LABORATORY CHARGES:

Venous specimen collection fee	\$24.00
Complete Blood Count	\$85.00
Lipid panel	\$144.00
Culture, urine	\$64.00
Urine dip	\$36.00
TSH	\$135.00
Basic metabolic profile	\$95.00
Hemoglobin A1c	\$84.00
Prothombine time	\$43.00
T4	\$110.00
PSA - screening	\$158.00
PSA - diagnostic	\$158.00
Thin layer pap smear	\$147.00

CARDIOPULMONARY CHARGES:

Stress test	\$571.00
Six minute walk test	\$185.00
EKG interp & report	\$99.00
EKG Tracing	\$183.00
Echocardiogram	\$2,063.00
Bronchospasm eval	\$480.00
Flow volume loop	\$300.00
Diffusing capacity	\$292.00
Inhalation bronchial challenge	\$500.00

Please note that prices do not include professional fees charged by Radiology, Anesthesia or Pathology. These are all independent providers who will bill separately for their services.

Valley Radiology AMS Plus, Inc. 91 Stiles Rd Salem, NH 03079
Telephone 800-927-0118

Pathology – DHMC, One Medical Center Drive, Lebanon, NH 03766
Telephone 603-650-5000

Anesthesia – AHS; Telephone 800-827-3458