

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	NEW
ESTABLISHED PATIENT / NEW PATIENT	PATIENT	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	\$1,412.00
PROGRESSIVE CARE ROOM RATE	\$2,887.00
SNF SWING PRIVATE RM RATE MSN	\$645.00

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	\$184.00
ED FACILITY LEVEL II	\$302.00
ED FACILITY LEVEL III	\$566.00
ED FACILITY LEVEL IV	\$863.00
ED FACILITY LEVEL V	\$1,224.00
ED FACILITY CRITICAL CARE	\$2,035.00

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 procedures 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 543-5693 for an estimate.

ANCILLARY SERVICES:

PHYSICAL THERAPY:

PT EVALUATION	\$281.00
PT GAIT TRAINING/15 MIN	\$90.00
PT RE-EVALUATION	\$168.00
PT ULTRASOUND/15 MIN	\$77.00
FUNCTIONAL ACTIVITIES/15MIN	\$104.00
THERAPEUTIC EXERCISE/15 MIN	\$113.00
POOL THERAPY/15 MIN	\$110.00

SPEECH THERAPY:

(ST) DYSPHAGIA THERAPY/UNTIMED	\$194.00
(ST) SPEECH TREATMENT/UNTIMED	\$190.00
(ST) SWALLOWING EVALUATION	\$459.00

XRAY AND RADIOLOGICAL CHARGES

CHEST-1 VIEW	\$175.00
CHEST-4 VIEWS	\$222.00
DEXA SCAN-HIP/PELVIS/SPINE	\$413.00
CT-ABDOMEN-W/CONTRAST	\$2,211.00
CT-ABDOMEN-W/O CONTRAST	\$1,477.00
CT-HEAD-W/CONTRAST	\$1,477.00
CT-HEAD-W/O CONTRAST	\$1,232.00
CT-PELVIS-W/CONTRAST	\$1,962.00
CT-PELVIS-W/O CONTRAST	\$1,449.00
MR-BRAIN W/ CONTRAST	\$3,020.00
MR-BRAIN W/O CONTRAST	\$2,279.00
PELVIS 1 OR 2 VIEWS	\$242.00
ULTRASOUND ABDOMEN COMPLETE	\$516.00
ULTRASOUND ABDOMEN LIMITED	\$371.00
MAMMO-DIGITAL BIL SCREENING	\$510.00
MAMMO DIGITAL UNILATERAL DIAG	\$306.00
MAMMO DIAGNOSTIC BILAT	\$612.00
TOMOSYNTHESIS (additional fee)	\$116.00

LABORATORY CHARGES:

VENOUS SPECIMEN COLLECTION FEE	\$24.00
CBC FOR PANEL	\$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	\$582.00
SIX MINUTE WALK TEST	\$189.00
EKG INTERP & REPORT	\$99.00
EKG TECHNICAL	\$187.00
ECHOCARDIOGRAM	\$2,104.00
BRONCHOSPASM EVAL	\$490.00
FLOW VOLUME LOOP	\$306.00
DIFFUSING CAPACITY	\$298.00
INHALATION BRONCH CHALLENGE	\$510.00

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.

Radiology - DHMC, One Medical Center Drive, Lebanon, NH 03766; Telephone 603-650-5000

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

Anesthesia – AHS; Telephone 800-827-3458